

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS (Include Facility name/location if different)

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE  
NOTE: Read instructions before completing this form.

Form Approved.  
OMB No. 2040-0004  
Approval Expires 05-31-98

001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2006	1	1	

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	MINIMUM	QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM			AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG, CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	****	*****	11.4	12.4	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	317.0	359.0	DEG. C	0	1/7	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	5298	6200	(26)	*****	24.7	*****	(19)	0	1/7	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	433	*****	(26)	*****	21.7	24.7	(19)	0	1/7	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	367	433	(26)	*****	6.5	6.7	(12)	0	5/7	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839	*****	****	*****	141.0	141.0	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	1226	2452	(26)	*****	208	244	(19)	0	1/7	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3486	3989	(26)	*****	208	244	(19)	0	1/7	COMP 24
ALKALINITY, BICARBONATE as CaCO3	SAMPLE MEASUREMENT	*****	*****	****	*****	141.0	141.0	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	141.0	141.0	(19)	0	1/30	COMP 24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3486	3989	(26)	*****	208	244	(19)	0	1/7	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	NO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for entering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*Scott Jeffers*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
AREA CODE  
586-0393  
TELEPHONE  
DATE  
2006  
YEAR  
2  
MO  
10  
DAY

\* Concerning violations-please see attached. The reporting period was from 01/01/2006 through 01/28/2006. (Reference all attachments here)  
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904 PAGE 1 OF 4

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OMB No. 2040-0004  
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AK-002295-1  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2006	1	1	
YEAR	MO	DAY	YEAR
2006	1	1	2006

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			UNITS	MINIMUM	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	PERMIT REQUIREMENT			AVERAGE	MAXIMUM	PERMIT REQUIREMENT				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	371	*****		(26)	*****	21.0	*****		(19)	0	1/7	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	1839	*****			*****	45	*****		MG/L		WEEKLY	COMP 24
SEE COMMENTS BELOW	WEEKLY AVG	307.7	371.3		(26)	*****	18.3	21.0		(19)	0	1/7	COMP 24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	307.7	371.3		(26)	*****	18.3	21.0		(19)	0	1/7	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	1226	2452			*****	30	60		MG/L		WEEKLY	COMP 24
NITROGEN AMMONIA	SAMPLE MEASUREMENT	335.9	335.9		(26)	*****	19.0	19.0		(19)	0	1/30	COMP 24
TOTAL (as N)	PERMIT REQUIREMENT	1079	1622			*****	26.4	39.7		MG/L	1	1/30	COMP 24
00610 1 0 0	MO AVG	0.23	0.23		(26)	*****	1.32	1.32		(28)		ONCE/MONTH	COMP 24
SILVER	SAMPLE MEASUREMENT	0.23	0.23		(26)	*****	1.32	1.32		(28)	1	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.036	0.072			*****	87	175		UG/L		ONCE/MONTH	COMP 24
01079 1 0 0	MO AVG	0.42	0.42		(26)	*****	23.7	23.7		(28)	0	1/30	COMP 24
ZINC	SAMPLE MEASUREMENT	0.42	0.42		(26)	*****	23.7	23.7		(28)	0	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	2.92	6.09			*****	71.4	149.10		UG/L		ONCE/MONTH	COMP 24
01094 1 0 0	MO AVG	0.006	0.006		(26)	*****	0.33	0.33		(28)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.006		(26)	*****	0.33	0.33		(28)	0	1/30	COMP 24
LEAD	PERMIT REQUIREMENT	0.225	0.450			*****	5.5	11.0		UG/L		ONCE/MONTH	COMP 24
TOTAL RECOVERABLE	MO AVG	0.350	0.350		(26)	*****	19.8	19.8		(28)	2	1/30	COMP 24
01114 1 0 0	MEASUREMENT	0.350	0.350		(26)	*****	19.8	19.8		(28)	2	1/30	COMP 24
COPPER	SAMPLE MEASUREMENT	0.350	0.350		(26)	*****	19.8	19.8		(28)	2	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.342	0.858			*****	8.36	20.1		UG/L		ONCE/MONTH	COMP 24
01119 1 0 0	MO AVG	0.350	0.350		(26)	*****	19.8	19.8		(28)	2	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.342	0.858			*****	8.36	20.1		UG/L		ONCE/MONTH	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.												
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												
TYPED OR PRINTED													
COMMENT AND EXPLANATION OF ANY VIOLATIONS													
* Concentring violations-please see attached. The reporting period was from 01/01/2006 through 01/28/2006. (Reference all attachments here)													
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).													

907  
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586-0393  
PHONE NUMBER  
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OMB No. 2040-0004  
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DISCHARGE NUMBER

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
FECAL COLIFORM MF, M-FC BROTH 44.5C	MEASUREMENT	*****	*****	****	*****	6.6	*****	(13)	0	3/7	GRAB
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	400 W/LY GEO	*****	#/100ML	0	THREE TIMES/WEEK	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	3.8	*****	(13)	0	3/7	GRAB
FECAL COLIFORM MF, M-FC BROTH 44.5C	MEASUREMENT	*****	*****	****	*****	200 MO GEO	*****	#/100ML	0	THREE TIMES/WEEK	GRAB
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	400 DAILY GEO	*****	#/100ML	0	7/7	RECORDED
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	482.4	*****	(23)	0	7/7	CALCULATED
THROUGH TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	10 MINIMUM	*****	PERCENT	0	1/30	CALCULATED
50050 P 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	93.1	*****	(23)	0	1/30	CALCULATED
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	85 MIN % REMOVAL	*****	PERCENT	0	1/30	CALCULATED
EFFLUENT DILUTION	SAMPLE MEASUREMENT	*****	*****	****	*****	91.2	*****	(23)	0	1/30	CALCULATED
RATIO	PERMIT REQUIREMENT	*****	*****	****	*****	85 MIN % REMOVAL	*****	PERCENT	0	5/7	GRAB
78480 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	11.5	*****	(43)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	13.3	*****	PERCENT	0		
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****		*****	PERCENT	0		
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****		*****	PERCENT	0		
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****		*****	PERCENT	0		
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****		*****	PERCENT	0		
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****		*****	PERCENT	0		
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****		*****	PERCENT	0		
TURBIDITY, LAB NTU	SAMPLE MEASUREMENT	*****	*****	****	*****		*****	PERCENT	0		
82079 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****		*****	PERCENT	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****		*****	PERCENT	0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Scott Jeffers  
Wastewater Utilities Superintendent

PERMIT NUMBER: AK-002295-1

MONITORING PERIOD: YR 2006, MO 1, DAY 1, TO 2006, MO 1, DAY 1

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*

TELEPHONE: 586-0393  
PHONE NUMBER: 907  
DATE: 2006  
MO: 2, DAY: 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
(Reference all attachments here)  
\* Concentrating violations-please see attached. The reporting period was from 01/01/2006 through 01/29/2006.  
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**ATT:** Scott Jeffers WW Utilities Superintendent

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YR	MO	DAY	TO
2006	1	1	

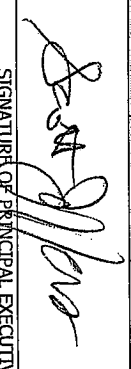
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 F - FINAL  
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PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM				
HARDNESS as CaCO3	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	74.0	74.0	(19)	0	1/30	GRAB
82394 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	REPORT MO/AVG	REPORT DAILY MAX	MG/L	0	ONCE/MONTH	
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	****	2.1	4.1	5.4	(19)	0	1/90	
00300	PERMIT REQUIREMENT	*****	*****	*****	****	REPORT MINIMUM	REPORT MO/AVG	REPORT DAILY MAX	MG/L	0	ONCE/QUARTER	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	n/a	(73)	0	1/182	
TOXICITY, CERIODAPHNIA CHRONIC	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	10.0	0	TWICE/YEAR	
61406	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	TUC			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****				

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
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 Utilities Superintendent

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**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**  


**907** AREA CODE  
**586-0393** TELEPHONE  
**2006** YEAR  
**2** MO  
**10** DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
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MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

January 2006

EPA REPORT

WEATHER		FLOWS				INFLUENT						EFFLUENT						MISC							
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml	POWER METER READING
SUN	1	33	0.21	2.09	2250	2.09	696.5 /1	0.0519																	77
MON	2	32	0.08	2.16	1970	2.16	590.2 /1	0.0549	10.6	7.2	7.9				11.1	6.6	5.1	13.1							83
TUE	3	32	0.04	2.12	1910	2.12	583.0 /1	0.0596	10.0	6.9	7.3	164	2900	196	3465	11.3	6.7	5.4	13.3	21.0	371.3	21.4	378.4	12.0	88
WED	4	29	0.02	2.12	1930	2.12	589.1 /1	0.0597	10.4	7.0	8.2				10.7	6.7	4.9	12.8						2.5	77
THU	5	34	0.13	2.09	1770	2.09	548.1 /1	0.0681	10.7	6.8	7.7				11.1	6.6	4.1	12.2						8.0	90
FRI	6	38	0.22	2.07	1780	2.07	556.5 /1	0.0746	10.5	6.6	8.3				11.3	6.6	3.6	11.6							73
SAT	7	35	0.00	2.11	1870	2.11	573.5 /1	0.0717																	74
SUN	8	37	0.02	2.15	1770	2.15	532.8 /1	0.0596																	87
MON	9	37	0.21	2.08	1800	2.08	560.0 /1	0.0648	11.1	7.1	5.6				11.8	6.7	4.9	12.1							80
TUE	10	36	0.10	2.10	1870	2.10	576.2 /1	0.0694	11.1	6.7	7.8	212	3713	354	6200	12.1	6.5	4.3	12.3	17.0	297.7	24.7	432.6	2.0	82
WED	11	35	0.04	2.10	1640	2.10	505.5 /1	0.0780	11.3	6.8	7.1				11.5	6.6	4.2	12.9						2.0	88
THU	12	32	0.18	2.12	1740	2.12	531.2 /1	0.0682	9.7	6.6	7.7				10.9	6.5	2.1	10.5						4.0	77
FRI	13	25	0.00	2.02	1740	2.02	557.5 /1	0.0759	11.2	7.0	6.3				11.2	6.5	3.8	10.6							81
SAT	14	23	0.00	2.10	1690	2.10	520.9 /1	0.0637																	79
SUN	15	26	0.01	2.05	1640	2.05	517.8 /1	0.0641																	82
MON	16	28	0.00	2.13	1640	2.13	498.4 /1	0.0701	10.4	6.9	6.5				10.7	6.6	2.9	10.8							83
TUE	17	29	0.00	1.96	1660	1.96	548.1 /1	0.0872	10.9	6.9	5.7	244	3989	359	5868	11.9	6.7	3.8	10.7	17.0	277.9	21.8	356.4	6.0	80
WED	18	27	0.27	1.99	1620	1.99	526.9 /1	0.0946	10.8	6.9	7.7				11.4	6.7	3.9	11.5						2.0	82
THU	19	30	0.06	2.02	1674	2.02	536.3 /1	0.0885	10.9	6.9	7.3				12.4	6.7	4.1	12.1						2.0	90
FRI	20	32	0.01	1.90	1650	1.90	562.0 /1	0.0748	10.9	7.2	6.8				11.6	6.6	4.0	10.0							79
SAT	21	36	0.40	1.99	1590	1.99	517.2 /1	0.0578																	81
SUN	22	35	0.09	2.09	1620	2.09	501.7 /1	0.0578																	79
MON	23	29	0.05	1.98	1640	1.98	536.1 /1	0.0659	10.6	7.1	7.4				10.9	6.6	5.2	10.2							79
TUE	24	26	0.53	1.89	1660	1.89	568.4 /1	0.0772	10.6	6.8	7.6	212	3342	359	5659	11.6	6.6	3.4	9.7	18.0	283.7	19.0	299.5	6.0	84
WED	25	18	0.07	2.08	1550	2.08	482.4 /1	0.0907	10.6	6.8	5.4				11.8	6.7	3.4	11.1						8.0	87
THU	26	21	0.02	1.98	1580	1.98	516.5 /1	0.0875	11.1	6.9	6.9				11.2	6.5	4.1	10.8						6.0	77
FRI	27	24	0.01	1.91	1590	1.91	538.8 /1	0.0815	11.1	6.9	7.3				11.5	6.6	4.2	11.3							85
SAT	28	24	0.13	2.06	1710	2.06	537.2 /1	0.0781																	81
TOTAL			2.90	57.46		57.46		1.9959																	2285
MAXIMUM		38	0.53	2.16	2250	2.16	696.5 /1	0.0946	11.3	7.2	8.3	244	3989	359	6200	12.4	6.7	5.4	13.3	21.0	371.3	24.7	432.6	8.0	90
MINIMUM		18	0.00	1.89	1550	1.89	482.4 /1	0.0519	9.7	6.6	5.4	164	2900	196	3465	10.7	6.5	2.1	9.7	17.0	277.9	19.0	299.5	2.0	73
AVERAGE		30.1	0.10	2.05	1734.1	2.05	546.7 /1	0.0713	10.7	6.9	7.1	208	3486	317	5298	11.4	6.6	4.1	11.5	18.3	307.7	21.7	366.7	3.8	81.6

COMMENTS:

- \* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
- \* INFLUENT FLOW WAS USED TO CALCULATE EFFLUENT LOADING. EFFLUENT METER IS O.O.S.

January 2005	
Hrd. mg/l	74.0
Alk. mg/l	141.0
D.O. mg/l	4.1
Turb. NTU	13.3
Tox. TUc	n/a

January 2005		
	ug/L	LBS
Copper	19.80	0.350
Lead	0.33	0.006
Silver	1.32	0.023
Zinc	23.70	0.419
NH3 mg/L	19.00	335.94

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM (Geo. Mean)
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1	21.4	378.4	21.0	371.3	4.5
2	24.7	432.6	17.0	297.7	2.5
3	21.8	356.4	17.0	277.9	2.9
4	19.0	299.5	18.0	283.7	6.6
AVG	21.7	366.7	18.3	307.7	4.1
MAX	24.7	432.6	21.0	371.3	6.6

% REMOVAL	
B.O.D.	93.1
S.S.	91.2

POWER USAGE IN KILOWATT-HOURS	
TOTAL	365600