

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
ATTN: 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

AK-002295-1
PERMIT NUMBER

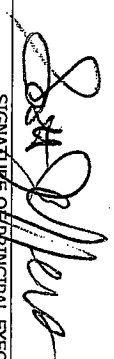
001 A
DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2006	2006	2006	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	MINIMUM	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM			AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	MEASUREMENT	*****	*****	****	*****	15.5	16.9	(04)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO.AVG	REPORT DAILY MAX	DEG. C	0	5/WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	6472	6582	(26)	*****	303	346	(19)	0		
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	REPORT MO.AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO.AVG	REPORT DAILY MAX	MG/L	1	3/MONTH	COMP 24
00310 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	893	*****	(26)	*****	48	*****	(19)	1		
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	1829 WKL Y AVG	*****	LBS/DAY	*****	45 WKL Y AVG	*****	MG/L	1	3/MONTH	COMP 24
00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	629	893	(26)	*****	30	48	(19)	1		
PH	PERMIT REQUIREMENT	1226 MO.AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO.AVG	60 DAILY MAX	MG/L	0	3/MONTH	COMP 24
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.3	*****	6.6	(12)	0		
ALKALINITY as CaCO3	PERMIT REQUIREMENT	*****	*****	****	6.5 MIN	*****	8.5 MAXIMUM	SU		5/WEEK	GRAB
00425 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	1/30	
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO.AVG	REPORT DAILY MAX	MG/L	0	ORGE/MONTH	COMP 24
00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3286	4235	(26)	*****	152	184	(19)	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	REPORT MO.AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO.AVG	REPORT DAILY MAX	MG/L		3/MONTH	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 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT



907 AREA CODE
586-0393 TELEPHONE
2006 YEAR
9 MO
8 DAY

*** Concerning violations-please see attached. The reporting period was from 07/30/2006 through 09/02/2006.**
(Reference all attachments here)
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
00434/981209 1904
PAGE 1 OF 4

FINAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

WATER NAME/ADDRESS(Include Facility name/Location if different)

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

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

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

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2006	8	1	2006

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
LIDS, TOTAL SUSPENDED 530 G 0 0 E COMMENTS BELOW	MEASUREMENT	483	*****							
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	45 WKLY AVG	*****				2/MONTH	COMP 24
LIDS, TOTAL SUSPENDED 530 G 0 0	MEASUREMENT	292	*****							
	PERMIT REQUIREMENT	1226 MO AVG	*****	30 MO AVG	*****	60 DAILY MAX			2/MONTH	COMP 24
NITROGEN AMMONIA TOTAL (as N) 610 1 0 0	MEASUREMENT	338	*****							
	SAMPLE	338	*****	18	*****	18			1/MONTH	COMP 24
EFFLUENT GROSS VALUE	MEASUREMENT	N/A	*****							
	PERMIT REQUIREMENT	N/A	*****	N/A	*****	N/A				
TOTAL RECOVERABLE INC 1079 1 0 0	MEASUREMENT	N/A	*****							
	PERMIT REQUIREMENT	N/A	*****	N/A	*****	N/A				
EFFLUENT GROSS VALUE	MEASUREMENT	N/A	*****							
	SAMPLE	N/A	*****	N/A	*****	N/A				
TOTAL RECOVERABLE EAD 01114 1 0 0	MEASUREMENT	N/A	*****							
	PERMIT REQUIREMENT	N/A	*****	N/A	*****	N/A				
EFFLUENT GROSS VALUE	MEASUREMENT	0.401	*****							
	SAMPLE	0.401	*****	19.2	*****	19.8			2/MONTH	COMP 24
TOTAL RECOVERABLE COPPER 01119 1 0 0	MEASUREMENT	1.82	*****							
	PERMIT REQUIREMENT	1.82 MO AVG	*****	44.5 MO AVG	*****	95.8 DAILY MAX			2/MONTH	COMP 24
EFFLUENT GROSS VALUE	MEASUREMENT	0.454	*****							
	SAMPLE	0.454	*****	19.2	*****	19.8			2/MONTH	COMP 24

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Signature of Principal Executive Officer or Authorized Agent

907 AREA CODE
 586-0393 TELEPHONE
 2006 YEAR
 9 MO
 8 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 * Concerning violations please see attached. The reporting period was from 07/30/2006 through 09/02/2006.
 (Reference all attachments here)
 REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.

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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,
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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
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001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2006	8	1	2006
YEAR	MO	DAY	DAY
2006	8	31	31

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	REPORT MO AVG		REPORT DAILY MAX	MINIMUM	AVERAGE			
FECAL COLIFORM MF, M-F-C BROTH 44.5C	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	400	*****	0	1/3	GRAB
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	800 WKLY GEO	*****	0	1/3	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	10.0	*****	0	1/3	GRAB
FECAL COLIFORM MF, M-F-C BROTH 44.5C	PERMIT REQUIREMENT	*****	*****	*****	****	*****	400 MO GEO	*****	0	1/3	GRAB
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1200 DAILY GEO	*****	0	1/3	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.73	3.74	2.73	(03)	*****	*****	*****	0	7/7	CONTINUOUSLY RECORDED
50050 P 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	7/7	CONTINUOUSLY RECORDED
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	0	7/7	CONTINUOUSLY RECORDED
EFFLUENT DILUTION RATIO	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	7/7	CONTINUOUSLY RECORDED
78480 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	7/7	CONTINUOUSLY RECORDED
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	94.2	*****	0	1/30	CALCULATED
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
TURBIDITY, LAB NTU	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
82079 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

PERMIT NUMBER: AK-002295-1

DISCHARGE NUMBER: 001 A

DATE: 2006 9 8

TIME: 5:07 AM

PHONE NUMBER: 586-0393

TELEPHONE: 586-0393

AREA CODE: 907

DATE: 2006 9 8

YEAR: 2006

DAY: 8

MONTH: 9

DAY: 8

PERCENT REMOVAL: 95.6

MINIMUM: 85

MAXIMUM: 10.7

UNITS: PERCENT

NO. EX: 0

FREQUENCY OF ANALYSIS: 1/30

SAMPLE TYPE: CALCULATED

REPORT MO AVG: 5.9


REPORT DAILY MAX: 10.7

UNITS: NTU

NO. EX: 0

FREQUENCY OF ANALYSIS: 5/WEEK

SAMPLE TYPE: RECORDED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

COMMENT AND EXPLANATION OF ANY VIOLATIONS: *(Reference all attachments here)*

* Concerning violations-please see attached. The reporting period was from 07/30/2006 through 09/02/2006. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED).

EPA Form 3320-1 (03-99) Previous editions may be used.

00434/981209 1904 PAGE 3 OF 4

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		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT DAILY MAX				
HARDNESS as CaCO3	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	(19)	0	Z/MONTH	COMP 24
EFFLUENT GROSS VALUE DISSOLVED OXYGEN	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	MG/L (19)	0	Z/MONTH	COMP 24
EFFLUENT GROSS VALUE TOXICITY, CERIODAPHPHINIA CHRONIC	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	MG/L (73)	0	1/MONTH	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	MG/L (73)	0	1/MONTH	
	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	10:0 MAXIMUM		TWICE/YEAR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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Scott Jeffers

907 AREA CODE
586-0393 TELEPHONE
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