

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

EPA REPORT

December 2006

		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	3	35	0.25	2.19	1258	1.89	431.0 /1	0.0603																	85
MON	4	35	0.22	2.17	1307	1.83	462.4 /1	0.0588	12.0	7.1								7.8							84
TUE	5	35	0.22	2.16	1358	1.89	465.2 /1	0.0553	10.0	6.8	146	2301	318	5013	12.0	6.5		7.9	12.0	189.2	29.9	471.3	2.0	90	
WED	6	39	0.79	2.76	1410	2.35	388.6 /1	0.0648	9.0	6.8					12.0	6.6	3.2	8.6						16.0	92
THU	7	38	0.62	2.98	1562	2.47	409.5 /1	0.0593	9.0	6.8					11.0	6.6		7.3							91
FRI	8	39	0.07	2.66	2000	2.58	501.8 /1	0.0682	10.0	7.1					12.0	6.6		6.5							86
SAT	9	32	0.21	2.47	1800	2.30	506.6 /1	0.0580																	85
SUN	10	34	0.02	2.47	1640	2.11	503.1 /1	0.0494																	82
MON	11	35	0.16	2.35	1490	2.14	450.8 /1	0.0528	11.0	6.9					11.0	6.5		8.6							88
TUE	12	34	0.01	2.24	1390	2.17	414.8 /1	0.0580	9.0	6.9	140	2534	311	5628	10.0	6.5		8.1	15.0	271.5	16.1	291.4	2.0	82	
WED	13	32	0.00	2.41	1580	2.05	498.9 /1	0.0586	8.0	6.7					10.0	6.5		8.0						2.0	92
THU	14	34	0.07	2.37	1520	2.10	468.6 /1	0.0716	9.0	6.8					11.0	6.5		8.5							88
FRI	15	27	0.04	2.10	1420	1.93	476.3 /1	0.0731	10.0	6.9					12.0	6.5		8.5							88
SAT	16	29	0.03	2.23	1340	2.05	423.3 /1	0.0578																	86
SUN	17	35	0.26	2.28	1590	1.98	519.8 /1	0.0566																	88
MON	18	37	0.20	2.46	1640	2.25	471.9 /1	0.0626	10.0	7.0					11.0	6.5		8.4							89
TUE	19	38	0.46	2.01	1200	2.32	335.1 /1	0.0576	10.0	6.9					11.0	6.5		8.4						2.0	89
WED	20	37	0.72	3.20	1380	3.15	284.0 /1	0.0577	9.0	6.9					10.0	6.5		9.2						2.0	89
THU	21	35	0.45	2.59	1340	2.21	392.7 /1	0.0621	10.0	6.8					11.0	6.5		9.4							90
FRI	22	35	0.10	2.42	1360	2.23	395.0 /1	0.0817	10.0	6.8					12.0	6.5		9.1							87
SAT	23	35	0.26	2.47	1420	2.22	414.2 /1	0.0688																	90
SUN	24	37	0.00	2.42	1360	2.39	368.6 /1	0.0574																	86
MON	25	37	0.73	2.62	1260	2.45	333.2 /1	0.0493	9.0	6.9					11.0	6.5		8.2							92
TUE	26	34	0.04	2.63	1390	2.63	342.4 /1	0.0515	9.0	6.9					10.0	6.6		8.5						2.0	90
WED	27	33	0.00	2.38	1340	2.38	364.7 /1	0.0434	9.0	6.8					10.0	6.5		8.1						2.0	84
THU	28	35	0.47	2.42	1290	2.20	379.8 /1	0.0405	9.0	6.8					10.0	6.5		7.4							89
FRI	29	39	0.61	3.00	1350	2.90	301.7 /1	0.0618	9.0	7.1					11.0	6.6		7.9							95
SAT	30	37	0.43	2.85	1490	2.85	338.7 /1	0.0449																	88
TOTAL			7.44	69.31		64.02		1.6419																	2465
MAXIMUM		39	0.79	3.20	2000	3.15	519.8 /1	0.0817	12.0	7.1	146	2534	318	5628	12.0	6.6	3.2	9.4	15.0	271.5	29.9	471.3	16.0	95	
MINIMUM		27	0.00	2.01	1200	1.83	284.0 /1	0.0405	8.0	6.7	140	2301	311	5013	10.0	6.5	3.2	6.5	12.0	189.2	16.1	291.4	2.0	82	
AVERAGE		35.1	0.3	2.48	1445.9	2.29	415.8 /1	0.0586	9.6	6.9	143.0	2417.5	314.5	5320.5	11.0	6.5	3.2	8.2	13.5	230.3	23.0	381.3	2.6	88.0	

COMMENTS:

\* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

December 2006	
Hrd. mg/l	128.0
Alk. mg/l	60.0
D.O. mg/l	3.2
Turb. NTU	9.4

Tox. TUc	N/A
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December 2006		
	ug/L	LBS
Copper	34.50	0.544
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	15.00	236.44

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geom. Mean
	BOD mg/l	TSS lbs	TSS mg/l	BOD lbs	
1	29.9	471.3	12.0	189.2	5.7
2	16.1	291.4	15.0	271.5	2.0
3					2.0
4					2.0
AVG	23.0	381.3	13.5	230.3	2.9
MAX	29.9	471.3	15.0	271.5	5.7

% REMOVAL	
B.O.D.	93
S.S.	91

POWER USAGE IN KILOWATT-HOURS	
TOTAL	394400

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

FROM

**AK-002295-1**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

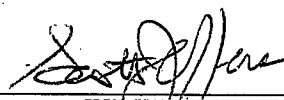
MAJOR (SUB 01)  
 F - FINAL  
 EFFLUENT

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

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	12	1		2006	12	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00070 1 0 Effluent Gross	MEASUREMENT	*****	*****	****	*****	8.2	9.4	(43)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCODR
00300 1 0 Effluent Gross	MEASUREMENT	*****	*****	****	3.2	3.2	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19 mg/L		Once Per Month	GRAB
00310 1 0 Effluent Gross	MEASUREMENT	381.3	471.3	(26)	*****	23.0	29.9	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24
00310 W 0 See Comments	MEASUREMENT	471.3	*****	(26)	*****	29.9	*****	(19)	0		
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
00400 1 0 Effluent Gross	MEASUREMENT	*****	*****	****	6.5	*****	6.6	(12)	0		
	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12 SU		Weekdays	GRAB
00410 1 7 Effluent Gross	MEASUREMENT	*****	*****	****	*****	60.0	60.0	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Quarterly	COMP24
00530 1 0 Effluent Gross	MEASUREMENT	230.3	271.5	(26)	*****	13.5	15.0	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24
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											TELEPHONE
COMMENT AND EXPLANATION OF ANY VIOLATIONS	907		586-0393		2007		1		9		
	YEAR		MO		DAY						

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

MAJOR  
(SUB 01)  
F - FINAL  
EFFLUENT

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

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

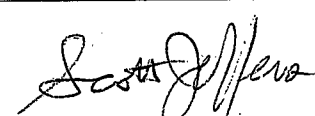
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**ADDRESS:** MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Scott Jeffers WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

\*\*\* NO DISCHARGE \*\*\*  
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended 00530 W 0 See Comments	MEASUREMENT	271.5	*****	(26)	*****	15.0	*****	(19)	0			
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24	
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	MEASUREMENT	236.4	236.4	(26)	*****	15.0	15.0	(19)	0			
	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	28.5 MO AVG	48 DAILY MX	19 mg/L		Once Per Month	COMP24	
Hardness, total (as CaCO3) 00900 1 6 Effluent Gross	MEASUREMENT	*****	*****	****	*****	128.0	128.0	(19)	0			
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Once Per Month	GRAB	
Silver, total recoverable 01079 1 0 Effluent Gross	MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24	
Zinc, total recoverable 01094 1 0 Effluent Gross	MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24	
Lead, total recoverable 01114 1 0 Effluent Gross	MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24	
Copper, total recoverable 01119 1 0 Effluent Gross	MEASUREMENT	0.544	0.544	(26)	*****	34.5	34.5	(28)	0			
	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MX	lb/d	*****	86.7 MO AVG	187 DAILY MX	28 ug/L		Once Per Month	COMP24	
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Scott Jeffers Wastewater Utilities Superintendent									907		586-0393	
									AREA CODE		PHONE NUMBER	
									DATE			
TYPED OR PRINTED					2007		1		9			
		YEAR		MO		DAY						

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

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

MAJOR  
(SUB 01)  
F - FINAL  
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**AK-002295-1**  
PERMIT NUMBER

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit 30500 O 0 See Comments	*****	*****	****	*****	*****	*****	0.0	(23)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 O 0 See Comments	*****	*****	****	*****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	161 MO-GEO	Req. Mon. DAILY MX	#/100mL	13	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 P 0 See Comments	*****	*****	****	N/A	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY-GEO	200 MO-GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 Q 0 See Comments	*****	*****	****	N/A	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY-GEO	200 MO-GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 R 0 See Comments	*****	*****	****	2.9	2.6	16		(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY-GEO	400 MO-GEO	1200 DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual 45613 1 0 Effluent Gross	*****	*****	****	*****	*****	*****	0		0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	Y=1; N=0		Once Per Month	VISUAL
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	*****	2.29	3.15	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
Wastewater Utilities Superintendent

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*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**907 586-0393**

AREA CODE PHONE NUMBER  
DATE

2007 1 9  
YEAR MO DAY

TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

\*PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

MAJOR  
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F - FINAL  
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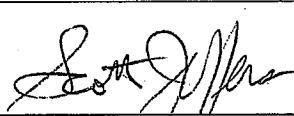
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual		N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0 See Comments	PERMIT REQUIREMENT	4.09 MO AVG	4.09 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/l		QUARTERLY	COMP24
Dilution factor		*****	*****	****	284.0	415.8	*****	ug/L	0		
80093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U		DAILY	MEASRD
BOD,5-day, percent removal		*****	*****	****	93	*****	*****	(23)	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal		*****	*****	****	91	*****	*****	(23)	0		
81011 K 0 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Chlorine usage		N/A	*****	(26)	*****	*****	*****		0		
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****			DAILY	MEASRD
Oil and grease visual		*****	*****	****	*****	*****	0	(93)	0		
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	occur/mo		Once Per Month	VISUAL
Toxicity, Chronic		*****	*****	****	*****	*****	N/A	(2G)	0		
TT000 1 8 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	tox chronic		Semiannual	COMP24
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COMMENT AND EXPLANATION OF ANY VIOLATIONS								2007 YEAR	1 MO	9 DAY	