

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

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

MAJOR
(SUB 01)
F - FINAL

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

EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

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

AK-002295-1
PERMIT NUMBER

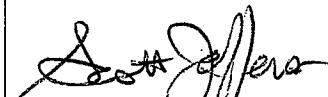
001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	2	1		2007	2	28

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	*****	*****	****	*****	13.0	16.7	(43)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
00300 1 0 Effluent Gross	MEASUREMENT	*****	*****	****	2.6	2.6	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19	Once Per Month	GRAB
00310 1 0 Effluent Gross	MEASUREMENT	414	455	(26)	*****	24	26	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19		Twice Per Month	COMP24
00310 W 0 See Comments	MEASUREMENT	455	*****	(26)	*****	26	*****	(19)	0		
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19		Twice Per Month	COMP24
00400 1 0 Effluent Gross	MEASUREMENT	*****	*****	****	6.5	*****	6.8	(12)	0		
	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12		Weekdays	GRAB
00410 1 7 Effluent Gross	MEASUREMENT	*****	*****	****	*****	129	129	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19		Quarterly	COMP24
00530 1 0 Effluent Gross	MEASUREMENT	424	436	(26)	*****	25	25	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19		Twice Per Month	COMP24

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.



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393

AREA CODE
907

PHONE NUMBER
586-0393

DATE
2007 3 8

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
*** Concerning violations-please see attached. The reporting period was from 02/04/2007 through 03/03/2007.**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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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		436	*****	(26)	*****	25	*****	(19)	0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)		231	231	(26)	*****	14.0	14	(19)	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	28.5 MO AVG	48 DAILY MX	19		Once Per Month	COMP24
Hardness, total (as CaCO3)		*****	*****	****	*****	90.0	90.0	(19)	0		
00900 1 6 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19		Once Per Month	GRAB
Silver, total recoverable		NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0		
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Zinc, total recoverable		NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0		
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Lead, total recoverable		NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0		
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Copper, total recoverable		0.39	0.39	(26)	*****	23.6	23.6	(28)	0		
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MX	lb/d	*****	86.7 MO AVG	187 DAILY MX	28		Once Per Month	COMP24
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Scott Jeffers Wastewater Utilities Superintendent									907	586-0393	
TYPED OR PRINTED									AREA CODE	PHONE NUMBER	
COMMENT AND EXPLANATION OF ANY VIOLATIONS									DATE		
* Concerning violations-please see attached. The reporting period was from 02/04/2007 through 03/03/2007.	2007	3	8								
	YEAR	MO	DAY								

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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 0 0 See Comments	*****	*****	****	*****	*****	*****	0	(23)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10% MAX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 0 0 See Comments	*****	*****	****	*****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	161 MO GEO	Req. Mon. DAILY MX	13 #/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 P 0 See Comments	*****	*****	****	*****	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	(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	*****	*****	****	*****	93.0	22.2	160.0	(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	*****	2.1	2.3	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		Continuous	RCORDR

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Wastewater Utilities Superintendent

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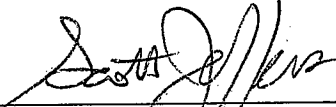
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PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 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	SAMPLE MEASUREMENT	*****	*****	****	210	367	*****	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	SAMPLE MEASUREMENT	*****	*****	****	89	*****	*****	(23)	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	****	78	*****	*****	(23)	1		
81011 K 0 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Chlorine usage	SAMPLE MEASUREMENT	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	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	(93)	0		
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	occur/mo		Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	(2G)	0		
TT000 1 8 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	ox chronic		Semiannual	COMP24

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MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

February 2007

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	4	35	0.84	2.43	1190	2.11	365.3 /1	0.0522																	82
MON	5	33	0.70	2.30	1350	2.07	422.3 /1	0.0364	11.0	7.1					11.0	6.6		16.7							80
TUE	6	29	0.00	2.16	1260	1.98	411.5 /1	0.0323	10.0	7.0	82	1354	127	2097	11.0	6.6		16.1	25.0	412.8	22.6	373.2	6	82	
WED	7	32	0.00	2.18	1220	1.92	411.5 /1	0.0457	8.0	7.0					11.0	6.5	2.6	14.8					20	83	
THU	8	27	0.05	2.17	1150	1.88	396.2 /1	0.0568	9.0	8.7					10.0	6.7		14.5							54
FRI	9	25	0.40	2.05	1185	1.85	414.8 /1	0.0556	9.0	7.1					11.0	6.6		14.5							49
SAT	10	23	0.00	2.12	1120	1.86	390.0 /1	0.0425																	50
SUN	11	23	0.00	2.17	1100	1.95	365.4 /1	0.0442																	50
MON	12	26	0.04	2.11	1090	1.80	392.2 /1	0.0503	10.0	7.7					11.0	6.7		14.3							50
TUE	13	32	0.06	2.09	1040	2.09	322.5 /1	0.0541	9.0	7.8	144	2510	319	5560	10.0	6.6		14.7	25.0	435.8	26.1	454.9	160	89	
WED	14	34	0.34	2.08	1080	2.04	343.0 /1	0.0696	10.0	6.9					11.0	6.6		13.9					54	68	
THU	15	35	0.57	2.26	1090	2.26	312.6 /1	0.0848	10.0	7.0					11.0	6.5		14.3							60
FRI	16	36	0.05	2.34	757	2.34	210.0 /1	0.0656	10.0	8.1					11.0	6.7		13.9							95
SAT	17	36	0.37	2.25	1660	2.25	477.6 /1	0.0459																	51
SUN	18	36	0.14	2.25	1290	2.07	403.6 /1	0.0374																	49
MON	19	31	0.05	2.31	1510	2.21	442.4 /1	0.0349	10.0	7.2					11.0	6.5		13.4							83
TUE	20	23	0.03	2.09	1400	1.88	482.1 /1	0.0417	9.0	7.0					10.0	6.6		13.1					8	78	
WED	21	17	0.15	2.11	1330	1.91	450.8 /1	0.0412	9.0	6.8					10.0	6.5		12.8					18	89	
THU	22	16	0.00	2.10	1110	2.10	342.5 /1	0.0512	10.0	6.9					11.0	6.6		12.2							78
FRI	23	17	0.11	2.06	1090	2.06	342.8 /1	0.0538	9.0	7.1					11.0	6.7		11.0							69
SAT	24	19	0.04	2.15	1100	1.93	369.2 /1	0.0461																	44
SUN	25	13	0.00	2.17	1060	1.96	350.4 /1	0.0508																	56
MON	26	12	0.00	2.29	1080	2.29	305.7 /1	0.0738	10.0	7.8					10.0	6.8		10.1							54
TUE	27	10	0.00	2.21	1050	2.21	307.9 /1	0.0550	9.0	6.8					10.0	6.6		10.4					20	87	
WED	28	6	0.00	2.34	1030	2.34	285.4 /1	0.0775	9.0	7.2					10.0	6.5		10.2					20	20	
THU	1	5	0.13	2.30	1050	2.06	330.3 /1	0.0662	9.0	6.8					10.0	6.5		10.3							52
FRI	2	12	0.50	2.21	1070	2.21	313.8 /1	0.0578	10.0	8.7					11.0	6.5		9.7							49
SAT	3	12	0.70	2.25	1060	2.25	305.3 /1	0.0496																	50
TOTAL			5.27	61.55	32522	57.88	10267.4 /1	1.4730																	1801
MAXIMUM		36	0.84	2.43	1660	2.34	482.1 /1	0.0848	11.0	8.7	0.0	144	2510	319	5560	11.0	6.8	2.6	16.7	25.0	435.8	26.1	454.9	160	95
MINIMUM		5	0.00	2.05	757	1.80	210.0 /1	0.0323	8.0	6.8	0.0	82	1354	127	2097	10.0	6.5	2.6	9.7	25.0	412.8	22.6	373.2	6	20
AVERAGE		23.4	0.2	2.20		2.07	366.7	0.1	9.5	7.3		113.0	1932.0	223.0	3828.8	10.6	6.6	2.6	13.0	25.0	424.3	24.4	414.1	22.2	64.3

COMMENTS:

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

February 2007	
Hrd. mg/l	90.0
Alk. mg/l	129.0
D.O. mg/l	2.6
Turb. NTU	16.7

Tox. TU_c NO TEST

February 2007		
	ug/L	LBS
Copper	23.60	0.390
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	14.00	231.18

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geom. Mean
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1	22.6	373.2	25.0	412.8	11.0
2	26.1	454.9	25.0	435.8	93.0
3					12.0
4					20.0
AVG	24.4	414.1	25.00	424.3	34.0
MAX	26.1	454.9	25.0	435.8	93.0

% REMOVAL	
B.O.D.	89
S.S.	78

POWER USAGE IN KILOWATT-HOURS	
TOTAL	288160