

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

MAJOR (SUB 01)
 F - FINAL
 EFFLUENT
 *** NO DISCHARGE ***
 Form Approved.
 OMB No. 2040-0004
 Approval Expires 05-31-98

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

AK-002295-1
 PERMIT NUMBER

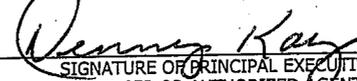
001 A
 DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	3	1		2007	3	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity	00070 1 0	*****	*****	****	*****	13.5	18.1	(43)	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	00300 1 0	*****	*****	****	3.8	3.8	*****	(19)	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	3.8	3.8	*****	19		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	00310 1 0	370.0	395.6	(26)	*****	22.8	24.2	(19)	0		
Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	00310 W 0	395.6	*****	(26)	*****	24.2	*****	(19)	0		
See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19		Twice Per Month	COMP24
pH	00400 1 0	*****	*****	****	6.5	*****	6.9	(12)	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12		Weekdays	GRAB
Alkalinity, total (asCaCo3)	00410 1 7	*****	*****	****	*****	NO TEST	NO TEST	(19)	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19		Quarterly	COMP24
Solids, total suspended	00530 1 0	364.9	370.2	(26)	*****	22.5	23.0	(19)	0		
Effluent Gross	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.

For Scott Jeffers

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER
 DATE
 2007 YEAR
 4 MO
 6 DAY

TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from **03/04/2007** through **03/31/2007**.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended		364.9	*****	(26)	*****	23.0	*****	(19)	0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)		228.8	228.8	(26)	*****	14.0	14.0	(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 mg/L		Once Per Month	COMP24
Hardness, total (as CaCO3)		*****	*****	****	*****	62.4	62.4	(19)	0		
00900 1 6 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		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 ug/L		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 ug/L		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 ug/L		Three Per Year	COMP24
Copper, total recoverable		0.523	0.523	(26)	*****	32.00	32.00	(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 ug/L		Once Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>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.</p> <p><i>For Scott Jeffers</i> <i>Denny Kay</i></p>								TELEPHONE		
Scott Jeffers Wastewater Utilities Superintendent									907	586-0393	
									AREA CODE	PHONE NUMBER	
									DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								2007	4	6
									YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit 30500 0 0 See Comments	*****	*****	****	*****	*****	*****	0	(23)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	%		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	*****	*****	****	*****	25.3	14.5	32.0	(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	*****	2.03	2.40	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		Continuous	RCORDR

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Scott Jeffers
Wastewater Utilities Superintendent

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For Scott Jeffers
Dennis Kay
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE 586-0393
PHONE NUMBER
DATE
2007 YEAR 4 MO 6 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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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		*****	*****	****	305.5	342.9	*****	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		*****	*****	****	94.2	*****	*****	(23)	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal		*****	*****	****	88.3	*****	*****	(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	ox chronic		Semiannual	COMP24

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MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

March 2007

EPA REPORT

WEATHER		FLOWS								INFLUENT						EFFLUENT						MISC			
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTTL 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	16	0.39	2.18	1060	2.18	315.1 /1	0.0444							11.0	6.5		11.3						46	
MON	5	21	0.49	2.10	1060	2.00	343.4 /1	0.0508	10.0	6.9					11.0	6.6		12.3	22.0	359.6	24.2	395.6	20.0	49	
TUE	6	32	0.59	2.10	1060	1.96	350.4 /1	0.0689	10.0	6.8		184	3008	380	6212	11.0	6.6	3.8	11.2					32.0	47
WED	7	36	0.23	2.12	1060	2.12	324.0 /1	0.0662	10.0	7.0	7.9				10.0	6.9		12.4						49	
THU	8	35	0.20	2.13	1060	2.02	340.0 /1	0.0717	9.0	7.0					10.0	6.6		12.6						47	
FRI	9	31	0.13	2.02	1060	2.02	340.0 /1	0.0651	10.0	6.8														50	
SAT	10	32	0.07	2.10	1060	2.10	327.1 /1	0.0544																48	
SUN	11	32	0.08	2.14	1060	1.90	361.4 /1	0.0597							11.0	6.8		13.4						48	
MON	12	33	0.08	2.09	1060	2.09	328.6 /1	0.0593	10.0	7.1					10.0	6.5		14.7	23.0	370.2	21.4	344.5	10.0	57	
TUE	13	27	0.02	2.10	1060	1.93	355.8 /1	0.0629	9.0	7.0		200	3219	406	6535	11.0	6.6		13.6					14.0	49
WED	14	29	0.14	2.14	1060	1.75	392.3 /1	0.0796	10.0	7.0					10.0	6.5		12.3						47	
THU	15	29	0.10	2.08	1060	1.81	379.3 /1	0.0703	9.0	6.8					10.0	6.7		12.1						54	
FRI	16	28	0.27	1.96	1060	1.96	350.4 /1	0.0570	10.0	7.4														49	
SAT	17	26	0.12	2.05	1060	2.05	335.0 /1	0.0501																50	
SUN	18	28	0.00	2.10	1060	2.10	327.1 /1	0.0467																50	
MON	19	25	0.00	2.42	1070	1.76	393.7 /1	0.0544	10.0	8.6					10.0	6.5		15.6						8.0	52
TUE	20	25	0.04	2.07	1090	2.07	341.2 /1	0.0603	10.0	7.0					11.0	6.6		17.3						18.3	54
WED	21	35	0.42	2.25	1200	2.40	324.0 /1	0.0656	10.0	7.0					11.0	6.6		18.1						57	
THU	22	37	0.09	2.37	1160	2.13	352.8 /1	0.0901	9.0	6.9					11.0	6.7		15.6						53	
FRI	23	38	0.18	2.42	1090	2.21	319.6 /1	0.0727	9.0	6.8					11.0	6.5		11.9						52	
SAT	24	36	0.01	2.27	1080	2.00	349.8 /1	0.0591																50	
SUN	25	34	0.12	2.19	1060	2.19	313.7 /1	0.0488							11.0	6.6		13.4						53	
MON	26	33	0.03	2.19	1050	2.19	310.7 /1	0.0489	10.0	7.1					11.0	6.5		13.2						6.7	52
TUE	27	33	0.00	2.08	1030	1.87	356.8 /1	0.0569	10.0	6.9					11.0	6.5		13.6						22.0	52
WED	28	37	0.10	2.10	1050	1.71	397.7 /1	0.0840	9.0	6.8					11.0	6.5		13.4						55	
THU	29	33	0.02	2.27	1070	2.27	305.5 /1	0.0798	9.0	6.8					12.0	6.7		11.2						51	
FRI	30	30	0.00	2.06	1110	2.06	349.1 /1	0.0707	11.0	7.6														49	
SAT	31	31	0.00	2.06	1010	2.06	317.7 /1	0.0580																	1427
TOTAL			3.92	60.16		56.91		1.7564							12.0	6.9	3.8	18.1	23.0	370.2	24.2	395.6	32.0	57	
MAXIMUM		38	0.59	2.42	1200	2.40	397.7 /1	0.0901	11.0	8.6	7.9	200	3219	406	6535	10.0	6.5	3.8	11.2	22.0	359.6	21.4	344.5	6.7	46
MINIMUM		16	0.00	1.96	1010	1.71	305.5 /1	0.0444	9.0	6.8	7.9	184	3008	380	6212	10.8	6.6	3.8	13.5	22.5	364.9	22.8	370.0	14.5	51.0
AVERAGE		30.8	0.14	2.15	1070.4	2.03	342.9 /1	0.0627	9.7	7.1	7.9	192.0	3113.5	393.0	6373.3										

COMMENTS:

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

March 2007	
Hrd. mg/l	62.4
Alk. mg/l	NO TEST
D.O. mg/l	3.8
Turb. NTU	18.1

Tox. TU_c NO TEST

March 2007		
	ug/L	LBS
Copper	32.00	0.523
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	14.0	228.85

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geo. Mean
	BOD mg/l	TSS lbs	BOD mg/l	TSS lbs	
1	24.2	395.6	22.0	359.6	25.3
2	21.4	344.5	23.0	370.2	11.8
3					12.1
4					12.1
AVG	22.8	370.0	22.5	364.9	15.3
MAX	24.2	395.6	23.0	370.2	25.3

% REMOVAL	
B.O.D.	94
S.S.	88

POWER USAGE IN KILOWATT-HOURS	
TOTAL	228320