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

NOTE: Read instructions before completing this form.

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	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YR	MO	DAY		YEAR	MO	DAY
FROM	2007	6	1	TO	2007	6	30

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Turbidity	SAMPLE MEASUREMENT	******	******	****	******	**12.1**	**16.1**	(43)	0		
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	****	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	****	**4.1**	**4.1**	******	(19)	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	******	19 mg/L		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	**267.4**	**299.1**	(26)	******	**16.6**	**18.3**	(19)	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	******	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	**299.1**	******	(26)	******	**18.3**	******	(19)	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	19 mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	****	**6.5**	******	**6.7**	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	****	6.5 INST MIN	******	9.0 INST MAX	12 SU		Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	******	******	****	******	**145.0**	**145.0**	(19)	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	******	******	****	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	**256.5**	**382.3**	(26)	******	**16.0**	**24.0**	(19)	0		
00530 1 0 Effluent Gross	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

Scott Jeffers
Wastewater Utilities Superintendent

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	
907	586-0393
AREA CODE	PHONE NUMBER

DATE		
2007	7	9
YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

*** Concerning violations-please see attached.** The reporting period was from **06/03/2007** through **06/30/2007.**

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

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LOCATION:	JUNEAU, ALASKA 99801
ATT:	Scott Jeffers WW Utilities Superintendent

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Solids, total suspended	SAMPLE MEASUREMENT	**382.3**	******	(26)	******	**24.0**	******	(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)	SAMPLE MEASUREMENT	**326.9**	**326.9**	(26)	******	**20.0**	**20.0**	(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)	SAMPLE MEASUREMENT	******	******	****	******	**68.0**	**68.0**	(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	SAMPLE MEASUREMENT	**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	SAMPLE MEASUREMENT	**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	SAMPLE MEASUREMENT	**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	SAMPLE MEASUREMENT	**0.465**	**0.465**	(26)	******	**28.4**	**28.4**	(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

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Wastewater Utilities Superintendent

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Coliform, fecal - % sample exceeds limit	SAMPLE MEASUREMENT	******	******	****	******	******	**0**	(23)	0		
30500 O 0 See Comments	PERMIT REQUIREMENT	******	******	****	******	******	10 DAILY MX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE MEASUREMENT	******	******	****	******	**N/A**	**N/A**	(13)	0		
31615 O 0 See Comments	PERMIT REQUIREMENT	******	******	****	******	161 MO GEO	Req. Mon. DAILY MX	13 #/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE MEASUREMENT	******	******	****	**N/A**	**N/A**	**N/A**	(13)	0		
31615 P 0 See Comments	PERMIT REQUIREMENT	******	******	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE MEASUREMENT	******	******	****	**N/A**	**N/A**	**N/A**	(13)	0		
31615 Q 0 See Comments	PERMIT REQUIREMENT	******	******	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE MEASUREMENT	******	******	****	**20**	**4.2**	**20**	(13)	0		
31615 R 0 See Comments	PERMIT REQUIREMENT	******	******	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	******	******	****	******	******	**0**		0		
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	****	******	******	Req. Mon. DAILY MX	Y=1 ; N=0		Once Per Month	VISUAL
Flow, in conuit or thru treatment plan	SAMPLE MEASUREMENT	**1.9**	**2.1**	(03)	******	******	******	****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	******	******	******	****		Continuous	RCORDR

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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	******	******	****	**1299.7**	**1598.1**	******	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	******	******	****	**94**	******	******	(23)	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	****	85 MN % RMV	******	******	23 %		Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	****	**92**	******	******	(23)	0		
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	******	******	****	******	******	**3.3**	(2G)	0		
TT000 1 8 Effluent Gross	PERMIT REQUIREMENT	******	******	****	******	******	Req. Mon. DAILY MX	ox chronic		Semiannual	COMP24

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EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

June 2007

		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	50	0.02	2.54	3900	1.94	1299.7 /1	0.0540																	49
MON	4	58	0.02	2.49	4550	1.85	1589.8 /1	0.0674	13.0	6.9						14.0	6.5		15.1						52
TUE	5	55	0.35	2.56	4660	1.96	1536.9 /1	0.0777	13.0	6.9		212	3465	311	5084	14.0	6.7		11.4	8.0	130.8	18.3	299.1		50
WED	6	51	0.04	2.63	4800	2.01	1543.7 /1	0.1130	12.0	7.0						14.0	6.5	4.1	11.8					20	54
THU	7	49	0.01	2.73	5640	2.09	1744.3 /1	0.1020	11.0	6.9						13.0	6.5		12.4						53
FRI	8	50	0.01	2.49	4490	1.98	1465.9 /1	0.0962	13.0	6.7						14.0	6.5		11.9						53
SAT	9	56	0.00	2.44	4420	1.93	1480.4 /1	0.0918																	49
SUN	10	58	0.02	2.43	4490	1.96	1480.9 /1	0.0691																	50
MON	11	51	0.39	2.46	4690	1.98	1531.2 /1	0.0676	13.0	6.9						15.0	6.6		11.7						52
TUE	12	51	0.02	2.37	5230	1.91	1769.9 /1	0.0788	13.0	6.9		198	3154	269	4285	14.0	6.5		10.6	24.0	382.3	14.8	235.8		49
WED	13	54	0.00	2.35	4620	1.95	1531.5 /1	0.0831	13.0	6.9						14.0	6.5		11.2					4	51
THU	14	55	0.00	2.38	4560	1.88	1567.9 /1	0.0879	12.0	6.8						14.0	6.6		11.5						51
FRI	15	59	0.00	2.30	5260	1.93	1761.6 /1	0.0860	14.0	7.1						15.0	6.6		11.9						50
SAT	16	58	0.00	2.40	7620	1.95	2525.4 /1	0.0824																	50
SUN	17	53	0.00	2.34	5940	1.98	1939.0 /1	0.0746																	50
MON	18	49	0.13	2.43	4490	2.00	1451.3 /1	0.0860	13.0	7.0						15.0	6.6		10.6						50
TUE	19	57	0.57	2.34	4190	1.92	1410.8 /1	0.0883	12.0	6.8						13.0	6.6		12.7						52
WED	20	56	0.00	2.46	4250	2.02	1360.2 /1	0.1150	13.0	6.9						14.0	6.5		13.0					1	53
THU	21	53	0.03	2.34	4770	1.89	1631.4 /1	0.1140	13.0	6.9						14.0	6.5		12.4						49
FRI	22	43	0.33	2.34	4520	2.00	1461.0 /1	0.0862	14.0	6.8						15.0	6.5		11.5						48
SAT	23	53	0.00	2.36	4420	1.87	1527.9 /1	0.0766																	48
SUN	24	52	0.03	2.36	4190	1.88	1440.8 /1	0.0763																	48
MON	25	51	0.04	2.33	4330	1.80	1555.0 /1	0.0849	14.0	7.1						14.0	6.5		13.8						50
TUE	26	56	0.00	2.49	4310	1.89	1474.2 /1	0.1111	14.0	7.0						15.0	6.6		16.1						54
WED	27	53	0.00	2.44	4270	1.88	1468.2 /1	0.1010	13.0	6.9						15.0	6.5		11.2					4	49
THU	28	59	0.01	2.31	4650	1.87	1607.4 /1	0.0912	14.0	6.7						15.0	6.6		11.4						50
FRI	29	56	0.14	2.36	4490	1.83	1586.0 /1	0.0794	14.0	6.7						15.0	6.5		9.9						49
SAT	30	55	0.09	2.36	5120	1.65	2005.6 /1	0.0800																	49
TOTAL			2.25	67.83	132870	53.80	44747.5 /1	2.4216																	1412
MAXIMUM		59	0.57	2.73	7620	2.09	2525.4 /1	0.1150	14.0	7.1		212	3465	311	5084	15.0	6.7	4.1	16.1	24.0	382.3	18.3	299.1	20	54
MINIMUM		43	0.00	2.30	3900	1.65	1299.7 /1	0.0540	11.0	6.7		198	3154	269	4285	13.0	6.5	4.1	9.9	8.0	130.8	14.8	235.8	1	48
AVERAGE		54	0.1	2.42	4745	1.92	1598.1 /1	0.0865	13.1	6.9		205	3310	290	4684	14.3	6.5	4.1	12.1	16.0	256.5	16.6	267.4	4.2	50

COMMENTS:

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

June 2007	
Hrd. mg/l	68.0
Alk. mg/l	145.0
D.O.mg/l	4.1
Turb.NTU	16.1

Tox. TUc	3.3

June 2007		
	ug/L	LBS
Copper	28.40	0.465
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	20.0	326.9

WEEK	WEEKLY AVERAGE				WEEKLY
	BOD		TSS		COLIFORM
	mg/l	lbs	mg/l	lbs	Geo. Mean
1	18.3	299.1	8.0	130.8	20.0
2	14.8	235.8	24.0	382.3	4.0
3					1.0
4					4.0
AVG	16.6	267.4	16.00	256.5	4.2
MAX	18.3	299.1	24.0	382.3	20.0

% REMOVAL	
B.O.D.	94
S.S.	92

POWER USAGE IN KILOWATT-HOURS	
TOTAL	225920