

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

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.

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	8	1		2007	8	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 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	11.7 MO AVG	27.3 DAILY MX	(43) NTU	0	Continuous	RCORDR			
Oxygen, dissolved (DO)														
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	4	4	*****	19 mg/L	0	Once Per Month	GRAB			
BOD, 5-Day, 20 deg. C														
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	310	327	(26)	*****	20	21	19 mg/L	0	Twice Per Month	COMP24			
BOD, 5-Day, 20 deg. C														
00310 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19 mg/L	0	Twice Per Month	COMP24			
pH														
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.4	*****	6.8	12 SU	0	Weekdays	GRAB			
Alkalinity, total (asCaCo3)														
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	19 mg/L	0	Quarterly	COMP24			
Solids, total suspended														
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	411	651	(26)	*****	25	37	19 mg/L	0	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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE					
Scott Jeffers Wastewater Utilities Superintendent									907 AREA CODE			586-0393		
									PHONE NUMBER			DATE		
									2007 YEAR	09 MO	07 DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* Concerning violations-please see attached. The reporting period was from 07/29/2007 through 09/01/2007.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended		651	*****	(26)	*****	37	*****	(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)		307	307	(26)	*****	20	20	(19)	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	29 MO AVG	48 DAILY MX	19 mg/L		Once-Per Month	COMP24
Hardness, total (as CaCO3)		*****	*****	****	*****	82	94	(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		N/A	N/A	(26)	*****	N/A	N/A	(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		N/A	N/A	(26)	*****	N/A	N/A	(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		N/A	N/A	(26)	*****	N/A	N/A	(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		0.292	0.347	(26)	*****	18.2	19.7	(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
Scott Jeffers
Wastewater Utilities Superintendent

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Scott Jeffers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393

AREA CODE
907

PHONE NUMBER
586-0393

DATE
2007 09 07

YEAR MO DAY

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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	(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	*****	*****	****		N/A	N/A	N/A	(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	*****	*****			*****	*****	Req. Mon. DAILY MX	Y=1; N=0	0		Once Per Month VISUAL
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	1.7	2.1	(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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Scott Jeffers

TELEPHONE		
907	586-0393	
AREA CODE	PHONE NUMBER	
DATE		
2007	09	07
YEAR	MO	DAY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	MEASUREMENT	*****	*****	(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	MEASUREMENT	*****	*****	****	1588.7	1941.6	*****	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	MEASUREMENT	*****	*****	****	92.7	*****	*****	(23)	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal	MEASUREMENT	*****	*****	****	87.5	*****	*****	(23)	0		
81011 K 0 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Chlorine usage	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	MEASUREMENT	*****	*****	****	*****	*****	0	(93)	0		
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	occur/mo		Once Per Month	VISUAL
Toxicity, Chronic	MEASUREMENT	*****	*****	****	*****	*****	N/A	(2G)	0		
TT000 1 8 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	bx chronic		Semiannual	COMP24
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								DATE			
								2007 YEAR	09 MO	07 DAY	

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MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

August 2007

EPA REPORT

		WEATHER		FLOWS				INFLUENT								EFFLUENT							MISC					
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mehd. River CFS	SBR Ttl. Efflu. 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	CU. ug/L	CU. LBS	HARD mg/L	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	29	61	0.02	2.36	5440	1.90	1850.6 /1	0.0501																			48	
MON	30	54	0.12	2.35	5360	1.86	1862.6 /1	0.0496	16.0	7.1									16.0	6.5		8.3					49	
TUE	31	56	0.06	2.32	5670	1.84	1991.7 /1	0.0599	16.0	7.0									17.0	6.8		8.1					50	
WED	1	58	0.01	2.33	5540	1.77	2022.9 /1	0.0698	15.0	6.8									16.0	6.5		8.2			6.0		52	
THU	2	61	0.00	2.31	5180	1.90	1762.2 /1	0.0820	15.0	6.7									16.0	6.5		9.8					51	
FRI	3	54	0.00	2.17	4910	1.81	1753.4 /1	0.0760	15.0	6.6									16.0	6.5		8.1					50	
SAT	4	57	0.00	2.19	4340	1.72	1631.0 /1	0.0675																			48	
SUN	5	56	0.00	2.16	4300	1.69	1644.7 /1	0.0460																			49	
MON	6	54	0.12	2.22	4570	1.73	1707.5 /1	0.0675	16.0	7.2									17.0	6.6		12.1					48	
TUE	7	54	0.07	2.22	6350	1.70	2414.0 /1	0.0635	16.0	6.7		212	3006	261	3700	16.7	0.237	94.0	16.0	6.6		8.2	12.0	170.1	20.6	292.1	50	
WED	8	58	0.00	2.05	6160	1.67	2383.9 /1	0.0714	15.0	6.7	5.4								16.0	6.6	4.4	11.9				10.0	50	
THU	9	60	0.00	2.12	5990	1.70	2277.2 /1	0.0768	15.0	6.8									16.0	6.4		19.1					50	
FRI	10	58	0.00	2.08	5107	1.65	2000.5 /1	0.0782	17.0	6.7									18.0	6.4		27.3					51	
SAT	11	61	0.00	2.16	5040	1.67	1950.6 /1	0.0867																			53	
SUN	12	60	0.00	2.10	5200	1.76	1909.6 /1	0.0395																			49	
MON	13	61	0.00	2.11	5660	1.78	2055.1 /1	0.0501	16.0	6.7									18.0	6.5		14.4					51	
TUE	14	57	0.00	2.11	5440	2.11	1666.5 /1	0.0571	16.0	6.8		180	3168	275	4839	19.7	0.347	70.0	17.0	6.6		13.3	37.0	651.1	18.6	327.3	52	
WED	15	58	0.00	2.01	4940	2.01	1588.7 /1	0.0621	16.0	6.8									17.0	6.5		13.4				2.0	52	
THU	16	60	0.00	1.94	5340	1.94	1779.2 /1	0.0721	16.0	6.8									16.0	6.4		10.8					50	
FRI	17	60	0.14	1.96	5260	1.13	3008.0 /1	0.0675	16.0	7.0									18.0	6.5		9.8					52	
SAT	18	57	0.07	1.93	5560	1.75	2053.4 /1	0.0441																			48	
SUN	19	56	0.00	2.00	5120	1.80	1838.5 /1	0.0455																			49	
MON	20	56	0.00	1.90	4940	1.73	1845.6 /1	0.0478	16.0	7.2									16.0	6.5		9.6					51	
TUE	21	55	0.00	1.95	4990	1.54	2094.2 /1	0.0657	16.0	6.7									16.0	6.5		10.5					49	
WED	22	55	0.19	1.95	4900	1.60	1979.4 /1	0.0770	16.0	6.7									17.0	6.4		10.8				8.0	51	
THU	23	52	0.05	1.95	4370	1.53	1846.1 /1	0.0872	16.0	6.8									17.0	6.4		10.9					50	
FRI	24	54	0.71	2.02	4550	1.61	1826.7 /1	0.0792	16.0	6.5									17.0	6.4		14.5					54	
SAT	25	52	0.28	1.98	5010	1.70	1904.8 /1	0.0578																			50	
SUN	26	54	0.01	1.98	5100	1.58	2086.2 /1	0.0537																			47	
MON	27	55	0.00	1.92	4330	1.61	1738.4 /1	0.0503	16.0	7.1									16.0	6.4		9.8					51	
TUE	28	51	0.00	2.04	4190	1.54	1758.6 /1	0.0668	16.0	6.7									17.0	6.5		9.7					49	
WED	29	57	0.04	1.90	4250	1.62	1695.8 /1	0.0766	16.0	6.8									17.0	6.4		9.7				2	51	
THU	30	55	0.02	1.90	4850	1.55	2022.4 /1	0.0731	16.0	6.6									17.0	6.4		10.2					50	
FRI	31	55	0.08	1.84	5510	1.62	2198.2 /1	0.0584	17.0	6.6									17.0	6.5		12.9					51	
SAT	1	52	0.06	1.88	4450	1.59	1809.0 /1	0.0479																			46	
TOTAL			2.05	72.41		59.71		2.2245																			1752	
MAXIMUM		61	0.71	2.36	6350	2.11	3008.0 /1	0.0872	17.0	7.2	5.4	212	3168	275	4839	19.7	0.347	94.0	18.0	6.8	4.4	27.3	37.0	651.1	20.6	327.3	10	54
MINIMUM		51	0.00	1.84	4190	1.13	1588.7 /1	0.0395	15.0	6.5	5.4	180	3006	261	3700	16.7	0.237	70.0	16.0	6.4	4.4	8.1	12.0	170.1	18.6	292.1	2	46
AVERAGE		56	0.06	2.07	5083	1.71	1941.6 /1	0.0636	15.9	6.8	5.4	196	3087	268	4270	18.2	0.292	82.0	16.7	6.5	4.4	11.7	24.5	410.6	19.6	309.7	5	50

COMMENTS:

- * GEOMETRIC MEAN WAS USED TO CALC THE AVERAGE FECAL COLIFORM COLONIES
- * INFLUENT FLOW WAS USED TO CALCULATE EFFLUENT LOADING
- * EFFLUENT FLOW METER FE07 O.O.S.
- * ALKALINITY, HARDNESS AND COPPER TEST DATE WAS AUGUST 1, 2006

August 2007	
Hrd. mg/l	94.0
Alk. mg/l	N/A
D.O. mg/l	4.4
NH3 mg/L	20.0
NH3 lbs	307
Turb. NTU	27.3

WEEK	WEEKLY AVERAGE				WEEKLY %Geo. Mean
	BOD mg/l	S.S. lbs	FSS mg/l	coliform lbs	
1					6.0
2	20.6	292	12.0	170	10.0
3	18.6	327	37.0	651	2.0
4					8.0
5					2
AVG	19.6	310	24.5	411	4.5
MAX	20.6	327	37.0	651	10

% REMOVAL	
B.O.D.	92.7
S.S.	87.5

POWER USAGE IN KILOWATT-HOURS	
TOTAL	280320