

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

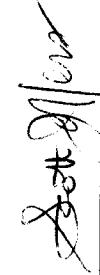
MAJOR (SUB 01)
 OMB No. 2040-0004
 F - FINAL
 Effluent Approval Expires 05-31-98
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	4	1	
YEAR	MO	DAY	DAY
2008	4	4	30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Turbidity	*****	****	*****	****	14.8	(43)	0		
00070 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	*****	*****	3.1	(19)	0		
00300 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	335	(26)	440	(26)	21	(19)	0		
00310 1 0 Effluent Gross	1226		2452		30	mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	440	(26)	*****	(26)	28	(19)	0		
00310 W 0 See Comments	1829		*****		45	mg/L	0	Twice Per Month	COMP24
pH	*****	*****	*****	*****	6.5	(12)	0		
00400 1 0 Effluent Gross	*****	*****	*****	*****	6.5	12	0	Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	*****	*****	INST MIN	SU	0		
00410 1 7 Effluent Gross	*****	*****	*****	*****	N/A	(19)	0		
Solids, total suspended	353	(26)	378	(26)	Req. Mon. DAILY MX	mg/L	0	Quarterly	COMP24
00530 1 0 Effluent Gross	1226		2452		30	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.								
Scott Jeffers Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED	907 AREA CODE 586-0393 TELEPHONE 2008 YEAR 05 MO 08 DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* Concerning violations-please see attached. The reporting period was from 03/30/08 through 05/03/08.

EPA Form 3320-1 (03-99) Previous editions may be used.

00434/981209 1904

PAGE 1 OF 5

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

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

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

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 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	4	1	
YR	MO	DAY	TO
2008	4	4	30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	378	(26)	*****	(19)	24	*****	0		
00530 W 0	1829	lb/d	*****	19	45	*****		Twice Per Month	COMP24
See Comments	236	(26)	*****	(19)	15.0	*****	0		
Nitrogen, ammonia total (as N)	1164	lb/d	*****	19	28.5	DAILY MX		Once Per Month	COMP24
00610 1 0	1963	lb/d	*****	(19)	100	*****	0		
Effluent Gross	*****	****	*****	19	Req. Mon. DAILY MX	*****		Once Per Month	GRAB
Hardness, total (as CaCO3)	*****	****	*****	(19)	100	*****	0		
00900 1 6	*****	****	*****	19	Req. Mon. DAILY MX	*****		Once Per Month	GRAB
Effluent Gross	*****	****	*****	(28)	N/A	*****	0		
Silver, total recoverable	N/A	(26)	N/A	28	Req. Mon. DAILY MX	*****		Three Per Year	COMP24
01079 1 0	Req. Mon. DAILY MX	lb/d	*****	(28)	N/A	*****	0		
Effluent Gross	Req. Mon. DAILY MX	lb/d	*****	28	Req. Mon. DAILY MX	*****		Three Per Year	COMP24
Zinc, total recoverable	N/A	(26)	N/A	(28)	N/A	*****	0		
01094 1 0	Req. Mon. DAILY MX	lb/d	*****	28	Req. Mon. DAILY MX	*****		Three Per Year	COMP24
Effluent Gross	Req. Mon. DAILY MX	lb/d	*****	(28)	N/A	*****	0		
Lead, total recoverable	N/A	(26)	N/A	28	Req. Mon. DAILY MX	*****		Three Per Year	COMP24
01114 1 0	Req. Mon. DAILY MX	lb/d	*****	(28)	N/A	*****	0		
Effluent Gross	Req. Mon. DAILY MX	lb/d	*****	28	Req. Mon. DAILY MX	*****		Three Per Year	COMP24
Copper, total recoverable	0.49	(26)	0.49	(28)	30.9	*****	0		
01119 1 0	3.54	lb/d	7.63	28	86.7	DAILY MX		Once Per Month	COMP24
Effluent Gross	MO AVG	lb/d	DAILY MX	28	MO AVG	DAILY MX		Once Per Month	COMP24

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Scott Jeffers
 Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 586-0393
 PHONE NUMBER DATE

2008 YEAR 05 MO 05 DAY

TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS
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PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
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 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
NOTE: Read instructions before completing this form.

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

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MONITORING PERIOD			
YR	MO	DAY	TO
2008	4	1	
YEAR	MO	DAY	NO. EX
2008	4	1	0

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS				
Coliform, fecal - % samples exceeds limit	*****	*****	*****	*****	0	(23)		0		
30500 O 0	*****	*****	*****	*****	10	DAILY MX	%		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	161	Req. Mon. DAILY MX	#/100mL		Twice Every Week	GRAB
31615 O 0	*****	*****	*****	*****	N/A	N/A	(13)	0		
See Comments	*****	*****	*****	*****	400	Wkly GEO	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	200	DAILY MX	#/100mL		Twice Every Week	GRAB
31615 P 0	*****	*****	*****	*****	N/A	N/A	(13)	0		
See Comments	*****	*****	*****	*****	400	Wkly GEO	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	200	DAILY MX	#/100mL		Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	115	12	(13)	0		
See Comments	*****	*****	*****	*****	800	DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	800	DAILY MX	#/100mL		Twice Every Week	GRAB
31615 R 0	*****	*****	*****	*****	800	DAILY MX	#/100mL		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	800	DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****	*****	0			0		
45613 1 0	*****	*****	*****	*****	*****	*****			Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	*****	*****	*****		0		
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			Continuous	RCORDR
50050 1 0	*****	*****	*****	*****	*****	*****				
Effluent Gross	*****	*****	*****	*****	*****	*****				

Scott Jeffers

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TELEPHONE	907	AREA CODE	586-0393
PHONE NUMBER	2008	DATE	05 05
YEAR	2008	MO	05
DAY			08

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Chlorine, total residual	N/A	N/A	(26)	*****	N/A	(28)	0			
50060 S 0	4.09	4.09	lb/d	*****	100	ug/l	0		QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX		*****	MO AVG					
Dilution factor	*****	*****	****	*****	*****	ug/L	0			
80093 1 0	*****	*****	****	*****	*****	1U	0		DAILY	MEASRD
Effluent Gross	*****	*****	****	*****	*****	(23)	0			
BOD, 5-day, percent removal	*****	*****	****	*****	*****	23 %	0		Once Per Month	CALCTD
81010 K 0	*****	*****	****	*****	*****	(23)	0			
Percent Removal	*****	*****	****	*****	*****	23 %	0		Once Per Month	CALCTD
Solids, suspended percent removal	*****	*****	****	*****	*****	(23)	0			
81011 K 0 0	*****	*****	****	*****	*****	23 %	0		Once Per Month	CALCTD
Percent Removal	*****	*****	****	*****	*****	(26)	0			
Chlorine usage	N/A	N/A	****	*****	*****	occur/mo	0			
81400 X 0	Req. Mon.	Req. Mon.	****	*****	*****	0	0		DAILY	MEASRD
End of Chlorine Contact Chamber	MO AVG	MO AVG	****	*****	*****	0	0		Once Per Month	VISUAL
Oil and grease visual	*****	*****	****	*****	*****	0	0			
84066 1 0	*****	*****	****	*****	*****	0	0		Once Per Month	COMP24
Effluent Gross	*****	*****	****	*****	*****	0	0			
Toxicity, Chronic	*****	*****	****	*****	*****	0	0			
TT000 1 8	*****	*****	****	*****	*****	0	0			
Effluent Gross	*****	*****	****	*****	*****	0	0			

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TELEPHONE
907
 AREA CODE
586-0393
 PHONE NUMBER
 DATE
2008
 YEAR
05
 MO
03
 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

TYPED OR PRINTED
Scott Jeffers

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	VALUE	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	N/A	N/A	N/A	(13)	0		
31615 S 9	*****	*****	*****	*****	400	200	800			Once Every Week	GRAB
See Comments					WPLY GEO	MO GEO	DAILY MX	#/100mL			
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	N/A	N/A	N/A	(13)	0		
31615 T 9	*****	*****	*****	*****	800	400	1200			Once Every Week	GRAB
See Comments					WPLY GEO	MO GEO	DAILY MX	#/100mL			
<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>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent</p>											
<p>TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT </p>											
<p>TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE 2008 05 08 YEAR MO DAY</p>											

COMMENT AND EXPLANATION OF ANY VIOLATIONS
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MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

April 2008

FLOWS				INFLUENT										EFFLUENT										MISC	
SBR TTL EFFL MGD	Mend. River CFS	SBR 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					
1.99	<13	1.70	<5.9 /1	0.0542																	49				
2.00	<13	1.80	<5.7 /1	0.0654	9.0	7.5					10.0	6.7	10.7							2	49				
1.97	<13	1.89	<5.4 /1	0.0810	9.0	7.2	210	3310	355	5596	9.0	6.7	14.8	14.8	24	378	28	440		3	52				
2.13	<13	2.25	<4.7 /1	0.0791	9.0	7.1	7.2				10.0	6.6	3.1	14.4							52				
2.16	<13	2.67	<4.1 /1	0.0836	9.0	7.1					10.0	6.6	10.2								53				
1.92	23	1.89	8.9 /1	0.0748	9.0	7.2					10.0	6.6	10.0								51				
2.09	13	1.81	5.6 /1	0.0697																	51				
2.11	13	1.82	5.6 /1	0.0657																	52				
2.12	<13	1.85	<5.5 /1	0.0698	9.0	7.3					11.0	6.6	10.9							3	52				
2.06	<13	1.87	<5.5 /1	0.0524	9.0	7.2	142	2215	177	2760	10.0	6.7	10.3	10.3	21	328	15	231		1	48				
1.96	17	1.80	7.1 /1	0.0783	9.0	7.1					10.0	6.6	11.1								58				
2.05	19	1.97	7.1 /1	0.1044	9.0	7.2					9.0	6.7	10.8								51				
2.07	23	2.03	8.4 /1	0.0834	9.0	7.1					11.0	6.6	11.9								51				
2.31	26	2.39	7.9 /1	0.0761																	53				
2.53	51	2.88	12.4 /1	0.0574																	51				
2.39	51	2.53	14.0 /1	0.0650	9.0	7.3					11.0	6.7	10.2								51				
2.33	34	2.25	10.8 /1	0.0751	9.0	7.3					9.0	6.5	10.6							41	52				
2.57	65	2.31	19.1 /1	0.0885	8.0	7.0					9.0	6.6	11.0							11	54				
2.43	72	2.10	23.1 /1	0.0756	8.0	7.0					9.0	6.6	11.2								46				
2.28	64	2.28	19.0 /1	0.0719	8.0	7.1					10.0	6.8	13.3								49				
2.19	45	1.89	16.4 /1	0.0560																	46				
2.17	39	1.89	14.3 /1	0.0425																	47				
2.08	33	1.81	12.9 /1	0.0459	10.0	7.6					9.0	6.8	10.3								47				
1.99	23	1.77	9.5 /1	0.0570	9.0	7.3					9.0	6.9	10.1							9	46				
2.01	31	1.78	12.3 /1	0.0668	9.0	7.5					10.0	6.8	10.1							82	36				
1.98	41	1.72	16.4 /1	0.0666	9.0	7.4					11.0	6.7	11.4								41				
1.92	31	1.68	12.9 /1	0.0671	9.0	7.4					10.0	6.9	12.3								42				
2.00	27	1.71	11.1 /1	0.0710																	44				
2.07	44	1.72	17.4 /1	0.0675																	44				
2.05	75	2.05	24.7 /1	0.0654	8.0	7.4					9.0	6.9	12.3								42				
2.08	59	2.08	19.3 /1	0.0775	9.0	7.4					10.0	6.9	11.9							62	33				
2.04	52	1.78	19.8 /1	0.0756	9.0	7.3					10.0	6.8	11.8							213	27				
2.04	45	1.70	18.1 /1	0.0685	8.0	7.1					10.0	6.9	12.9								25				
1.91	55	1.62	22.9 /1	0.0681	10.0	7.1					10.0	6.9	13.8								26				
2.02	60	1.75	23.1 /1	0.0697																	27				
1.02		69.04		2.4366																	1598				
2.57	75	2.88	17.8 /1	0.1044	10.0	7.6	210	3310	355	5596	11.0	6.9	3.1	14.8	24	378	28	440		213	58				
1.91	13	1.62	6.2 /1	0.0425	8.0	7.0	142	2215	177	2760	9.0	6.5	3.1	10.0	21	328	15	231		1	25				
2.11	40	1.97	14.2 /1	0.0696	8.9	7.3	176	2762	266	4178	9.8	6.7	3.1	11.5	23	353	21	335		12	46				

% REMOVAL	
B.O.D.	92
S.S.	87

POWER USAGE IN KILOWATT-HOURS	
TOTAL	255680

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM	
	BOD mg/l	TSS mg/l	TSS lbs	BOD lbs	Geo. Mean	Coliform
1	28	440	24	378	2	2
2	15	231	21	328	2	2
3					21	
4					28	
5					115	
AVG	21	335	23	353	12	12
MAX	28	440	24	378	115	115

April 2008		
Copper	ug/L	LBS
Lead	30.90	0.49
Silver	N/A	N/A
Zinc	N/A	N/A
NH3 mg/L	15.00	236

April 2008		
Hrd. mg/l	100	
Alk. mg/l	N/A	
D.O mg/l	3.1	
Turb. NTU	14.8	
Tox. TUc	N/A	

NOTE THE AVERAGE FECAL COLIFORM COLONIES