

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
JUNEAU, ALASKA 99801
ATTN: Denny Kay / Mendenhall WWTF Supervisor

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

AK-002295-1
PERMIT NUMBER

001A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	8	1	2009
YEAR	MO	DAY	DAY
2009	8	31	31

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	VALUE	VALUE			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
00070 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Once Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	651	1497	(26)	*****	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	19 mg/L	*****	*****	0		
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	1249	*****	(26)	*****	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	1829 WELY AVG	*****	19 mg/L	*****	*****	0		
00310 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekdays	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Quarterly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
00410 1 7 Effluent Gross	SAMPLE MEASUREMENT	258	520	(26)	*****	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	19 mg/L	*****	*****	0		
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		

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.

Denny Kay
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
9 MO DATE
9 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS O = <15.1, P = >15.1 and <30.1, R = >30.1 (O, P, and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used *no chlorine*)

* Concerning violations please see attached. The reporting period was from 08/02/2009 through 08/29/2009.

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
ATTN: Denny Kay / Mendenhall WWTF Supervisor

AK-002295-1
PERMIT NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2009	8	1	2009	8	31	

001 A
DISCHARGE NUMBER

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

MAJOR (SUB 01)
F-FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, total suspended	SAMPLE	375		(26)				0		
	MEASUREMENT									
00530 W 0 See Comments	PERMIT	1829		lb/d	45					
	REQUIREMENT	WKL Y AVG			WKL Y AVG					
Nitrogen, ammonia total (as N)	SAMPLE	332		(26)	20.0			0		
	MEASUREMENT									
00610 1 0 Effluent Gross	PERMIT	1164		lb/d	28.5					
	REQUIREMENT	MO AVG			MO AVG					
Hardness, total (as CaCO3)	SAMPLE	*****		****	68.0			0		
	MEASUREMENT									
00900 1 6 Effluent Gross	PERMIT	*****		****	*****					
	REQUIREMENT									
Silver, total recoverable	SAMPLE	N/A		(26)	N/A			0		
	MEASUREMENT									
01079 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG		lb/d	*****					
	REQUIREMENT									
Zinc, total recoverable	SAMPLE	N/A		(26)	N/A			0		
	MEASUREMENT									
01094 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG		lb/d	*****					
	REQUIREMENT									
Lead, total recoverable	SAMPLE	N/A		(26)	N/A			0		
	MEASUREMENT									
01114 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG		lb/d	*****					
	REQUIREMENT									
Copper, total recoverable	SAMPLE	0.22		(26)	13.5			0		
	MEASUREMENT									
01119 1 0 Effluent Gross	PERMIT	1.82		lb/d	44.5					
	REQUIREMENT									
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Joe Myers, Superintendent</p> <p>DATE: 9/10/09</p> <p>TELEPHONE: 586-0393</p> <p>PHONE NUMBER: 9/10</p>										
<p>COMMENTS AND EXPLANATION OF ANY VIOLATIONS: O=$<15:1.P=>15:1$ and $<30:1.R=>30:1$ (O.P. and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used *no chlorine*)</p>										

* Concerning violations please see attached. The reporting period was from 08/02/2009 through 08/29/2009
EPA Form 320-1 (03-99) Previous editions may be used
REPLACES EPA FORM T-40 WHICH MAY NOT BE USED
MAY 14/08/1709 1914
Date: 9/10/09

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

PERMITEE 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
 JUNEAU, ALASKA 99801
ATTN: Denny Kay / Mendenhall WWTF Supervisor

MAJOR (SUB 01)
 F - FINAL
 EFFLUENT
 *** NO DISCHARGE
 NOTE: Read instructions before completing this form.

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

001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	8	1	2009
			YEAR
			MO
			DAY

PARAMETER	SAMPLER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS					
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	(23)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	%	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	N/A	N/A	N/A	N/A	0	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	161 MO GEO	Req. Mon. DAILY MX	13 #/100ml	0	Twice Every Week	GRAB			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE	*****	*****	****	N/A	N/A	N/A	N/A	0	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	800 DAILY MX	13 #/100ml	0	Twice Every Week	GRAB			
31615 P 0	SAMPLE	*****	*****	****	N/A	N/A	N/A	N/A	0	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	800 DAILY MX	13 #/100ml	0	Twice Every Week	GRAB			
See Comments	SAMPLE	*****	*****	****	N/A	N/A	N/A	N/A	0	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	800 DAILY MX	13 #/100ml	0	Twice Every Week	GRAB			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE	*****	*****	****	N/A	N/A	N/A	N/A	0	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	1200 DAILY MX	0 #/100ml	0	Twice Every Week	GRAB			
31615 R 0	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Floating solids or visible foam-visual	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
45613 1 0	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE	2.11	2.72	(03)	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
50050 1 0	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Joe Myers WW Utilities Superintendent	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
COMMENT AND EXPLANATION OF ANY VIOLATIONS	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Req. Mon. DAILY MX	0	Once Per Month	VISUAL

Typed or printed name of the person who prepared the report and the name of the person who submitted the report. If the person who submitted the report is not the same as the person who prepared the report, 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.

MO AVG: 4.9 DAILY MX: 3 Mgal/d

Signature: *Denny Kay*
 Signature: *Joe Myers*

Signature of Principal Executive Officer or Authorized Agent: *Joe Myers*

Area Code: 907 Phone Number: 586-0393

Year: 2009 MO: 9 DAY: 10

TELEPHONE: 586-0393

DATE: 9/10

RECORD: Continuous

REPLACES EPA FORM T-40 WHICH MAY NOT BE USED

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

NOTE: Read instructions before completing this form.

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: Denny Kay / Mendenhall WWTF Supervisor

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2009	8	1	2009
YEAR	MO	DAY	YEAR
2009	8	31	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	MEASUREMENT	*****	*****	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0		
50060 S 0	PERMIT REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
Dilution factor	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
81010 K 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
Solids, suspended percent removal	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
Chlorine usage	PERMIT REQUIREMENT	N/A	*****	(26)	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
84066 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ug/L	0		
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the information submitted to assure that the qualified personnel properly gather and evaluate the information. 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: Denny Kay Rae Myers SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>											
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS: O = <15:1; P = >15:1; and <30:1; R = >30:1 (O, P, and R used Nov 1-May 31 & T Jun 1-Oct 31; Q and S are never used *no chlorine*)</p>											

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: Denny Kay / Mendenhall WWTF Supervisor

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	8	1	2009
YEAR	MO	DAY	YEAR
2009	8	31	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
31615 S 9	PERMIT REQUIREMENT	*****	*****		400 W/LY GEO	200 MO GEO	800 DAILY MX	#/100mL			
See Comments	SAMPLE MEASUREMENT	*****	*****	****	2.9	1.5	2.9	(13)	0	Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800 W/LY GEO	400 MO GEO	1200 DAILY MX	#/100mL			
31615 T 9	PERMIT REQUIREMENT	*****	*****	****							
See Comments											

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.

Denny Kay
OFFICER OR AUTHORIZED AGENT

Joe Myers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

TELEPHONE: 907 586-0393
AREA CODE: 907
PHONE NUMBER: 3007
DATE: 9
MO: 10
DAY: 10

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
WW Utilities Superintendent

COMMENT AND EXPLANATION OF ANY VIOLATIONS
O = < 15:1, P = > 15:1 and < 30:1, R = > 30:1 (O, P and R used Nov 1-May 31 & T Jun 1-Oct 31 Q and S are never used *no chlorine*)
* Concerning violations please see attached. The reporting period was from 08/02/2009 through 08/29/2009.

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

DAY	DATE	WEATHER				FLOWS				INFLUENT				EFFLUENT											
		TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Marid. 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	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	
SUN	2	55	0.00	2.13	3030	2.13	920 /1	0.9554	16.0	7.7	5.0								16.0	6.8	3.3	7.6			
MON	3	59	0.00	2.14	3010	2.14	910 /1	0.1275	16.0	7.4									16.0	6.8					
TUE	4	63	0.00	2.07	3290	1.94	1097 /1	0.0908	16.0	7.4									16.0	6.8					
WED	5	64	0.00	1.99	3880	1.99	1261 /1	0.1077	14.0	7.1									17.0	7.0					
THU	6	60	0.00	1.91	3920	1.73	1465 /1	0.1208	15.0	7.1									16.0	6.9					
FRI	7	59	0.01	1.89	2860	1.90	973 /1	0.1046	15.0	7.2									16.0	6.9					
SAT	8	60	0.02	1.89	2760	1.89	944 /1	0.8610																	
SUN	9	58	0.09	2.03	2990	2.03	952 /1	0.8558																	
MON	10	57	0.04	1.88	2720	2.03	867 /1	0.9832	16.0	7.3									16.0	7.1					
TUE	11	58	0.02	1.92	2320	1.70	883 /1	0.0963	14.0	7.4									16.0	7.0					
WED	12	57	0.00	1.88	2140	1.75	791 /1	0.0793	15.0	7.3	7.0	208	3036	457	6670	16.2	0.24	88.0	16.0	6.9	4.3	7.8	12.0	1	
THU	13	56	0.00	1.85	2110	1.74	784 /1	0.0746	15.0	7.2									16.0	6.8					
FRI	14	55	0.39	1.85	1960	1.75	725 /1	0.1099	14.0	6.9									16.0	6.8					
SAT	15	55	0.23	1.85	2780	1.74	1033 /1	0.0930																	
SUN	16	56	0.88	2.19	5540	1.94	1846 /1	0.1214																	
MON	17	56	1.18	2.57	8500	2.49	2206 /1	0.0949	15.0	7.3									16.0	6.9					
TUE	18	57	0.00	2.39	10500	2.39	2839 /1	0.0614	13.0	7.2		161	3209	226	4505				16.0	6.9					
WED	19	56	0.00	2.09	6170	2.15	1855 /1	0.0767	15.0	7.2									15.0	6.9					
THU	20	55	0.12	2.09	4470	2.00	1445 /1	0.1015	15.0	7.1		206	3436	370	6172				16.0	6.9					
FRI	21	53	0.54	2.25	4030	2.16	1206 /1	0.1489	13.0	7.0									16.0	6.8					
SAT	22	51	0.86	2.40	3690	2.22	1075 /1	0.0818																	
SUN	23	52	0.49	2.74	3670	2.54	934 /1	0.0754																	
MON	24	52	0.14	2.41	3370	2.35	927 /1	0.0963	15.0	7.2									16.0	6.9					
TUE	25	52	0.44	2.28	1750	2.30	493 /1	0.0974	13.0	7.2		154	2954	330	6330	10.7	0.21	88	15.0	7.0					
WED	26	52	0.21	2.49	4210	2.46	1107 /1	0.0836	14.0	7.2									15.0	6.9					
THU	27	49	0.34	2.36	3530	2.40	951 /1	0.0836	13.0	7.3		165	3303	339	6785				15.0	6.9					
FRI	28	58	0.04	2.34	3590	2.41	963 /1	0.9775	14.0	7.4									16.0	6.9					
SAT	29	58	1.26	2.66	5860	2.72	1393 /1	0.0762																	
TOTAL				7.30	60.52		58.99																		
MAXIMUM		64	1.26	2.74	10500	2.72	2495 /1	0.9832	16.0	7.7	7.0	208	3436	457	6785	16.2	0.236	88.0	17.0	7.1	4.3	9.4	26.0	5	
MINIMUM		49	0.00	1.85	1750	1.70	666 /1	0.0614	13.0	6.9	5.0	154	2954	226	4505	10.7	0.205	88.0	15.0	6.8	3.3	5.8	10.0	1	
AVERAGE		56.2	0.26	2.16	3880	2.11	1191 /1	0.2438	14.5	7.2	6.0	179	3188	344	6092	13.5	0.221	88.0	15.9	6.9	3.8	7.4	14.0	2	

COMMENTS:
• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

August 2009	
Hrd. mgl	68.0
Alk. mgl	N/A
D.O. mgl	3.3
Turb. NTU	9.4
Tox. TUC	N/A

August 2009		
Copper	ug/L	LBS
Lead	16.20	0.24
Silver	N/A	N/A
Zinc	N/A	N/A
NH3	mg/L	20.0
		332

WEEK	WEEKLY AVERAGE		
	BOD mg/l	TSS lbs	TSS mg/l
1	16.3	237.9	17
2	14.1	258.6	16
3	63.5	1249.2	19.0
4	31.3	581.9	24
AVG	63.5	1249.2	19.0
MAX			3