

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS/Location if different

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT DAILY MAX					
TEMPERATURE, WATER DEG, CENTIGRADE 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	10.9	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	6.4	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C) 00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	166.0	(19)	0	1/30	COMP 24
RAW SEMI/EFFLUENT BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	3.1	(19)	0	1/30	COMP 24
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	3.1	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	6.7	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00630 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	6.0	(19)	0	1/30	GRAB
RAW SEMI/EFFLUENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	205	(19)	0	1/30	COMP 24
<p>Scott Jeffers Wastewater Utilities Superintendent</p> <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>Signature of Principal Executive Officer or Authorized Agent: <i>Scott Jeffers</i></p> <p>907 AREA CODE 586-0393 TELEPHONE 2008 YEAR 2 MO 8 DAY</p>													

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DISCHARGE MONITORING REPORT (DMR)

Form Approved.
(SUB 01)
F - FINAL
EFFLUENT
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS(Include Facility name/location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	1	1	2008
			TO
			YEAR
			MO
			DAY
			2008
			1
			31

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
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	586.0	*****	*****	(26)	*****	25.3	*****	(19)	0	5/7	GRAB
00530 W 0 0	1035	*****	*****	(26)	*****	45	*****	(19)	0	5/7	GRAB
SEE COMMENTS BELOW	197.2	*****	*****	(26)	*****	13.4	*****	(19)	0	5/7	GRAB
SOLIDS, TOTAL SUSPENDED	690	*****	*****	(26)	*****	30	*****	(19)	0	5/7	GRAB
00530 1 0 0	N/A	*****	*****	(26)	*****	N/A	*****	(19)	0	1/180	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	890	*****	(13)	1	1/7	COMP 24
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	(26)	*****	800	*****	(13)	1	1/7	COMP 24
00610 1 0 0	*****	*****	*****	(26)	*****	36	*****	(13)	1	1/7	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	400	*****	(13)	0	1/7	COMP 24
COLIFORM, FECAL MF	*****	*****	*****	(26)	*****	4380	*****	(13)	0	7/7	GRAB
M-FC BROTH, 44.5 C	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
31616 W 0 0	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
SEE COMMENTS BELOW	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
COLIFORM, FECAL MF	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
M-FC BROTH, 44.5 C	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
31616 1 0 0	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
50050 1 0 0	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
BOD, 5-DAY PERCENT REMOVAL	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
81010 K 0 0	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
PERCENT REMOVAL	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
Scott Jeffers Wastewater Utilities Superintendent	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
TYPED OR PRINTED	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
COMMENT AND EXPLANATION OF ANY VIOLATIONS	*****	*****	*****	(26)	*****	400	*****	(13)	0	7/7	GRAB
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											
907 AREA CODE 586-0393 TELEPHONE											
2008 YEAR 2 MO 8 DAY											

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

FROM

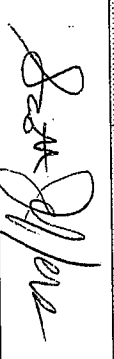
MONITORING PERIOD
YR MO DAY TO
2008 1 1 1

YEAR MO DAY
2008 1 31

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

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	PERMIT REQUIREMENT		AVERAGE	MAXIMUM	REPORT DAILY MAX			
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL										
	MEASUREMENT	*****	*****	****	93.5	*****	*****	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	%	ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

Signature: 

Signature of Principal Executive Officer or Authorized Agent

TELEPHONE: 907 586-0393

AREA CODE: 907

PHONE NUMBER: 586-0393

DATE: 2008

MO: 2

DAY: 8

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 12/30/2007 through 02/02/2008.

(Please see attached letter dated January 30, 2008)

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.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

00434/981209 1904

PAGE 3 OF 3

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NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS/Location if different
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002521-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD				
FROM	TO	YEAR	MO	DAY
2008	2008	2008	1	31

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT DAILY MAX				
COLIFORM, FECAL MF M-F-C BROTH, 44.5 C 31616 1 0 0	MEASUREMENT	*****	*****	****	*****	*****	N/A	(13)	0	1/30	ONCE/MO MAY-OCT	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	ML100		2 TIMES NOV-APR AND 1/180		
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
SAMPLE MEASUREMENT	MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
SAMPLE MEASUREMENT	MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
SAMPLE MEASUREMENT	MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
SAMPLE MEASUREMENT	MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
SAMPLE MEASUREMENT	MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
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.												
TYPED OR PRINTED NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers WW Utilities Superintendent										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 12/30/2007 through 02/02/2008.										AREA CODE 907 TELEPHONE 586-0393		
(Please see attached letter dated January 30, 2008)										DATE 2008 MO 2 DAY 8		

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

January 2008

DAY	DATE	WEATHER				INFLUENT						EFFLUENT							
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	LOW TIDE FEET	SS mg/L	BOD LBS	BOD mg/L	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FECAL Coliform /100 ml	Ammonia as N mg/L /180 days	Ammonia as N lbs/day	
SUN	30	28	0.01	15.3	0.8660	206	1489		10.6	6.7	3.4	4.4	33						
MON	31	31	0.00	14.8	0.8860	262	1936		10.5	6.9	3.4	3.2	26						
TUE	1	34	0.19	14.5	0.9840	236	1937	166	1362	10.4	6.9	3.5	6.4	131			1.0		
WED	2	34	0.83	14.4	2.4530	202	4133		7.6	6.7	4.2	6.4	75						
THU	3	34	0.33	14.6	1.4130	188	1980		9.0	6.8	3.3								
FRI	4	25	0.00	15.1	1.0650														
SAT	5	31	0.00	15.7	1.0370							8.4	78						
SUN	6	31	0.00	16.4	1.1080	152	1405		9.4	7.1	4.0	9.6	86						
MON	7	32	0.00	17.0	1.0780	173	1555		6.4	7.4	6.4	9.2	88						
TUE	8	33	0.00	17.4	1.1530	226	2173		10.6	6.8	4.4	11.6	100			1.4			
WED	9	31	0.24	17.6	1.0370	292	2525		10.9	6.8	3.8	10.8	91						
THU	10	26	0.00	17.6	1.0100	200	1685		10.2	6.9	3.9								
FRI	11	30	0.02	17.1	0.9970														
SAT	12	35	0.60	16.3	1.7400							11.6	120						
SUN	13	32	0.33	16.2	1.2420	209	2165		10.8	6.9	4.1	14.2	118						
MON	14	30	0.02	16.2	0.9950	184	1527		10.4	7.0	4.6	30.8	841						
TUE	15	33	0.70	16.2	3.2740	182	4970		10.0	7.0	5.4	37.2	855			4380			
WED	16	37	1.08	16.0	2.7570	104	2391		9.3	7.4	5.6	32.5	996			181			
THU	17	36	0.57	16.0	3.6740	132	4045		9.2	7.0	5.8								
FRI	18	37	1.61	16.4	2.9650														
SAT	19	31	0.00	17.1	1.2950							24.8	257						
SUN	20	25	0.00	17.9	1.2420	198	2051		9.7	6.9	3.4	19.2	209						
MON	21	25	0.00	18.6	1.3050	139	1511		10.3	6.8	3.4	21.6	209			170			
TUE	22	28	0.01	19.0	1.1610	202	1956		10.3	6.8	3.6	16.0	121						
WED	23	32	0.00	19.0	0.9100	181	1374		10.3	6.8	3.6	10.0	90						
THU	24	25	0.00	18.4	1.0790	204	1836		9.0	6.9	3.8								
FRI	25	30	0.71	17.4	1.1300														
SAT	26	19	0.06	17.0	0.9990							3.2	28						
SUN	27	6	0.00	16.6	1.0580	238	2100		7.8	6.9	3.8	8.8	76						
MON	28	5	0.00	15.9	1.0340	204	1759		8.2	7.0	3.8	9.6	86						
TUE	29	10	0.00	15.1	1.0750	208	1865		8.3	7.0	3.6	11.2	94			12			
WED	30	10	0.01	14.4	1.0110	386	3255		8.1	7.0	3.5	11.2	96						
THU	31	9	0.00	13.8	1.0300	240	2062		8.4	7.0	3.8								
FRI	1	14	0.04	13.6	0.9140														
SAT	2	20	0.13	14.0	0.9050														
TOTAL			7.49		47.8810													4380	
MAXIMUM			37		19.00	386	4970	166	1362	10.9	7.4	6.4	37.2	996	3.1		25		
MINIMUM			5		13.60	104	1374	166	1362	6.4	6.7	3.3	3.2	23	3.1		1		
AVERAGE			26		16.25	205	2227	166	1362	9.4	6.9	4.1	13.4	197	3.1		36		

COMMENTS:

%REMOVAL	
BOD	98.1
S.S.	93.5

Copper	N/A	ug/L
NH3	N/A	mg/L
NH3	N/A	lbs

Weekly SS/BOD		SS		BOD		Weekly Coliform	
Aver	mg/L	lbs	mg/L	lbs	mg/L	Geo. Mean	Coliform
WEEK1	4.7	57.6	3.1	25.4		1	1
WEEK2	9.9	88.7				890	
WEEK3	25.3	586.0				170	
WEEK4	18.3	177.2				12	
WEEK5	8.8	76.2					
MAX	25.3	586.0	3.1	25.4		890	

Tox Title	N/A
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