

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

Form Approved
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

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

001 A
DISCHARGE NUMBER

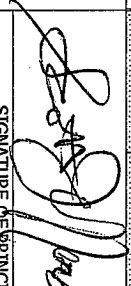
PARAMETER

QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD			
AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	YEAR	MO	DAY
2006	2006	2006	1	1	1	2006	2006	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				UNITS	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	11.6	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	3.9	*****	*****	5.8	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C) 00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	2.0	*****	*****	17.0	(19)	0	1/30	GRAB
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	*****	*****	****	101.0	*****	*****	*****	(19)	0	1/30	GRAB
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	3.0	*****	*****	*****	(19)	0	1/30	GRAB
EFFLUENT GROSS VALUE pH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.1	*****	*****	7.1	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE SUSPENDED 00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	*****	8.5	(19)	0	1/30	GRAB
RAW SEW/INFLUENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	209	*****	*****	*****	(19)	0	1/30	GRAB

Scott Jeffers
Utilities Superintendent
Wastewater

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


COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 01/01/2006 through 01/28/2006.
Reference all attachments here)
TYPED OR PRINTED
907 AREA CODE 586-0393
2006 YEAR 2 MO 10 DAY
EPA Form 3320-1 (03-99) Previous editions may be used.
REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.
00-434/981209 1904
PAGE 1 OF 3

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

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(SUB 01)
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EFFLUENT
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AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2006	1	1	2006
YEAR	MO	DAY	DAY
2006	1	1	31

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	86.2	*****	*****	(26)	*****	9.3	*****	*****	*****	(19)	0	5/7	GRAB
SUSPENDED SOLIDS, TOTAL	1035	*****	*****	(26)	*****	45	*****	*****	*****	(19)	0	5/7	GRAB
SEE COMMENTS BELOW	77.8	*****	*****	(26)	*****	8.0	*****	*****	*****	(19)	0	5/7	GRAB
EFFLUENT GROSS VALUE	690	*****	*****	(26)	*****	30	*****	*****	*****	(19)	0	5/7	GRAB
NITROGEN, AMMONIA	N/A	*****	*****	(26)	*****	N/A	*****	*****	*****	(19)	0	1/180	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	(13)	*****	15	*****	*****	*****	(13)	0	1/7	COMP 24
COLIFORM, FECAL MF	*****	*****	*****	(13)	*****	800	*****	*****	*****	(13)	0	1/7	COMP 24
MFC BROTH, 44.5 C	*****	*****	*****	(13)	*****	2	*****	*****	*****	(13)	0	1/7	COMP 24
SEE COMMENTS BELOW	*****	*****	*****	(13)	*****	400	*****	*****	*****	(13)	0	1/7	COMP 24
MFC BROTH, 44.5 C	*****	*****	*****	(13)	*****	2	*****	*****	*****	(13)	0	1/7	COMP 24
COLIFORM, FECAL MF	*****	*****	*****	(13)	*****	400	*****	*****	*****	(13)	0	1/7	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	(13)	*****	2	*****	*****	*****	(13)	0	1/7	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	(13)	*****	400	*****	*****	*****	(13)	0	1/7	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	1.1781	*****	*****	(03)	*****	*****	*****	*****	*****	(03)	0	7/7	GRAB
EFFLUENT GROSS VALUE	2.76	*****	*****	MGD	*****	*****	*****	*****	*****	(23)	0	1/30	GRAB
BOD, 5-DAY PERCENT REMOVAL	*****	*****	*****	*****	*****	97.0	*****	*****	*****	(23)	0	1/30	GRAB
PERCENT REMOVAL	*****	*****	*****	*****	*****	97.0	*****	*****	*****	(23)	0	1/30	GRAB
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												
COMMENT AND EXPLANATION OF ANY VIOLATIONS													
The reporting period was from 01/01/2006 through 01/28/2006. (Reference all attachments here)													
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).													

907
AREA CODE
586-0393
PHONE NUMBER
2006
YEAR
2
MO
10
DAY

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PERMIT NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form.

REC-1
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2006	1	1	2006
YEAR	MO	DAY	NO. OF ANALYSIS
2006	1	31	1

PARAMETER	SAMPLE MEASUREMENT	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	*****	*****	****	*****	*****	<1.0	(13)	0	1/30	ONCE/MO MAY-OCT	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	2 TIMES 1/180	AND NOV-APR	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	****			
COLIFORM, FECAL MF	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	****			
COLIFORM, FECAL MF	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	****			
COLIFORM, FECAL MF	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Scott Jeffers
WW Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2006 YEAR
2 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 01/01/2006 through 01/28/2006.

DAY	DATE	TEMP °F	WEATHER			INFLEWENT			EFFLUENT			FECAL COLIFORM		Ammonia				
			RAIN INCHES	HIGH TIDE FEET	HD TIDE FEET	S.S. mg/L	S.S. LBS	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	BOD mg/L	BOD LBS	/100 ml	as N mg/l /180 days
SUN	1	33	0.21	19.4	1.3000	142	1534				6.8	73.7						
MON	2	32	0.01	19.1	1.2920	182	1961				11.1	9.4	101.3					
TUE	3	33	0.09	18.2	1.1070	216	1994	101		932	10.0	5.8	7.6	70.2	3.0	27.8	2	
WED	4	30	0.01	17.2	1.0640	196	1739				10.0	5.0	10.6	94.1				
THU	5	33	0.11	17.1	1.3740	293	3358				10.7	6.4	8.0	91.7				
FRI	6	37	0.26	16.8	1.1830						10.6	6.4	5.0					
SAT	7	35	0.00	16.4	0.9873													
SUN	8	37	0.01	16.1	1.2120	183	1850					5.2	52.6					
MON	9	37	0.21	15.9	1.9190	179	2865				11.6	7.1	4.6	128.0				
TUE	10	36	0.65	16.1	1.6690	79	1100				10.2	6.3	5.3	3.8	52.9			
WED	11	35	0.07	16.4	1.3390	154	1720				10.3	6.4	4.6	5.6	62.5			
THU	12	32	0.18	16.7	1.2280	174	1782				10.3	6.4	4.5	4.4	45.1		1	
FRI	13	29	0.11	17.1	1.0550						10.0	6.5	4.5					
SAT	14	22	0.00	17.2	1.0220													
SUN	15	28	0.01	17.2	1.0060	174	1460					6.0	50.3					
MON	16	32	0.00	16.9	1.0600	194	1715				11.2	6.5	4.3	9.2	81.3			
TUE	17	31	0.00	16.3	1.0390	258	2236				10.3	6.7	4.7	10.2	88.4			
WED	18	28	0.09	15.5	0.9670	302	2436				9.5	6.3	5.5	11.4	91.9		15	
THU	19	30	0.01	15.4	0.9860	293	2409				10.2	6.4	4.1	9.6	78.9			
FRI	20	32	0.04	15.1	1.0430						10.9	6.1	4.5					
SAT	21	36	0.53	14.8	1.9910													
SUN	22	35	0.42	14.6	1.2270	185	1893					10.8	110.5					
MON	23	30	0.07	14.3	1.0050	218	1827				11.3	6.3	4.4	6.4	53.6			
TUE	24	27	0.52	14.3	1.0020	224	1872				9.6	6.2	4.1	7.4	61.8			
WED	25	21	0.07	14.8	0.9770	286	2330				9.8	6.2	4.1	11.4	92.9		1	
THU	26	22	0.01	15.8	1.0570	245	2160				10.0	6.1	4.2	8.4	74.0			
FRI	27	26	0.05	17.1	0.9010						10.1	6.2	3.9					
SAT	28	26	0.05	18.4	1.0750													
TOTAL			3.79		32.9873													
MAXIMUM			0.65	19.40	1.9190	302	3358	101		932	11.6	7.1	5.8	11.4	128.0	3.0	27.8	15
MINIMUM			0.00	14.30	0.9010	79	1100	101		932	9.5	6.1	3.9	3.8	45.1	3.0	27.8	1
AVERAGE			0.14	16.44	1.1781	209	2012	101		932	10.4	6.4	4.7	8.0	77.8	3.0	27.8	2

COMMENTS:

REMOVAL	
B.O.D.	97.0
S.S.	96.2

Tox. Tlc.	N/A
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Parameter	Unit
Copper	mg/L
NH3	mg/L
NH3	lbs

Weekly S.S. BOD Avert	S.S. lbs	BOD mg/l	BOD lbs	Weekly Coliform
WEEK1	8.5	86.2	3.0	27.8
WEEK2	5.4	68.2		1
WEEK3	9.3	78.2		15
WEEK4	8.9	78.6		1
MAX	9.3	86.2	3.0	27.8