



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

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

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

**001A**  
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

FROM

YR	MO	DAY
2006	2	1


TO

YEAR	MO	DAY
2006	2	28

PARAMETER

QUANTITY OR LOADING

QUALITY OR CONCENTRATION

PARAMETER	SAMPLE MEASUREMENT	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SOLIDS, TOTAL SUSPENDED	185.1	1035	*****	(26)	*****	14.7	*****	(19)	0	5/7	GRAB
00630 W 0 0	125.9	*****	*****	(26)	*****	10.9	*****	(19)	0	5/7	GRAB
SEE COMMENTS BELOW	690	1380	*****	(26)	*****	30	60	MG/L	0	1/180	GRAB
SOLIDS, TOTAL SUSPENDED	60.0	60.0	*****	(26)	*****	3.5	3.5	MG/L	0	1/180	GRAB
00630 1 0 0	60.0	60.0	*****	(26)	*****	5	*****	(13)	0	1/7	COMP-24
NITROGEN AMMONIA TOTAL (AS N)	*****	*****	*****	(26)	*****	800	*****	ML/100	0	1/7	COMP-24
00610 1 0 0	*****	*****	*****	(26)	*****	2	5	ML/100	0	1/7	COMP-24
EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	400	1200	#/ML/100	0	1/7	COMP-24
COLIFORM, FECAL MIF	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
M-F-C BROTH, 44.5 C	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
31616 W 0 0	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
SEE COMMENTS BELOW	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
COLIFORM, FECAL MIF	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
M-F-C BROTH, 44.5 C	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
31616 1 0 0	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
50050 1 0 0	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
BOD, 5-DAY PERCENT REMOVAL	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
81010 K 0 0	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	GRAB
PERCENT REMOVAL	*****	*****	*****	(26)	*****	*****	*****	****	0	7/7	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	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> 										
COMMENT AND EXPLANATION OF ANY VIOLATIONS	<p>REFERENCE ALL ATTACHMENTS HERE</p>										
TYPED OR PRINTED	<p>907 AREA CODE 586-0393 TELEPHONE</p> <p>2006 YEAR 3 MO DATE 3/3 DAY</p>										

The reporting period was from 01/29/2006 through 02/25/2006.

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

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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

Form Approved. OMB No. 2040-0004

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**ADDRESS:** 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Scott Jeffers WW Utilities Superintendent

**AK-002321-3**  
 PERMIT NUMBER

**REC-1**  
 DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2006	2	1	2006
			2006

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0	PERMIT REQUIREMENT	*****	*****	(26)	*****	*****	<1.0	(13)	0	1/30	ONCE/MO MAY-OCT AND 1/180
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	*****	*****	#/ ML100	2 TIMES NOV-APR	GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
**Scott Jeffers**  
**Wastewater Utilities Superintendent**

**TYPED OR PRINTED**

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  
**2006** YEAR  
**3** MO  
**2006** YEAR  
**3** MO  
**2006** YEAR

**The reporting period was from 01/29/2006 through 02/25/2006.** (Reference all attachments here)

DAY	DATE	TEMP °F	WEATHER		INFILTRANT				EFFLUENT				FECAL coliform /100 ml	Ammonia as N (mg/l) 1/180 days	Ammonia as N (lbs/day) 1/180 days	
			RAIN FALL INCHES	TIDE HIGH FEET	J.D. TTL. EFFL. MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L				S.S. mg/L
SUN	29	28	0.01	19.3	1.1810	180	1773			10.3	6.4	4.2	8.8	86.7		
MON	30	30	0.01	19.7	1.1500	266	2551			8.7	6.5	4.4	12.6	120.8		
TUE	31	32	0.04	19.4	1.4070	197	2312			10.6	6.4	4.4	13.2	154.9		
WED	1	35	0.43	18.6	2.0590	148	2541	125	2147	10.2	6.5	4.8	24.0	412	9.92	170
THU	2	32	0.17	18.6	1.2210	156	1589			9.2	6.5	4.5	14.8	151		
FRI	3	27	0.03	18.1	0.9830											
SAT	4	22	0.00	17.2	0.9020											
SUN	5	28	0.01	16.1	1.0600	199	1759						12.2	108		
MON	6	36	0.62	15.0	1.8970	184	2911			11.3	6.3	4.5	9.2	146		
TUE	7	37	0.73	14.4	2.4040	148	2967			10.3	6.3	4.4	13.6	273		
WED	8	35	0.05	14.4	1.1920	150	1491			9.9	6.3	4.7	14.8	147		5.0
THU	9	34	0.00	15.0	1.0950	238	2173			10.5	6.2	4.6	10.0	91		
FRI	10	36	0.00	15.7	0.9990					9.7	6.3	4.9				
SAT	11	40	0.20	16.3	1.4470											
SUN	12	38	0.69	16.8	2.0290	175	2961			10.9	6.6	4.3	11.2	190		
MON	13	34	0.10	17.0	1.2310	159	1632			10.9	6.3	4.1	5.4	55		
TUE	14	30	0.00	16.8	1.1240	243	2278			11.0	6.2	4.1	4.4	41		1.0
WED	15	30	0.00	16.4	1.0520	241	2114			11.4	6.2	4.0	6.4	56		
THU	16	30	0.00	16.4	1.0090	220	1851			10.3	6.1	4.0	8.4	71		
FRI	17	29	0.00	16.2	0.8480											
SAT	18	31	0.00	15.9	0.8320											
SUN	19	34	0.19	15.5	1.0240	207	1768						8.4	72		
MON	20	36	0.18	15.0	1.0850	196	1774			12.3	6.4	4.5	6.4	58		
TUE	21	35	0.30	14.3	0.9780	262	2137			11.5	6.2	4.4	10.0	82		
WED	22	24	0.02	13.9	0.9360	283	2209			12.5	6.1	4.0	12.4	97		1.0
THU	23	17	0.00	14.1	1.0290	326	2798			11.5	6.1	4.8	12.6	108		
FRI	24	16	0.00	15.1	0.7510					9.9	6.2	4.5				
SAT	25	15	0.00	16.6	0.9030											
TOTAL			3.78		33.8280											
MAXIMUM		40	0.73	19.7	2.4040	326	2967	125	2147	12.5	6.6	4.9	24.0	412	10	170
MINIMUM		15	0.00	13.9	0.7510	148	1491	125	2147	8.7	6.1	4.0	4.4	41	10	170
AVERAGE		30	0.135	16.4	1.2081	209	2180	125	2147	10.6	6.3	4.4	10.9	126	10	170

%REMOVAL	
B.O.D.	92
S.S.	95

	Copper	NH3	NH3
	N/A	3.5	60.0
	ug/L	mg/L	lbs

Weekly S.S. BOD		S.S.		BOD		Weekly Coliform	
Aver	mg/l	lbs	mg/l	lbs	Coliform	Geot. Weant	
WEEK1	15	185	10	170	4		
WEEK2	12	153			5		
WEEK3	7	83			1		
WEEK4	10	83			1		
MAX	15	185	10	170	5		