

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)

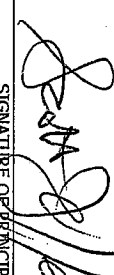
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

MONITORING PERIOD		
FROM	TO	DAY
2006	2006	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT			
TEMPERATURE, WATER DEG, CENTIGRADE 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY 00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	COMP 24
RAW SEW/INFLUENT BOD, 5-DAY 00310 W 0 0	SAMPLE MEASUREMENT	63.4	*****	(26)	*****	*****	*****	*****	0	1/30	COMP 24
SEE COMMENTS BELOW BOD, 5-DAY 00310 1 0 0	PERMIT REQUIREMENT	1035	*****	****	*****	*****	*****	*****	0	1/30	COMP 24
EFFLUENT GROSS VALUE pH 00400 1 0 0	SAMPLE MEASUREMENT	63.4	*****	(26)	*****	*****	*****	*****	0	1/30	COMP 24
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 G 0 0	PERMIT REQUIREMENT	690	*****	****	*****	*****	*****	*****	0	1/30	GRAB
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	COMP 24
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</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: </p> <p>Signature of Principal Executive Officer or Authorized Agent</p>											
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS</p> <p>The reporting period was from 04/02/2006 through 04/29/2006.</p> <p>(Reference all attachments here)</p>											
<p>907 AREA CODE 586-0393</p> <p>2006 YEAR 5 MO 10 DAY</p>											

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-DUGLAS 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

MONITORING PERIOD			
YR	MO	DAY	TO
2006	4	1	2006
YEAR	MO	NO	DAY
2006	4	4	30

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE											
		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM	PERCENT REMOVAL	PERCENT														
SOLIDS, TOTAL	SAMPLE MEASUREMENT	198.5	*****	(26)	*****	14.5	*****	(19)	0	5/7	GRAB													
SUSPENDED	PERMIT REQUIREMENT	1035	*****	(26)	*****	45	*****	(19)	0	5/7	GRAB													
00530 W 0 0	SAMPLE MEASUREMENT	133.5	*****	(26)	*****	13.2	*****	(19)	0	5/7	GRAB													
SEE COMMENTS BELOW	PERMIT REQUIREMENT	690	*****	(26)	*****	30	*****	(19)	0	5/7	GRAB													
SOLIDS, TOTAL	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	N/A	*****	(19)	0	1/180	GRAB													
SUSPENDED	PERMIT REQUIREMENT	N/A	*****	(26)	*****	N/A	*****	(19)	0	SEMI-ANNUAL	COMP 24													
00530 1 0 0	SAMPLE MEASUREMENT	690	*****	(26)	*****	148	*****	(13)	0	1/7	COMP 24													
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1380	*****	(26)	*****	800	*****	(13)	0	1/7	COMP 24													
NITROGEN AMMONIA	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	36	*****	(13)	0	1/7	COMP 24													
TOTAL (AS N)	PERMIT REQUIREMENT	N/A	*****	(26)	*****	400	*****	(13)	0	ONCE/WEEK	COMP 24													
00610 1 0 0	SAMPLE MEASUREMENT	1.2060	*****	(03)	*****	400	*****	(13)	0	ONCE/WEEK	COMP 24													
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.2120	*****	(03)	*****	1200	*****	(13)	0	CONTINUOUS	GRAB													
COLIFORM, FECAL MIF	SAMPLE MEASUREMENT	2.76	*****	MGD	*****	*****	*****	*****	0	7/7	GRAB													
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT	6.0	*****	MGD	*****	*****	*****	*****	0	CONTINUOUS	GRAB													
31616 W 0 0	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****	0	1/30	COMP 24													
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
COLIFORM, FECAL MIF	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
BOD, 5-DAY PERCENT	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
REMOVAL	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24													
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.																								
TYPED OR PRINTED																								
COMMENT AND EXPLANATION OF ANY VIOLATIONS																								
(Reference all attachments here)																								
The reporting period was from 04/02/2006 through 04/29/2006.																								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT																								
																								
<table border="1"> <tr> <td>907</td> <td>586-0393</td> <td>2006</td> <td>5</td> <td>10</td> </tr> <tr> <td>AREA CODE</td> <td>PHONE NUMBER</td> <td>YEAR</td> <td>MO</td> <td>DAY</td> </tr> </table>															907	586-0393	2006	5	10	AREA CODE	PHONE NUMBER	YEAR	MO	DAY
907	586-0393	2006	5	10																				
AREA CODE	PHONE NUMBER	YEAR	MO	DAY																				

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

001 A
DISCHARGE NUMBER

FROM

YR	MO	DAY
2006	4	1

TO

YEAR	MO	DAY
2006	4	30

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

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
SOLIDS, SUSPENDED											
PERCENT REMOVAL		*****	*****	****	94.7	*****	*****	(23)	0	1/30	GRAB
81011 K 0 0					85 MIN. % REMOVAL	*****	REPORT DAILY MAX	% PERCENT			
PERCENT REMOVAL		*****	*****	****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE AREA CODE	PHONE NUMBER DATE
Scott Jeffers Wastewater Utilities Superintendent	907 586-0393	2006 5 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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
586-0393
2006
5 10

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 (Include Facility name/location if different)

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

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

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

FROM

YR	MO	DAY
2006	4	1

TO

YEAR	MO	DAY
2006	4	30

PARAMETER

QUANTITY OR LOADING

UNITS

QUALITY OR CONCENTRATION

UNITS

NO. EX

FREQUENCY OF ANALYSIS

SAMPLE TYPE

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

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Scott Jeffers
Utilities Superintendent

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
566-0393 TELEPHONE
5 MO DATE
2006 YEAR

2006 YEAR
5 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 04/02/2006 through 04/29/2006.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

April 2006

EPA REPORT

DAY	DATE	WEATHER			INFLUENT			EFFLUENT			AMMONIA									
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TITL EFFL. MG/D	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	S.S. LBS	B.O.D. MG/L	B.O.D. LBS	FECAL COLIFORM /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days	
SUN	2	41	0.01	18.0	0.9910	324	2678													
MON	3	39	0.00	16.4	0.8080	558	3760			11.6	6.4	6.6	11.0	74.13						
TUE	4	38	0.13	14.8	0.9360	420	3279			10.9	6.4	6.4	13.6	106.16						
WED	5	41	0.00	13.2	0.8710	208	1511			11.1	6.2	6.2	12.2	88.62				10.0		
THU	6	39	0.19	12.3	0.9450	264	2081			11.6	6.0	5.7	14.0	110.34						
FRI	7	42	0.01	12.5	0.8840					11.0	6.0	5.8								
SAT	8	41	0.01	13.5	0.8910															
SUN	9	40	0.13	13.9	1.0760	292	2620													
MON	10	40	0.04	14.7	0.9230	284	2186			11.5	6.0	5.8	11.0	84.68						
TUE	11	38	0.07	15.5	0.9950	270	2241			11.6	6.0	5.7	13.6	112.86						
WED	12	35	0.25	16.3	1.5040	208	2609			11.6	6.0	7.2	11.4	142.99				11.0		
THU	13	38	0.41	16.8	1.3750	188	2156			11.3	6.3	6.9	14.8	169.72						
FRI	14	37	0.01	17.2	1.0800					10.4	6.1	6.3								
SAT	15	36	0.00	17.2	0.9360															
SUN	16	38	0.03	17.1	0.9590	324	2591						8.0	63.98						
MON	17	39	0.37	16.7	1.3970	232	2703			10.5	6.4	6.8	7.6	88.55						
TUE	18	36	0.37	16.1	1.1080	146	1349			10.2	6.2	6.4	7.6	70.23						
WED	19	37	0.05	15.3	1.1120	196	1818			10.1	6.2	6.7	12.6	116.85				148.0		
THU	20	39	0.10	14.3	0.9620	198	1589			10.8	6.2	6.2	30.8	247.11						
FRI	21	42	0.00	13.6	0.9990					11.4	6.4	5.8								
SAT	22	40	1.01	13.8	2.2120															
SUN	23	41	0.47	15.4	1.8510	116	1791						15.2	234.65						
MON	24	41	0.50	17.0	1.9520	120	1954			11.0	6.5	7.0	17.2	280.01						
TUE	25	40	0.03	16.2	1.3220	182	2007			10.0	6.2	6.6	12.4	136.72				63		
WED	26	40	0.03	18.3	1.3150	236	2588			11.1	6.3	5.7	13.2	144.77				98.0		
THU	27	43	0.53	19.2	1.6330	248	3378			11.2	6.3	6.1	14.4	196.12						
FRI	28	39	0.13	19.5	1.2050					11.0	6.4	6.0								
SAT	29	38	0.16	19.2	1.5470															
TOTAL			5.04		33.7680															
MAXIMUM		43	1.01	19.5	2.2120	558	3760	143	1575	11.6	6.5	7.2	30.8	280.01	5.75	63	148	N/A	N/A	
MINIMUM		35	0.00	12.3	0.8080	116	1349	143	1575	10.0	6.0	5.6	7.6	63.98	5.75	63	10	N/A	N/A	
AVERAGE		39	0.180	15.9	1.2060	251	2344	143	1575	11.0	6.2	6.3	13.2	133.49	5.75	63	36	N/A	N/A	

%REMOVAL	
B.O.D.	96
S.S.	95

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

Weekly	SS/BOD		SS	BOD	Weekly
	Aver	mg/L			
WEEK1	12	92			10
WEEK2	13	126			11
WEEK3	13	117			148
WEEK4	14	198			98
MAX	14	198			148