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

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

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MAJOR (SUB 01) F - FINAL

AK-002321-3

Form Approved. OMB No. 2040-0004

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***	NO	DIS	CH/	ARGE

DISCHARGE NUMBER

NOTE: Read instructions before completing this form. 001 A

JUNEAU, CITY AND BOROUGH OF PERMIT NUMBER NAME: 155 SOUTH SEWARD, MONITORING PERIOD ADDRESS: JUNEAU, ALASKA 99801 DAY МО YEAR JUNEAU-DOUGLAS TREATMENT PLANT DAY MO 30 YR 9 FACILITY: 2006 TO JUNEAU, ALASKA 99801 2006 FROM LOCATION: SAMPLE Scott Jeffers WW Utilities Superintendent FREQUENCY NO. QUALITY OR CONCENTRATION TYPE OF ANALYSIS ATT: QUANTITY OR LOADING UNITS PARAMETER MAXIMUM **AVERAGE** MINIMUM UNITS MAXIMUM 0 **AVERAGE** 17.8 (04)5/7 SAMPLE \*\*\*\*\* TEMPERATURE, WATER \*\*\*\*\* \*\*\*\* GRAB \*\*\*\*\* WEEK \*\*\*\*\* REPORT MEASUREMENT DEG, CENTIGRADE DAYS DAILY MAX DEG. C PERMIT \*\*\*\*\* \*\*\*\*\* 00010 1 0 0 \*\*\*\*\* \*\*\*\* \*\*\*\*\* 0. (19)5.6 **EFFLUENT GROSS VALUE** REQUIREMENT 3,6 1/7 SAMPLE \*\*\*\* OXYGEN, DISSOLVED \*\*\*\* GRAB \*\*\*\*\* ONCE/ \*\*\*\*\* MEASUREMENT 17.0 (DO) 2.0 WEEK DAILY MAX MG/L PERMIT \*\*\*\*\* DAILY MIN 00300 1 0 0 \*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 (19)REQUIREMENT **EFFLUENT GROSS VALUE** 244.0 1/30 \*\*\*\*\* SAMPLE \*\*\*\*\* \*\*\* COMP 24 BOD, 5-DAY \*\*\*\*\* ONCE/ \*\*\*\*\* MEASUREMENT REPORT (20 DEG. C) MONTH \*\*\*\*\* MG/L PERMIT MO AVG \*\*\*\*\* 00310 G 0 0 \*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 (19)REQUIREMENT 4.4 RAW SEW/INFLUENT (26)1/30 38,6 \*\*\*\*\* SAMPLE \*\*\*\*\* BOD. 5-DAY COMP 24 \*\*\*\*\* ONCE/ MEASUREMENT 45 (20 DEG. C) MONTH 1035 PERMIT \*\*\*\*\* MG/L WKLY AVG 00310 W 0 0 \*\*\*\*\* \*\*\*\*\* LBS/DAY WKLY AVG 0 (19)REQUIREMENT 4.4 SEE COMMENTS BELOW 4.4 (26)1/30 38.6 38.6 SAMPLE \*\*\*\*\* COMP 24 BOD, 5-DAY ONCE/ MEASUREMENT 60 30 (20 DEG. C) 1380 MONTH 690 DAILY MAX MG/L PERMIT MO AVG \*\*\*\*\* 00310 1 0 0 LBS/DAY DAILY MAX 0 MO AVG (12)REQUIREMENT 6.7 **EFFLUENT GROSS VALUE** 6.1 5/7 SAMPLE \*\*\*\*\* \*\*\*\* pН \*\*\*\*\* GRAB WEEK \*\*\*\*\* MEASUREMENT 8.5 6.0DAYS MUMIXAM SU PERMIT \*\*\*\*\* MIN 00400 1 0 0 \*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 (19)REQUIREMENT **EFFLUENT GROSS VALUE** 183 1/30 \*\*\*\*\* SAMPLE \*\*\*\*\* SOLIDS, TOTAL \*\*\*\* \*\*\*\*\* COMP 24 ONCE/ \*\*\*\*\* MEASUREMENT REPORT SUSPENDED MONTH MG/L PERMIT \*\*\*\*\* MO AVG \*\*\*\*\* 00530 G 0 0 \*\*\*\* TELEPHONE \*\*\*\*\* \*\*\*\*\* REQUIREMENT 586-0393 907 AREA RAW SEW/INFLUENT 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 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PHONE NUMBER CODE to assure that the qualified personnel properly gather and evaluate the information DATE submitted. Based on my inquiry of the person or persons who manage the system, Scott Jeffers or those persons directly responsible for gathering the information, the information Wastewater Utilities Superintendent 10 DAY 2006 YEAR submitted is, to the best of my knowledge and belief, true, accurate, and complete. SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information, OFFICER OR AUTHORIZED AGENT including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED (Reference all attachments here) COMMENT AND EXPLANATION OF ANY VIOLATIONS PAGE 1 OF 3 00434/981209 1904

The reporting period was from 09/03/2006 through 09/30/2006.

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

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

EFFLUENT
\*\*\* NO DISCHARGE

ns before completing this form.

•	NOTE: Read instructions before compare	
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)		
NAME: JUNEAU, CITY AND BOROUGH OF	AK-002321-3	
NAME: JUNEAU, CITY AND BOROUGH OF	PERMIT NUMBER	

155 SOUTH SEWARD,

001 A DISCHARGE NUMBER

ADDRESS:	155 SOUTH SEWARD, JUNEAU, ALASKA 99801		MONITORING	PEDTOD		
FACILITY: LOCATION:	JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801	FROM	YR         MO         DAY           2006         9         1         TO	YEAR 2006	мо 9	30
ATT:	Scott Jeffers WW Utilities Superintendent OUANTITY OR LOADING	FROM	QUALITY OR CONCENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE

	Scott Jeffers WW Uti	lities Superintende	nt	J FROM (	2006	3					SAMPLE
ATT:	Scott Jerrers W. N. Ga.	OUANTITY OR			QUA	LITY OR CONCENT	RATION		NO.	FREQUENCY OF ANALYSIS	TYPE
PARAMÉTER		COMMITTION	20/122112						EX	OF AIVAL13I3	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		<u> </u>	
	SAMPLE	489.5		(26)		15,6		(19)	0	1	
SOLIDS, TOTAL	1	405.5	*****	(,	*****		*****			5/7	
SUSPENDED	MEASUREMENT	1035				45				ONCE/	GRAB
00530 W 0 0	PERMIT		*****	LBS/DAY	*****	WKLY AVG	*****	MG/L		MONTH	
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG		(26)		11.7	35.2	(19)	1		,
SOLIDS, TOTAL	SAMPLE	221.8	1427.6	(20)	*****					5/7	
SUSPENDED	MEASUREMENT			5		30	60			ONCE/	GRAB
00530 1 0 0	PERMIT	690	1380	. 50/54/	*****	MO AVG	DAILY MAX	MG/L		MONTH	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	16.75.25.01		0.6	(19)	0		K.
NITROGEN, AMMONIA	SAMPLE	5.3	5.3	(26)	to to to to to to la	0.6	0.0	(13)		1/180	
TOTAL (AS N)	MEASUREMENT			_	*****		a = popular			SEMI-	COMP 24
00610 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			ANNUAL	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DATLY MAX	LBS/DAY	*****	MO AVG	DAILY MAX			ANNOAL	
	SAMPLE					N/A	N/A	(19)	0	4 /00	
COPPER	MEASUREMENT	*****	*****	****	*****				***************************************	1/90	CEAR
TOTAL RECOVERABLE	PERMIT			₫		REPORT	REPORT			ONCE/	GRAB
01119 1 0 0	_ [000000000000000000000000000000000000	*****	*****	****	*****	MO AVG	DAILY MAX	MG/L		QUARTER	
EFFLUENT GROSS VALUE	REQUIREMENT			8		72		(13)	0		
COLIFORM, FECAL MF	SAMPLE	*****	*****	****	*****		*****			1/7	
M-FC BROTH, 44.5 C	MEASUREMENT	*****				800		#/		ONCE/	COMP 24
31616 W 0 0	PERMIT		*****	****	*****	WKLY GEO	*****	ML100		WEEK	
SEE COMMENTS BELOW	REQUIREMENT	*****	****	***************************************		55	72	(13)	0		
COLIFORM, FECAL MF	SAMPLE	2		****	*****	33	/-	()		1/7	
M-FC BROTH, 44.5 C	MEASUREMENT	*****	*****	*************************************	*****	400	1200	#/		ONCE/	COMP 24
31616 1 0 0	PERMIT						100000000000000000000000000000000000000	1 '		WEEK	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MAX	MILTOO	0	11	
FLOW, IN CONDUIT, OR	SAMPLE	1.7913	4.8630	(03)		ata da da da da da da	*****	****	. 0	7/7	
THRU TREATMENT PLANT	MEASUREMENT			_	*****	*****	*****	444,44		CONTINUOS	GRAB
50050 1 0 0	PERMIT	2.76	6.0					ماد ماد ماد داد		COMITMOCS	UITAL
	PEOUTREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	****		TELEPHONE	
EFFLUENT GROSS VALUE  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	7 170 1-1-1-1	low that this documer	t and all attachments	were		_ Λ1			907 AREA	586-0393	
IVANIE ITTLE PRINCIPAL DECORATE OF TABLE	prepared under my direc	ction or supervision in	accordance with the sy nother and evaluate the	information	Ø.a	Calldana			AREA CODE	PHONE NU	MBER
Scott Jeffers Wastewater Utilities Superintendent					Chill	XV   VV			CODE	DATE	
Mastemater offices onbeiling	or those persons directly	responsible for gather	ng the information, di belief, true, accurate, a	nd complete.		( <u> </u>	DAL EVECUTER'S		2006	10	10
	T are that there are	granticant nenglites to	or shomhung laise duc	JIII BUUL	SIGN	ATURE OF PRINCI	PAL EXECUTIVE		YEAR	MO	10 DAY
TYPED OR PRINTED	including the possibility	of fine and imprisonm	ent for knowing violat Reference all att	ions.		, LOUIS CICHOTTIO					
THE PARTY AND THE ANATION OF AN	V VIOLATIONS		(Negererice all all	muninging here	•/						

(Reference all attachments here)

COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 09/03/2006 through 09/30/2006.

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

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

YEAR

**EFFLUENT** 

\*\*\* NO DISCHARGE NOTE: Read instructions before completing this form.

00434/981209 1904

MONITORING PERIOD

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

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	JUNEAU-DOUGLAS	S TREATMENT P	LANT	ì	<del></del>	МО	DAY		YEAR	MO	DAT
FACILITY: LOCATION:	JUNEAU, ALASKA	99801		FDOM	YR 2006	9	1	то	2006	9	30
ATT:	Scott Jeffers WW Ut	<u>llities Superintende</u>	ent	FROM		ITY OR CONCENT	TEATION.		NO.	FREQUENCY	SAMPLE
PARAMETER		QUANTITY OR	LOADING		QUAL	ITY OR CONCENT			ΕX	OF ANALYSIS	TYPE
· ·		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	0		
THE PERSONAL PROPERTY.	SAMPLE				98.2			(23)	U	1/30	
BOD, 5-DAY PERCENT	MEASUREMENT	*****	*****	****		*****	*****	0,		ONCE/	COMP 24
REMOVAL	PERMIT				85 MIN. %		*****	% PERCENT		MONTH	
81010 K 0 0 PERCENT REMOVAL	REQUIREMENT	*****	*****	****	REMOVAL	*****	***********	(23)	0		
SOLIDS, SUSPENDED	SAMPLE				93.6	*****	*****	(23)	}	1/30	
PERCENT REMOVAL	MEASUREMENT	*****	*****	****			REPORT	%		ONCE/	GRAB
81011 K 0 0	PERMIT				85 MIN. %	*****	DAILY MAX	1 -		MONTH	
PERCENT REMOVAL	REQUIREMENT	*****	*****	****	REMOVAL		DATE				
PERCENT REMOTE										1.	
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				<b>*</b>				<u> </u>		TELEPHONE	2
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty or prepared under my dire						1		907 AREA	586-0393	
Coott Joffers	to assure that the qualif				$   \nabla$	11/10/11	/		CODE	PHONE NU	MBER
Wastewater Utilities Superintendent	submitted. Based on my	inquiry of the person	Or persons who mand	ha information	1 Ris	MXM	ers				10
	submitted is, to the best	t of my knowledge and	for submitting false in	formation.	SIGN	ATURE OF PRINC	CIPAL EXECUTIVE		2006 YEAR	10 MO	10 DAY
TYPED OR PRINTED	I am aware that there are including the possibilit	v of fine and imprison	ment for knowing viole	ILIUIIS.		FFICER OR AUTH	UKIZED AGENT		1 12 11		
	including the possibility	OL ZIMIO GIANTE	(Reference all a			· \					

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

MAJOR (SUB 01) F - FINAL

AK-002321-3

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004 EFFLUENT
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DEDMITTEE NAME/ANDRESS(INCHINE PACILITY HAITE/LUCAUVII II UII	lifferen	f٠	Location i	name/	Facility	ERMITTEE NAME/ADDRESS(Include
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FACILITY:

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

JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

	MONI	TORING PI	ERIOD		
MO	DAY		YEAR	MO	DAY
9	1	⊤о Г	2006	9	30
	мо 9			1 DA	MO DAY YEAR MO

LOCATION:	JUNEAU, ALASKA S			FROM	2006	9	1	TO	2006	9	30
ATT:	Scott Jeffers WW Util			J PROM [		LITY OR CONCENT	PATION	<u> </u>	NO.	FREQUENCY	SAMPLE
PARAMETER		QUANTITY OR	LOADING		QUAI				EX	OF ANALYSIS	TYPE
		AVERAGE	MUMIXAM	UNITS	MUMINIM	AVERAGE	MUMIXAM	UNITS			
COLIFORM, FECAL MF	SAMPLE			(26)			2.0	(13)	0	1/30	
M-FC BROTH, 44.5 C	MEASUREMENT	*****	*****		*****	*****		,,,		ONCE/MO	GRAB
31616 1 0 0	PERMIT						REPORT	#/		MAY-OCT	GIVIE
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	LBS/DAY	*****	*****	DAILY MAX	ML100		AND	
EFI LOCIVI GROOD II IIG	SAMPLE					-ti-st-st-st-st-st-st-	*****	****		1/180	
	MEASUREMENT	*****	*****	****	*****	*****	******	****		2 TIMES	
	PERMIT						*****	****		NOV- APR	
	REQUIREMENT	*****	*****	****	*****	*****	****	****		NOV MILE	
	SAMPLE		·				*****	****			ii.
•	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT						*****	****			
	REQUIREMENT	*****	*****	****	*****	*****	*****				
	SAMPLE					at a trade de ale ale	*****	****	1		
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
·	PERMIT						*****	****			
	REQUIREMENT	*****	*****	****	*****	*****	******	****			
	SAMPLE					*****	*****	****	1		
	MEASUREMENT	*****	*****	****	*****	*****	*****	7.5.			
	PERMIT						*****	****			
	REQUIREMENT	*****	*****	****	*****	*****		-			
	SAMPLE					*****	*****	****			
•	MEASUREMENT	*****	*****	****	*****	****	******	1,			
	PERMIT					*****	*****	****			
	REQUIREMENT	*****	*****	****	*****	****	***************************************	4-4-4-2			
	SAMPLE				*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	******				
	PERMIT				*****	*****	*****	****			
	REQUIREMENT	*****	*****	****	*****	******		8		TELEPHONE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my direc					$\sim M$			907 AREA	586-0393	
Scott Jeffers	to assure that the qualific				X	4 b/110	12-		CODE	PHONE NU	MBER
Wastewater Utilities Superintenden					1		C				10
	submitted is, to the best	of my knowledge and i	belief, true, accurate, a or submitting false inf	ormation,	SIGN	ATURE OF PRINC	IPAL EXECUTIVE		2006 YEAR	10 MO	10 DAY
TYPED OR PRINTED	including the possibility	of fine and imprisonm	ent for knowing violat	uons		FICER OR AUTHO	DRIZED AGENT		1 IEMR	1 110	
COMMENT AND EXPLANATION OF A		•	(Reference all at	tachments her	e)		•				

The reporting period was from 09/03/2006 through 09/30/2006.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

				JUNE	:AU-DU	0011		au, Alas						S	eptemb	er 2006	3	among in the second	Name of the Party
EPA RE	EPORI	rainiamane Harvin		de researce de la	SECTION ALEXA		VELUEN		, KG					E	FFLUEN	IT			
		ige = ac.VΛ	/EATHER	HIGH	J-D	5.5	N⊨LULIN SS.	B.O.D.	B.O.D.			D.O.	S,S,	5.S.	B,O.D.	B.O.D.	FECAL Coliform	Ammonia as N mg/l	Ammonia as N. lbs/day
DAY	DATE	TEMP	FALL		TTL EFFL					TEMP	Hq		mg/L	LBS	ma/L	LBS		1/180 days	
DA:		• <del>-</del>	INCHES	FEET	MGD	mg/L	LBS	mg/L	LBS	°C		mg/L	5.2	51	************				
SUN	3	53	0.03	14.5	1.1820	138	1360			16.5	6.5	4.3	6.8	88					
MON	4	53	0.21	15.9	1.5430	205	2638		2163	15.8	6.3	3.8	7.8	69	4.4	39		0.6	5.3
TUE	5	53	0.08	15.0	1,0630	176	1560	244	2163	16.9	6.3	3.6	9.2	160			62.0		
WED	6	50	0.37	17.4	2.0820	173	3004	<u> </u>		16.0	6.3	0.0	. 17.6	293					
THU	7	52	0.57	18.5	1,9930	152	2526			17.1	6.1	4.9							
FRI	8	52	0.11	19.2	1.7320														
SAT	9	49	0.65	19.7	2.1950		2953		<del>:</del>				15.6	286					
SUN	10	49	0.81	19.6	2.1990	161	1827			14.7	6.3	5.4	9.2	120					
MON	11	49	0.15	18.9	1,5650	140	1955			15.1	6.2	4.9	8.8	91					
TUE	12	49	0.01	17.6	1.2400	189 234	2119			15.4	6.2	5.2	8.2	74			62.0		
WED	13	50	0.00	16.1	1.0860	234	1974			15.9	6.3	4.9	8.0	72					
THU	14	49	0.00	14.5	1.0860	218	1974			16.4	6.6	4.3							
FRI	15	49	0.00	13.6	0.7820 0.8080														ļ
SAT	16	47	0.00	13.6	0.9870	220	1811						11.2	92					ļ
SUN	17	50	0.00	14.3	0.9340	235	1831			16.9	6.4	4.6	8.4	65			· ·		ļ
MON	18	47	0.11	15.1	1,3000	272	2949			16.6	6.3	4.7	11.6	126				<u> </u>	
TUE	19	48	0.37	15.0	1,3850	280	3234	-		17.8	6.1	4.7	12.4	143			72	<u> </u>	
WED	20	49	0.36	15.9	2.0620	244	4196			16.2	6.1	4.7	15.0	258					
THU	21	50	0.15	16.5	1,4630	244	4100			15.6	6.4	4.6						ļ	<u> </u>
FRI	22	49	0.77	16.9	1,8150													ļ	
SAT	23	49	0.09	17.2	4.8630	123	4989						35,2	1428				<u> </u>	<del> </del>
SUN	24	49	1.80	17.1 16.9	1,8560	127	1966			14.9	6.6	5.1	9,0	139				-	<del> </del>
MON	25	48	0.07	16.5	2.9250	104	2525			14.5	6.4	4.6	12.8	312					
TUE	26	51	0.76	15.9	2.9250	113	2080			14.2	6.5	4.8	10.0	184			32		
WED	27	54	0.28	15.9	4.1150	159	5440			14.4	6.6	4.9	11.2	384			<del>                                     </del>	ļ	
THU	28	50	1.32	15.1	1.7140	100	0.110			14.1	6.7	5.6					<u> </u>		<del> </del>
FRI	29	50	0.45	13.5	1.9730										************				
SAT	30	45	0.46 9.98	10.5	50.1550													<u> </u>	
	TÁL - I			19.7	4.8630	280	5440	244	2163	17.8	6.7	5,6	35.2	1428	4.4	39			5
MAXO		54	1.80 0.00	13.5	0.7820	104	1360	244	2163	14.1	6.1	3.6	5.2	51	4.4	39			5
	MUMALE	45 50	0.00	16.2	1.7913	183	2647	244	2163	15.8	6,3	4.7	11.7	222	4.4	39	55	1 1	

% REV	IOVAL
B.O.D.	98
S.S.	94

Copper	N/A	ug/L_
NH3	0.6	mg/L
NH3	5.3	ibs

Weekly	TSS 15 BOD				Weekly Coliforn
TSS BOD					
Aver.	mg/l	lbs	mg/l	lbs	Geo: Mean
WEEK1	9	132	4	39	62
WEEK2	10	129			62
WEEK3	12	137			72
WEEK4	16	490			32
MAX	16	490	4	39	72

September 2006

