PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f D(fferent) NAME GUREAU, CITY & BOROUGH OF

ATTRE SCOTT BEFFERS; UTILITY SUPT

ADDRESS 155 S. SEMARD STREET JUNEAU

FACILITY JUNEAU ADOUGLAS WHIP

LOCATION JUNEAU

AK 99801

AK 99801

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

AKO023213 PERMIT NUMBER

DAY

YEAR MO.

FROM

**MONITORING PERIOD** 

TO

001 8 DISCHARGE NUMBER

YEAR MO. DAY

Form Approved. OMB No. 2040-0004

MAJOR

(SUBR 01) F . FINAL

COMBINED SEMER OVERFLOW

\*\*\* NO DISCHAPGE



NOTE: Read instructions before completing this form.

PARAMETER		QU	ANTITY OR LOADI	NG	QUAL	ITY OR CONCENTE	RATION		NO. EX	FREQUENCY OF	SAME
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	] [^.	ANALYSIS	TYPE
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OO530 P C C SEE COMMENTS BELOW	PERMIT REQUIREMENT	HO AVS	DAIL? MX			NO AVE	DAILY BE	MG/1.		11.15CH	Q.
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER prepared	under my direction or sup-	is document and all attachs ervision in accordance with operly gather and evaluate	a system designed		$\bigcirc 11$		TELEPHON	E	DA	TE
SCOTT JEFFERS WILL	submitted or those p	<ol> <li>Based on my inquiry of tersons directly responsible</li> </ol>	the person or persons who n for gathering the informati ledge and belief, true, accur	nanage the system, on, the information rate, and complete.	1	TURE OF PRINCIPAL E		7 <sub>1</sub> 58/50	373	07 01	03

TYPED OR PRINTED!

including the possibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT

CODE NUMBER

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = H-11

0 = N-11, 2 R # M ... 1 5

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f D(fferent) JUNEAU, CITY & BOROUGH OF

ADDRESS 155 S. SEWARD STREET

. . JUNEAU

AK 99801

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

WEO053513 **PERMIT NUMBER** 

001 13 DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004 (SUBR 01)

DAY

.5.3

COMBINED SENER OVERFLOW

\*\*\* NO DISCHARGE

MAJOR

F - FIRAL

NOTE: Read instructions before completing this form.

FACILITY CONTROL OF POST OF A SAME TO				ONITO	RING	PERIO	D	
FACILITY JUNEAU-DOUGLAS WATP		YEAR	МО	DAY		YEAR	МО	ĺ
LOCATION DUREAU AK BS801	FROM	VO	1.2	0.3	то	VU	å zi.	ſ
ATTM: SCOTT JEFFERS, UTILITY SUPT								_
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SEE COMMENTS DELOW	REQUIREMENT			ी के के के	HRIA UALE	MG AVG	DAILY MX	100ML		D.T.O.C.H	
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81381 P 0 0	PERMIT							n was		DISCH	with the
SEE COMMENTS DELON			EVMT 167	1 1				28 27 16 77		12 x 3 t 7)	
<del>CURATION OF</del> DISCHARGE	SAMPLE			1 1/9/	Ne ne ne ne ne ne ne					,	
81381 0 0 0	MEASUREMENT			TH.	: -			****		1132 No. 3	
SEE COMMENTS BELOW	PERMIT		EUNT TOT	1 :				*****		7) TO CH	
	REQUIREMENT			1				L			
NAME/TITLE PRINCIPAL EXECUTIV	Prepared prepared	under my direction or sup-	is document and all attachr ervision in accordance with	a system designed		$\wedge$ all	.	TELEPHON	E	DAT	re
	submitted	i. Based on my inquiry of (	operly gather and evaluate i the person or persons who n	nanage the system		MISIMA			ļ		
Coster Tomanol 1			for gathering the informati ledge and belief, true, accus		·	11/1000		75860	ZGZ	07 01	0.3
SCOTT JEFFERS WILL TYPED OR PRINTED	A lamawa	re that there are significant	penalties for submitting fal mprisonment for knowing v	se information,	8IGNA	TURE OF PRINCIPAL I CER OR AUTHORIZED	VECOLIAE LYPE			YEAR MO	
TYPED OR PRINTED				iounole:	UPFI	OLA ON AUTHORIZED	L L COL	E   "OWIDER		TEAT IN	- 1001

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = N-11

0 \* N-11 2 P = M--17 1

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different)
NAME JUREAU, CITY & BOROUGH OF

ADDRESS 155 S. SEWARD STREET

ADDRESS OF U.

AK 99801

PERMIT NUMBER

O O ). E

(SURE TO L)

Form Approved. OMB No. 2040-0004

FACILITY DURE BUT DOUGLAS HATP

LOCATION JUMEAU / AE 39801 ATTM: SCRITT JEFFFER, HITLITY SHPT FROM YEAR MO. DAY TO YEAR MO. DAY

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

FAR NO DISCHARGE

COMBINED SEMER OVERFLOW

IOTE: Read instructions before completing this for

Alima Suuli Juhhten			<u> </u>				VOIE: Nead Institu	CIONS DEIO	e com	completing this fo	
PARAMETER		QU	ANTITY OR LOADIN	lG	QUAL	ITY OR CONCENTE	RATION	,	NO. EX	FREQUENCY OF	SAMPLE
•		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-^	ANALYSIS	TYPE
OURNITUR OF DISCHARSE :	SAMPLE MEASUREMENT	ਬਦ ਬੋਦ ਬੋਦ ਬੋਦ ਬੋਟ ਬੋਦ ਪ		1	वंद विश्व विश्व विश्व परि वंद	पुत्र क्षण वर वस वस वस	to the the tell the tell.	ag. d			-
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	SAMPLE MEASUREMENT							,	194		,
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT		<b>.</b>							Talleys, 19	
	SAMPLE MEASUREMENT										3 æ. ~
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	PERMIT REQUIREMENT										W.
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	SAMPLE MEASUREMENT							-	2001-50	1 -	4
	PERMIT REQUIREMENT									1	
ME/TITLE PRINCIPAL EXECUTIVE			s document and all attachn rvision in accordance with			$\sim$ $^{\circ}$		TELEPHONE		DA	re /
Commence like	submitted. or those per	Based on my inquiry of the sons directly responsible to	perly gather and evaluate ( ne person or persons who m for gathering the information edge and belief, true, accur	anage the system on, the information	in Security	at VIEW		7 <sub>1</sub> 58 <i>6 0</i> 3	292	07 0	1 03
SCOTT JEFFERS WWS		that there are significant	penalties for submitting fals	e information,	FANDIS	TURE OF PRINCIPAL E CER OR AUTHORIZED	ALCOHITE AND	NUMBER	T	YEAR MO	
TYPED OR PRINTED			•	olations.	OFFI	CER OR AUTHORIZED	AGENT COD	ENUMBER	i	TEAR ME	<u>, , , , , , , , , , , , , , , , , , , </u>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = N-11 | O = N-11, 2

0 = 0-11, 2 8 = 6-15, 1

DECOME DESCRIPTION FOR FACILIBRIES

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

MAJOR (SUB 01) F - FINAL

AK-002321-3

Form Approved.
OMB No. 2040-0004

001 A

DISCHARGE NUMBER

FFFLUENT		
*** NO DISCHARGE	***	
NOTE Day instruction	one before completing this f	or

	"	10 110 mm.
DEDMITTEE NAME/ADDRESS(Include	Facility name/Loca	ition if different)

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

JUNEAU-DOUGLAS TREATMENT PLANT

FACILITY: JUNEAU, ALASKA 99801 LOCATION:

PERMIT I	NUMBER			L	DISCHARG	E NUMBER
		MONI	TORING P			
YR	MO	DAY		YEAR	MO	DAY
2000	4.2	1	TO [	2006	12	31

LOCATION:	JUNEAU, ALASKA 9	9801		FROM	2006	12	1	TO	2006	12	31
ATT:	Scott Jeffers WW Uti			rkon		ITY OR CONCENT	PATION	1	NO.	FREQUENCY	SAMPLE
PARAMETER		QUANTITY OR	LOADING	-	QUAL	ITY OR CONCENT	KATION	,	EX	OF ANALYSIS	TYPE
		AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MUMIXAM	UNITS			
THE MARKET	SAMPLE	7					11.9	(04)	. 0		
TEMPERATURE, WATER	MEASUREMENT	*****	*****	****	*****	*****				5/7	
DEG, CENTIGRADE							REPORT			WEEK	GRAB
00010 1 0 0	PERMIT	*****	*****	****	*****	*****	DAILY MAX	DEG. C		DAYS	
EFFLUENT GROSS VALUE	REQUIREMENT				4.5		6.3	(19)	0		
OXYGEN, DISSOLVED	SAMPLE	*****	*****	****		*****				1/7	
(DO)	MEASUREMENT	*****			2.0		17.0			ONCE/	GRAB
00300 1 0 0	PERMIT		*****	****	DAILY MIN.	*****	DAILY MAX	MG/L		WEEK	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	******		DATE	211.0		(19)	0		
BOD, 5-DAY	SAMPLE		lutulululululu	****	*****	211:0	*****	. (==,	1	1/30	
(20 DEG. C)	MEASUREMENT	*****	*****	****	***************************************	REPORT				ONCE/	COMP 24
00310 G 0 0	PERMIT				*****	MO AVG	*****	MG/L		MONTH	
RAW SEW/INFLUENT	REQUIREMENT	*****	*****	****	****			(19)	0		
BOD, 5-DAY	SAMPLE	62.9		(26)		4.0	*****	(19)		1/30	
(20 DEG. C)	MEASUREMENT		*****	<u> </u>	*****		******			ONCE/	COMP 24
00310 W 0 0	PERMIT	1035				45	*****	NO.		MONTH	
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG		MG/L	0	PICIVITI	
BOD, 5-DAY	SAMPLE	62.9	62.9	(26)		4.0	4.0	(19)	0	1/30	
(20 DEG. C)	MEASUREMENT				*****			3		ONCE/	COMP 24
00310 1 0 0	PERMIT	690	1380			30	60				COMF 21
	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX			MONTH	
EFFLUENT GROSS VALUE	SAMPLE	<u> </u>			6.0		6.7	(12)	0	- /-	
рН	MEASUREMENT	*****	*****	****		*****				5/7	
	PERMIT			·	6.0		8.5			WEEK	GRAB
00400 1 0 0	P. C.	*****	*****	****	MIN.	*****	MAXIMUM	SU		DAYS	
EFFLUENT GROSS VALUE	REQUIREMENT			*		160		(19)	0		
SOLIDS, TOTAL	SAMPLE	*****	*****	****	*****		*****	J		1/30	
SUSPENDED	MEASUREMENT	ded-arrives.				REPORT				ONCE/	COMP 24
00530 G 0 0	PERMIT	*****	*****	****	*****	MO AVG	*****	MG/L		MONTH	
RAW SEW/INFLUENT	REQUIREMENT  I certify under penalty of			were			3		207	TELEPHONE <b>586-0393</b>	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER					0	$\sim M$			907 AREA		
Scott Jeffers	to assure that the qualifi	ed personnel property	Satuet and evaluate me	the system.		A 1/1/P	1/2		CODE	PHONE NU	MBER
Wastewater Utilities Superintendent						201/1/C					10
	submitted is, to the best	ot my knowledge and cionificant penalties :	for submitting false info	ormation,	SIGN	ATURE OF PLINC	PAL EXECUTIVE		2007 YEAR	1 MO	10 DAY
TYPED OR PRINTED	including the possibility	of fine and imprison	nent for knowing violat	10ПS		FICER OR AUTHO	DRIZED AGENT		) LAK	1 119	
TIFED ON TRUSTED	SIAOTA TONS		(Reference all att	tachments her	e)						

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 12/03/2006 through 12/30/2006.

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

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

DAY

AK-002321-3

YR

MO

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

MONITORING PERIOD

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

JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD,

PERMIT NUMBER JUNEAU, ALASKA 99801

001 A DISCHARGE NUMBER

DAY

FACILITY: LOCATION:

NAME:

ADDRESS:

JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801

LOCATION:	Scott Jeffers WW U		ent	FROM	2006	12	1	ТО	2006	12	31	
ATT: PARAMETER	Scott Jellels WW 0	OUANTITY OR		]		LITY OR CONCENT	RATION		NO.	FREQUENCY SAMP		
PARAMETER		COANTITION	LOADING			,,,,			EX	OF ANALYSIS	TYPE	
		AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS				
SOLIDS, TOTAL	SAMPLE	325.2		(26)		15.1		(19)	0			
SUSPENDED	MEASUREMENT		*****	` ′	*****		*****			5/7		
00530 W 0 0	PERMIT	1035				45				ONCE/	GRAB	
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L		MONTH		
SOLIDS, TOTAL	SAMPLE	252.0	952.6	(26)		13.9	34.3	(19)	0			
SUSPENDED	MEASUREMENT			`	*****					5/7		
00530 1 0 0	PERMIT	690	1380			30	60			ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH		
NITROGEN, AMMONIA	SAMPLE	N/A	N/A	(26)		N/A	N/A	(19)	0			
TOTAL (AS N)	MEASUREMENT	-	-	, ,	*****					1/180		
00610 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			SEMI-	COMP 24	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		ANNUAL		
COPPER	SAMPLE					N/A	N/A	(19)	0			
TOTAL RECOVERABLE	MEASUREMENT	*****	*****	****	****					1/90		
01119 1 0 0	PERMIT					REPORT	REPORT			ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MAX	MG/L		QUARTER		
COLIFORM, FECAL MF	SAMPLE			'		40		(13)	0			
M-FC BROTH, 44.5 C	MEASUREMENT	*****	*****	****	*****		*****	·		1/7		
31616 W 0 0	PERMIT					800		#/		ONCE/	COMP 24	
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	****	*****	WKLY GEO	*****	ML100		WEEK		
COLIFORM, FECAL MF	SAMPLE			1		6	40	(13)	0	·		
M-FC BROTH, 44.5 C	MEASUREMENT	*****	*****	****	*****					1/7		
31616 1 0 0	PERMIT					400	1200	#/		ONCE/	COMP 24	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MAX	ML100		WEEK		
FLOW, IN CONDUIT, OR	SAMPLE	1.8731	3.3300	(03)					0			
THRU TREATMENT PLANT	MEASUREMENT				*****	*****	*****	****		7/7		
50050 1 0 0	PERMIT	2.76	6.0							CONTINUOS	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	****		TELEPHONE		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my direc	**		tam desismed 1	0				907	586-0393		
Scott Jeffers	to assure that the qualified	ed personnel properly g	ather and evaluate the	nformation	X	10 AA-XV / 10	PA	ſ	ARËA CODE	PHONE NUM	BER	
Wastewater Utilities Superintendent	or those persons directly	responsible for gatheri	ing the information, the	information	PERM	1 / C	/ω -			DATE		
	prepared under my direction or supervision in accordance with the sto to assure that the qualified personnel properly gather and evaluate th submitted. Based on my inquiry of the person or persons who managor those persons directly responsible for gathering the information. submitted is, to the best of my knowledge and belief, true, accurate, I am aware that there are significant penalties for submitting false ind					ATURE OF PRINCIP			2007	1	10	
TYPED OR PRINTED	TED including the possibility of fine and imprisonment for knowing violation				OF	FICER OF AUTHOR		i	YEAR	MO	DAY	
COMMENT AND EXPLANATION OF ANY	VIOLATIONS	(Reference all atta	ichments here)	1								

The reporting period was from 12/03/2006 through 12/30/2006.

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

MAJOR (SUB 01) F - FINAL **EFFLUENT** 

\*\*\* NO DISCHARGE

Form Approved. OMB No. 2040-0004

MONITORING PERIOD

NOTE: Read instructions before completing this form.

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

FACILITY:

TIMEAU ALASKA 99801

AK-002321-3 PERMIT NUMBER

MO

001 A DISCHARGE NUMBER

DAY

LOCATION:	JUNEAU, ALASKA 9	9801			YR	MO	DAY	j	TEAR	I OI	D/11
ATT:	Scott Jeffers WW Uti		ent	FROM	2006	12	1	TO	2006	12	31
PARAMETER		QUANTITY OR			QUAL	ITY OR CONCENT	RATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	E.A.	Of AMALION	711.00
OD, 5-DAY PERCENT	SAMPLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			98.1			(23)	0		
EMOVAL	MEASUREMENT	*****	*****	****		*****	*****	]		1/30	
1010 K O O	PERMIT				85 MIN. %			%		ONCE/	COMP 24
RCENT REMOVAL	REQUIREMENT	*****	*****	****	REMOVAL	*****	*****	PERCENT		MONTH	
OLIDS, SUSPENDED	SAMPLE				91.3	alestestestesteste	*****	(23)	0	1/20	
ERCENT REMOVAL	MEASUREMENT	*****	*****	****		*****		%		1/30 ONCE/	GRAB
1011 K 0 0	PERMIT	tara tatanah	*****	****	85 MIN. %	*****	REPORT DAILY MAX	90 PERCENT		MONTH	CICAD
ERCENT REMOVAL	REQUIREMENT	*****	****	****	REMOVAL	_	DAILISMAX	PERCEIVI		11000111	
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				]		***************************************					
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				<u> </u>							
									300000000000000000000000000000000000000		
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of l	aw that this documen	and all attachments w	vere		_ ^^			907	TELEPHONE 586-0393	
cott Jeffers	prepared under my directi to assure that the qualified	i nerconnel properly o	ather and evaluate the	information	Ι ν.	· Doller	Δ		AREA CODE	PHONE NUM	BER
astewater Utilities Superintendent	submitted. Based on my ir	nquiry of the person o	r persons who manage no the information, the	the system,	Dest	K XXIII	10-		CODE	DATE	
•	submitted is, to the best of	f my knowledge and b ionificant penalties fo	elief, true, accurate, an r submitting false info	a complete.	SIGNA	TURE OF PRINCI	PAL EXECUTIVE		2007	1	10 DAY
TYPED OR PRINTED	including the possibility of	of fine and imprisonme	ent for knowing violation	ons.	OF	TICER OR AUTHO	RIZED AGENT		YEAR	MO	DAY
OMMENT AND EXPLANATION OF AN			(Reference all atta	achments here	;)						

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

MAJOR (SUB 01) F - FINAL **EFFLUENT** 

\*\*\* NO DISCHARGE

DAY

MONITORING PERIOD

00434/981209 1904

XXXXX NOTE: Read instructions before completing this form.

YEAR

Form Approved.

OMB No. 2040-0004

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

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

JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801

AK-002321-3 PERMIT NUMBER

YR

МО

DISCHARGE NUMBER

MO

REC-1

DAY

LOCATION:	JUNEAU, ALASKA 1				2006	12	1	то	2006	12	31
ATT:	Scott Jeffers WW Uti	lities Superintende	ent	FROM	2006		т	10			SAMPLE
PARAMETER		QUANTITY OR	LOADING		QUAI	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	TYPE
		AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS			
COLIFORM, FECAL MF	SAMPLE			(26)			N/A	(13)	0		
1-FC BROTH, 44.5 C	MEASUREMENT	*****	*****	`	*****	*****				1/30	0040
31616 1 0 0	PERMIT						REPORT	#/		ONCE/MO	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	LBS/DAY	*****	*****	DAILY MAX	ML100		MAY-OCT	
TEOLITI ONCO	SAMPLE									AND	
	MEASUREMENT	*****	*****	****	*****	*****	*****	****		1/180 2 TIMES	
·	PERMIT							****		NOV- APR	
	REQUIREMENT	*****	*****	****	*****	*****	*****	****		NOV- APR	
	SAMPLE					. b. b. b. b. b. b. b. b.	alestestestesteste	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT						*****	****			
	REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE			1	.11111111	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	****	*****	1			
	PERMIT					*****	*****	****			
	REQUIREMENT	*****	*****	****	*****	****					
	SAMPLE				*****	*****	*****	****			
·	MEASUREMENT	*****	*****	****	****	*****	44444				
	PERMIT			alestesteste	*****	*****	*****	****			
	REQUIREMENT	*****	*****	****	*****			1			
	SAMPLE		. L L Lastanbanka	****	*****	*****	*****	****	1		
	MEASUREMENT	*****	*****	<u>*</u> *****	******						
	PERMIT		****	****	*****	*****	*****	****			
	REQUIREMENT	*****	*****	*****				<u> </u>			
	SAMPLE	*****	*****	****	*****	*****	*****	****			
•	MEASUREMENT	****	****	1010101							
	PERMIT	*****	*****	****	*****	*****	*****	****			
	REQUIREMENT  I certify under penalty of			×1		^		4		TELEPHONE	
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	sundan mar diran	tion or eupernision in	accordance with the sy	istem designed	0	O(1)			907 AREA	586-0393	
cott Jeffers /astewater Utilities Superintendent	to assure that the qualified submitted. Based on my					100	2		CODE	PHONE NUM	IBER
fastewater officies superintendent	or those persons directly	responsible for gather	ing the information, the	ne information and complete.	"   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				2007	T	10
	Tama arreage that there are	cionificant penalties to	or submitting false info	ormation.	SIGN	ATURE OF PRINC	IPAL EXECUTIVE		2007 YEAR	1 MO	10 DAY
TYPED OR PRINTED	including the possibility	of fine and imprisonm	ent for knowing violat	nons.		YENCEKWUKUAU I HC	NATED AGENT		1 10,115		
COMMENT AND EXPLANATION OF AN	Y VIOLATIONS		(Reference all at	шсттенть пет	5)						

The reporting period was from 12/03/2006 through 12/30/2006.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

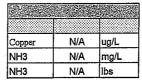
**EPA REPORT** 

Juneau, Alaska

December 2006

	EPURI							au, Aia	31(G	office construence and	ence of the contract of	Contra Mente for an adding	CANCEL ACTION		JOOCHIK		A STATE OF THE PARTY OF THE PARTY OF THE PARTY.	CELECOTOR AS NOTASSACIONA	nar-marianis-surbinaristino es
		V	VEATHE	R			NELUEN	IT .							EFFLUE	UT SEE			
			RAIN	HIGH	J-D	S,S,	S.S.	B.O.D.	B,O.D,			D.O.	S.S.	S.S.	B.O.D.	B,O,D.	FECAL	Ammonia	Ammonía
DAY	DATE	TEMP	FALL	TIDE	TTL EFFL					TEMP	рH						Coliform		as N lbs/day
		°F	INCHES	FEET	MGD	mg/L	LBS	mg/L	LBS	°C		mg/L	mg/L	LBS	mg/L	LBS	/100 ml	1/180 days	1/180 days
SUN	3	34	0.19	19.3	1.2680	248	2623						8.8						
MON	4		0.21	19.6	1.6610	162	2244			11.5	6.2	4.5	7.2						
TUE	5		0.16	19.5	1.8820	152	2386	211	3312	10.3	6.5	4.6	+		4,0	63	ļ		
WED	6	41	0.78	19.1	3.3300	108	2999			11.4	6.4	5.2	<del>                                     </del>			<b></b> .	40.0		
THU	7	38	0.54	18.2	2.9220	83	2023			9.9	6.5	5.4	16.4	400					
FRI	8	37	0.04	17.1	1.4930					10.2	6.4	5.0							
SAT	9	32	0.18	15.8	1.2940											·			
SUN	10	35	0.03	14.5	1.2080	158	1592						13.2	133					
MON	11	37	0.23	14.0	1.4150	164	1929			10.9	6.3	4.7	10.8	127					
TUE	12	35	0.07	13.9	1.1650	224	2176			10.8	6.2	4.7	13.6	132					
WED	13	35	0.00	14.0	1.0480	321	2806			11.9	6.2	4.5	11.2	98			6.0		
THU	14	32	0.10	14.3	1.0580	284	2506			11.6	6.0	4.8	13.8	122					
FRI	15	28	0.00	14.7	0.9370					10.5	6.0	4.6							
SAT	16	30	0.13	15.3	0.9520														
SUN	17	34	0.44	16.0	2.0250	193	3259						14.4	243					
MON	18	36	0.30	16.7	1.4070	108	1267			10.1	6.3	5,9	7.4	87					
TUE	19	37	0.64	17.3	3.2150	147	3942			10.9	6.3	4.7	16.8	450					
WED	20	37	0.79	17.8	2.3350	123	2395			10.6	6.3	5.1	19.6	382					
THU	21	33	0.53	18.1	1.7450	142	2067			10.6	6.3	4.8	9.2	134			2.0		
FRI	22	34	0.19	18.1	1.4690					10.1	6.7	5.1							
SAT	23	35	0.50	17.7	2.0520														
SUN	24	37	0.07	17.0	1,4270														
MON	25	37	0.94	15.9	3,1480	99	2599						22.8	599					
TUE	26	34	0.19	16.0	2.8570	96	2287			9.6	6.4	5,7	9.8	234					
WED	27	31	0.01	16.1	1,2730	129	1370			10.8	6.3	6.2	7.6				2.0		
THU	28	34	0.80	16.2	2,5550	104	2216			10.1	6.3	6.2	18.2	388					
FRI	29	37	0.80	16.5	2.3440	104	22.0	·		9.7	6,3	6.3							4
SAT	30	36	0.39	16.9	2.9630					· · ·									
SAI I		30	9.26	10.9	52.4480														
APPROXIMENT CONTRACTS ASSESSED.	CHARMATECT RESIDENTIAL	A #	0.94	19.6	3,3300	321	3942	211	3312	11.9	6.7	6.3	34.3	953	4.0	63	40	N/A	N/A
MAXI	te west transfer from the west	41			0.9370	83	1267	211	3312	9.6	6.0	4.5	7.2	34	4.0	63	2	N/A	N/A
MIÑI		28	0.00	13.9		160	2352	211	3312	10.6	6.3	5,2	13.9	252	4.0	63	6	N/A	N/A
AVER	AGE	35	0.331	16.6	1.8731	160	2352	211	3312	ס.טו	0.3	5,2	13.5	202	. 4.0	00	<u> </u>	13//	14/7

% REMOVAL				
B.O.D.	98			
S.S.	91			



Weekly.					Weekly Coliform
Aver.	9000000000000000	lbs	mg/l	lbs	Geo Mean
WEEK1	15	316	4	63	40
WEEK2	13	122			6
WEEK3	13	259			2
WEEK4	15	325			2
MAX	15	325	4	63	40

