

NAME BUREAU, CITY & BOROUGH OF

ADDRESS 155 S. SEWARD STREET

BUREAU

AK 99801

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

AP0023213
PERMIT NUMBER

001 B
DISCHARGE NUMBER

MAJOR

(SUBP 01)

F - FINAL

COMBINED SEWER OVERFLOW

FACILITY BUREAU DOUGLAS WWTP

LOCATION BUREAU

AK 99801

ATTN: SCOTT JEFFERS, UTILITY SUPT

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
FROM			TO		

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE				(GPD)							
00056 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT		REPORT	EVENT TOT MGD				***		OTHER DISCHG	WASTEWATER
FLOW RATE				(GPD)							
00056 B 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT		REPORT	EVENT TOT MGD				***		OTHER DISCHG	WASTEWATER
FLOW RATE				(GPD)							
00056 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT	REPORT	DAILY MX MGD				***		OTHER DISCHG	WASTEWATER
DOB, 5 DAY (20 DEG. C)				(26)				(15)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT	REPORT	DAILY MX LBS/DY		REPORT	REPORT	NO AVG		DAILY MX MG/L	OTHER DISCHG
DOB, 5 DAY (20 DEG. C)				(26)				(15)			
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT	REPORT	DAILY MX LBS/DY		REPORT	REPORT	NO AVG		DAILY MX MG/L	OTHER DISCHG
DOB, 5 DAY (20 DEG. C)				(26)				(15)			
00310 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT	REPORT	DAILY MX LBS/DY		REPORT	REPORT	NO AVG		DAILY MX MG/L	OTHER DISCHG
SOLIDS, TOTAL				(26)				(15)			
SUSPENDED				(26)				(15)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT	REPORT	DAILY MX LBS/DY		REPORT	REPORT	NO AVG		DAILY MX MG/L	OTHER DISCHG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS WW SUPER
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 a system designed to assure that 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
Scott Jeffers

TELEPHONE DATE
907 591-0313 07 01 03
AREA CODE NUMBER YEAR MO DAY

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

P = N-11
Q = N-11, 2
R = N-11, 1

RECORD REASONING FOR EACH BREACHING

NAME JUNEAU, CITY & BOROUGH OF

ADDRESS 155 S. SEWARD STREET

JUNEAU

AK 99801

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

AP0023213

PERMIT NUMBER

001 B

DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

COMBINED SEWER OVERFLOW

FACILITY JUNEAU-DOUGLAS WWT

LOCATION JUNEAU

AK 99801

ATTN: SCOTT JEFFERS, UTILITY SUPT

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	12	01		06	12	31

*** NO DISCHARGE ~~☒~~ ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 SEE COMMENTS BELOW				(26)	*****			(19)			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	LBS/DY	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEK DISCH	SRAC
SOLIDS, TOTAL SUSPENDED 00530 R 0 0 SEE COMMENTS BELOW				(26)	*****			(19)			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	LBS/DY	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEK DISCH	SRAC
COLIFORM, FECAE MP, M-FC BROTH, 44.5C 31616 P 0 0 SEE COMMENTS BELOW		*****	*****					(13)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT WRLY AVG	REPORT NO AVG	REPORT DAILY MX	/ 100ML		WEEK DISCH	SRAC
COLIFORM, FECAE MP, M-FC BROTH, 44.5C 31616 0 0 0 SEE COMMENTS BELOW		*****	*****					(13)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT WRLY AVG	REPORT NO AVG	REPORT DAILY MX	/ 100ML		WEEK DISCH	SRAC
COLIFORM, FECAE MP, M-FC BROTH, 44.5C 31616 R 0 0 SEE COMMENTS BELOW		*****	*****					(13)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT WRLY AVG	REPORT NO AVG	REPORT DAILY MX	/ 100ML		WEEK DISCH	SRAC
DURATION OF DISCHARGE 01381 P 0 0 SEE COMMENTS BELOW		*****		(14)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT IN- EVENT TOT UTES		*****	*****	*****	***		WEEK DISCH	SRAC
DURATION OF DISCHARGE 01381 0 0 0 SEE COMMENTS BELOW		*****		(14)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT IN- EVENT TOT UTES		*****	*****	*****	***		WEEK DISCH	SRAC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SCOTT JEFFERS W/W SUPER.
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE: 907 586 0373
DATE: 07 01 03

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

P = N-11
B = N-11 2
R = N-15 1

RECORD REPORTING FOR EACH OPERATING

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME DUNEAU, CITY & BOROUGH OF

ADDRESS 155 S. SEWARD STREET

DUNEAU

AK 99801

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

REG0023213

PERMIT NUMBER

001 E

DISCHARGE NUMBER

MAJOR

(SURF SOL)

F - FINAL

COMBINED SEWER OVERFLOW

Form Approved. OMB No. 2040-0004

FACILITY DUNEAU DOUGLAS WWT

LOCATION DUNEAU

AK 99801

ATTN: SCOTT JEFFERS, UTILITY SUPT

MONITORING PERIOD

YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

*** NO DISCHARGE ~~XXXX~~ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DURATION OF DISCHARGE 81381 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****		100	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT FIN- EVNT TEST NTES		*****	*****	*****	***		DIRCH	WLL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 WWSUPER.
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

907 586 0393
AREA CODE NUMBER

DATE

07 01 03
YEAR MO DAY

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

P = 0-11
Q = 0-11, 2
R = 0-15, 1

RECORD REASONING FOR EACH VIOLATION

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

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

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	12	1		2006	12	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	*****	*****	*****	****	*****	*****	11.9	(04)	0	5/7	
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	GRAB
EFFLUENT GROSS VALUE					4.5	*****	6.3	(19)	0	1/7	
OXYGEN, DISSOLVED (DO)	MEASUREMENT	*****	*****	****	2.0	*****	17.0	MG/L		ONCE/WEEK	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	DAILY MIN.	*****	DAILY MAX				
EFFLUENT GROSS VALUE						211.0	*****	(19)	0	1/30	
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	*****	*****	****	*****	*****	*****	MG/L		ONCE/MONTH	COMP 24
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****				
RAW SEW/INFLUENT					62.9	*****	4.0	(19)	0	1/30	
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	62.9	*****	(26)	*****	45	*****	MG/L		ONCE/MONTH	COMP 24
00310 W 0 0	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****				
SEE COMMENTS BELOW						4.0	4.0	(19)	0	1/30	
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	62.9	62.9	(26)	*****	30	60	MG/L		ONCE/MONTH	COMP 24
00310 1 0 0	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX				
EFFLUENT GROSS VALUE					6.0	*****	6.7	(12)	0	5/7	
pH	MEASUREMENT	*****	*****	****	6.0	*****	8.5	SU		WEEK DAYS	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	MAXIMUM				
EFFLUENT GROSS VALUE						160	*****	(19)	0	1/30	
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
RAW SEW/INFLUENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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Scott Jeffers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE 586-0393
PHONE NUMBER
DATE
2007 YEAR 1 MO 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 12/03/2006 through 12/30/2006.
(Reference all attachments here)

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

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

Form Approved.
OMB No. 2040-0004

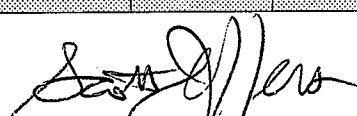
PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

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

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	12	1		2006	12	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	325.2	*****	(26)	*****	15.1	*****	(19)	0	5/7	GRAB
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	252.0	952.6	(26)	*****	13.9	34.3	(19)	0	5/7	GRAB
	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	COMP 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI-ANNUAL	COMP 24
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	1/90	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/QUARTER	GRAB
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	40	*****	(13)	0	1/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/ML100		ONCE/WEEK	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	6	40	(13)	0	1/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	400 MO GEO	1200 DAILY MAX	#/ML100		ONCE/WEEK	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.8731	3.3300	(03)	*****	*****	*****	****	0	7/7	GRAB
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater 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				TELEPHONE		
TYPED OR PRINTED									907 AREA CODE		586-0393 PHONE NUMBER
								2007 YEAR		1 MO 10 DAY	

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 ***
NOTE: Read instructions before completing this form.

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

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	12	1		2006	12	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	98.1	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	*****	%		ONCE/MONTH	COMP 24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	91.3	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	%		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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Scott Jeffers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393

AREA CODE
907

PHONE NUMBER
586-0393

DATE
2007 1 10

YEAR MO DAY

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) Form Approved
F - FINAL OMB No. 2040-0004
EFFLUENT

*** NO DISCHARGE **XXXXX** ***

NOTE: Read instructions before completing this form.

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

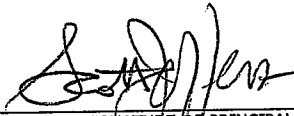
REC-1
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	12	1		2006	12	31

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907
AREA CODE **586-0393**
PHONE NUMBER
DATE
2007
YEAR **1**
MO **10**
DAY

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

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

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

December 2006

DAY	DATE	WEATHER			INFLUENT						EFFLUENT								
		TEMP °F	RAIN FALL INCHES	HIGH TIDE 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	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	3	34	0.19	19.3	1.2680	248	2623					8.8	93						
MON	4	34	0.21	19.6	1.6610	162	2244			11.5	6.2	4.5	7.2	100					
TUE	5	37	0.16	19.5	1.8820	152	2386	211	3312	10.3	6.5	4.6	8.8	34	4.0	63			
WED	6	41	0.78	19.1	3.3300	108	2999			11.4	6.4	5.2	34.3	953		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	81		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	0.81	16.5	2.3440					9.7	6.3	6.3							
SAT	30	36	0.39	16.9	2.9630														
TOTAL			9.26		52.4480														
MAXIMUM		41	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
MINIMUM		28	0.00	13.9	0.9370	83	1267	211	3312	9.6	6.0	4.5	7.2	34	4.0	63	2	N/A	N/A
AVERAGE		35	0.331	16.6	1.8731	160	2352	211	3312	10.6	6.3	5.2	13.9	252	4.0	63	6	N/A	N/A

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

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

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