

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
2007	1	1		2007	1	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 00010 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	11.5	(04)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	3.9	*****	6.0	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/WEEK	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	MEASUREMENT	*****	*****	****	*****	126.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	116.4	*****	(26)	*****	6.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	116.4	116.4	(26)	*****	6.0	6.0	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	
pH 00400 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	6.1	*****	6.8	(12)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	MEASUREMENT	*****	*****	****	*****	162	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	

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.

*Scott Jeffers*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**907 586-0393**

AREA CODE  
**907**

PHONE NUMBER  
**586-0393**

DATE  
**2007 2 7**

YEAR MO DAY

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

The reporting period was from **12/31/2006** through **02/03/2007**.

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

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

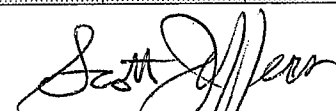
**NOTE: Read instructions before completing this form.**

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	1	1		2007	1	31

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 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	352.6	*****	(26)	*****	14.9	*****	(19)	0	5/7	
	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	MEASUREMENT	189.5	802.2	(26)	*****	12.6	25.4	(19)	0	5/7	
	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	MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	
	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	MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	1/90	
	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	MEASUREMENT	*****	*****	****	*****	168	*****	(13)	0	1/7	
	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	MEASUREMENT	*****	*****	****	*****	13	168	(13)	0	1/7	
	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	MEASUREMENT	1.5878	3.7870	(03)	*****	*****	*****	****	0	7/7	
	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		
907	586-0393	
AREA CODE	PHONE NUMBER	
DATE		
2007	2	7
YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**The reporting period was from 12/31/2006 through 02/03/2007.**

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  
**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
2007	1	1		2007	1	31

PARAMETER	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	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	95.2	*****	*****	(23)	0	1/30	COMP 24
PERCENT REMOVAL SOLIDS, SUSPENDED 81011 K 0 0	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	92.2	*****	*****	(23)	0	1/30	GRAB
					85 MIN. % REMOVAL	*****	*****	% PERCENT		ONCE/MONTH	
					85 MIN. % REMOVAL	*****	REPORT DAILY MAX	% PERCENT		ONCE/MONTH	

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.

*Scott Jeffers*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**907 586-0393**

AREA CODE  
**907**

PHONE NUMBER  
**586-0393**

DATE  
**2007 2 7**

YEAR MO DAY

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

The reporting period was from 12/31/2006 through 02/03/2007.

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

**AK-002321-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

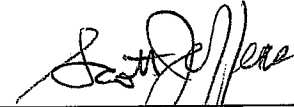
**NOTE: Read instructions before completing this form.**

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	1	1		2007	1	31

PARAMETER	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	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1.0	(13)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	#/ ML100		ONCE/MO MAY-OCT	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		AND 1/180	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV- APR	
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

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	
907	586-0393
AREA CODE	PHONE NUMBER
DATE	
2007	2 7
YEAR	MO DAY

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

The reporting period was from 12/31/2006 through 02/03/2007.

# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

January 2007

## EPA REPORT

Juneau, Alaska

		WEATHER			INFLUENT					EFFLUENT									
DAY	DATE	TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J.D. TITL EFFL MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	DO 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 /180 days	Ammonia as N lbs/day /180 days
SUN	31	38	0.74	17.4	2.7860	113	2626						14.4	334.6					
MON	1	41	1.05	17.8	3.7870	100	3158			9.0	6.4	5.0	25.4	802.2					
TUE	2	38	0.28	18.2	2.3310	124	2411	126	2450	8.5	6.4	5.2	12.4	241.1	6	116.4			
WED	3	36	0.81	18.4	2.4190	94	1896			10.4	6.3	4.6	12.0	242.1			17		
THU	4	30	0.40	18.3	1.6490	136	1870			9.3	6.2	5.2	10.4	143.0					
FRI	5	32	0.45	17.8	1.3360					9.5	6.4	4.6							
SAT	6	32	0.14	17.1	1.3140														
SUN	7	31	0.36	16.0	1.1490	143	1370						6.0	57.5					
MON	8	28	0.00	15.6	1.1100	259	2398			10.1	6.4	4.8	14.8	137.0					
TUE	9	19	0.00	15.2	1.0050	220	1844			10.2	6.3	4.6	10.0	83.8					
WED	10	14	0.00	14.7	0.9790	234	1911			10.6	6.2	5.1	12.0	98.0			168		
THU	11	18	0.00	14.4	0.9130	234	1782			10.1	6.2	4.8	8.8	67.0					
FRI	12	26	0.27	14.1	0.8830					10.0	6.2	5.1							
SAT	13	31	0.02	14.0	1.0050														
SUN	14	36	0.68	14.3	2.8690	137	3278						16.0	382.8					
MON	15	37	0.79	14.9	2.6900	122	2737			11.2	6.3	5.5	15.8	354.5					
TUE	16	31	0.18	15.9	1.6480	113	1553			9.6	6.5	5.9	7.2	99.0					
WED	17	33	0.22	16.9	1.3740	138	1581			10.5	6.4	5.2	10.0	114.6			28		
THU	18	35	0.36	17.9	1.9370	129	2084			10.7	6.4	5.0	8.4	135.7					
FRI	19	35	0.36	18.5	1.6910					10.2	6.4	5.9							
SAT	20	35	0.63	18.8	2.6450														
SUN	21	35	0.20	18.5	1.8670	77	1199						6.6	102.8					
MON	22	29	0.00	17.7	1.3420	144	1612			9.1	6.8	6.0	7.6	85.1					
TUE	23	32	0.42	17.8	2.1990	132	2421			10.1	6.8	5.1	11.6	212.7			2		
WED	24	34	0.65	17.6	1.8730	130	2031			9.4	6.6	5.9	16.0	249.9					
THU	25	32	0.00	17.1	1.1840	126	1223			10.3	6.4	5.8	16.8	163.1					
FRI	26	32	0.00	16.3	1.0550					10.2	6.5	5.8							
SAT	27	29	0.00	15.7	0.9840														
SUN	28	31	0.22	15.4	1.1000	158	1449						13.6	124.8					
MON	29	35	0.02	15.7	1.6720	200	2789			11.2	6.4	4.4	13.6	189.6					
TUE	30	35	0.02	16.4	0.5930	371	1835			10.8	6.4	5.1	18.0	89.0					
WED	31	34	0.00	17.0	0.9800	198	1618			11.2	6.7	3.9	13.4	109.5			2		
THU	1	32	0.00	17.5	1.0330	215	1852			11.5	6.1	4.5	13.6	117.2					
FRI	2	29	0.00	17.6	0.9920					11.0	6.5	4.2							
SAT	3	31	0.04	17.5	1.1980														
TOTAL			9.11		55.5720										6.0	116.4	168		0.0
MAXIMUM		41	1.05	18.80	3.7870	371	3278	126	2450	11.5	6.8	6.0	25.4	802.2	6.0	116.4	2		0.0
MINIMUM		14	0.00	14.00	0.5930	77	1199	126	2450	8.5	6.1	3.9	6.0	57.5	6.0	116.4			
AVERAGE		32	0.26	16.69	1.5878	162	2021	126	2450	10.2	6.4	5.1	12.6	189.5	6.0	116.4	13		

**COMMENTS:**

% REMOVAL	
B.O.D.	95.2
S.S.	92.2

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

Tox. TUc	N/A
----------	-----

Weekly TSS BOD Aver.	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	14.9	352.6	6.0	116.4	17
WEEK2	10.3	88.7			168
WEEK3	11.5	217.3			28
WEEK4	11.7	162.7			2
WEEK5	14.4	126.0			2