

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

001 A
DISCHARGE NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD	
YR	MO
2007	3
DAY	YEAR
1	2007
TO	DAY
	31

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

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	*****	*****	*****	****	*****	11.3	(04)	0	5/7	
DEG. CENTIGRADE	*****	*****	*****	****	*****	REPORT			WEEK	GRAB
00010 1 0 0	*****	*****	*****	****	*****	DAILY MAX	DEG. C		DAYS	
EFFLUENT GROSS VALUE	*****	*****	*****	****	3.4	5.8	(19)	0	1/7	
OXYGEN, DISSOLVED (DO)	*****	*****	*****	****	*****	17.0	MG/L		ONCE/	GRAB
00300 1 0 0	*****	*****	*****	****	DAILY MIN.	DAILY MAX			WEEK	
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	*****	(19)	0	ONCE/	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	*****	155.0	MG/L		WEEK	
00310 G 0 0	*****	*****	*****	****	*****	REPORT			ONCE/	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	****	*****	MO AVG	MG/L		MONTH	
BOD, 5-DAY (20 DEG. C)	56.2	*****	*****	(26)	*****	5.3	(19)	0	1/30	
00310 W 0 0	1035	*****	*****	****	*****	45	MG/L		ONCE/	COMP 24
SEE COMMENTS BELOW	WKLY AVG	*****	*****	****	*****	WKLY AVG			MONTH	
BOD, 5-DAY (20 DEG. C)	56.2	*****	*****	(26)	*****	5.3	(19)	0	1/30	
00310 1 0 0	690	*****	*****	****	*****	30	MG/L		ONCE/	COMP 24
EFFLUENT GROSS VALUE	MO AVG	DAILY MAX	LBS/DAY	****	*****	MO AVG			MONTH	
pH	*****	*****	*****	****	6.7	7.0	(12)	0	5/7	
00400 1 0 0	*****	*****	*****	****	*****	*****			WEEK	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	****	6.0	8.5	SU		DAYS	
SOLIDS, TOTAL	*****	*****	*****	****	*****	MAXIMUM	(19)	0	1/30	
SUSPENDED	*****	*****	*****	****	*****	*****			ONCE/	COMP 24
00530 G 0 0	*****	*****	*****	****	*****	231	MG/L		MONTH	
RAW SEW/INFLUENT	*****	*****	*****	****	*****	REPORT			MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	****	*****	MO AVG			TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	*****	*****	*****	****	*****	*****			586-0393	
TYPED OR PRINTED	*****	*****	*****	****	*****	*****			AREA	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	*****	*****	*****	****	*****	*****			CODE	
The reporting period was from 03/04/2007 through 03/31/2007.	*****	*****	*****	****	*****	*****			PHONE NUMBER	
EPA Form 3320-1 (03-99) Previous editions may be used.	*****	*****	*****	****	*****	*****			DATE	
	*****	*****	*****	****	*****	*****			YEAR	
	*****	*****	*****	****	*****	*****			MO	
	*****	*****	*****	****	*****	*****			DAY	

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.

Catherine E. Carlson
Scott Jeffers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2007 YEAR
4 MO
10 DAY

907 AREA CODE
586-0393 TELEPHONE

00434/981209 1904

(Reference all attachments here)

The reporting period was from 03/04/2007 through 03/31/2007.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

PAGE 1 OF 3

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
 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
2007	3	1	
YR	MO	DAY	TO
2007	3	1	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	204.3	*****	(26)	*****	13.0	*****	0		
00530 W 0 0	1035	*****		*****	45	*****		5/7	ONCE/MONTH
SEE COMMENTS BELOW	116.6	541.4	LBS/DAY	*****	10.6	*****	0	5/7	ONCE/MONTH
SOLIDS, TOTAL SUSPENDED	690	1380	(26)	*****	30	60	0	5/7	ONCE/MONTH
00530 1 0 0	127.1	127.1	LBS/DAY	*****	12.0	DAILY MAX	0	1/180	SEMI-ANNUAL
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	REPORT	REPORT	0	1/90	ONCE/QUARTER
NITROGEN, AMMONIA TOTAL (AS N)	REPORT	REPORT		*****	REPORT	REPORT	0	1/7	ONCE/WEEK
00610 1 0 0	*****	*****	LBS/DAY	*****	164	*****	0	1/7	ONCE/WEEK
EFFLUENT GROSS VALUE	*****	*****		*****	800	*****	0	7/7	CONTINUOUS
COPPER	*****	*****	(03)	*****	43	*****	0	7/7	CONTINUOUS
TOTAL RECOVERABLE	*****	*****	MGD	*****	400	1200	0	7/7	CONTINUOUS
01119 1 0 0	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
EFFLUENT GROSS VALUE	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
COLIFORM, FECAL MF	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
M-FC BROTH, 44.5 C	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
31616 W 0 0	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
SEE COMMENTS BELOW	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
COLIFORM, FECAL MF	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
M-FC BROTH, 44.5 C	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
31616 1 0 0	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
EFFLUENT GROSS VALUE	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
50050 1 0 0	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS
EFFLUENT GROSS VALUE	*****	*****		*****	400	DAILY MAX	0	7/7	CONTINUOUS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Eatherine E. Carlson
for Scott Jeffers

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

907	586-0393
2007	4
2007	4
2007	4

TELEPHONE AREA CODE PHONE NUMBER DATE
 907 586-0393
 2007 4 10
 2007 4 10
 2007 4 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 03/04/2007 through 03/31/2007.

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

MAJOR (SUB 01)
OMB No. 2040-0004
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	NO EX
2007	3	1	2007
			31

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY PERCENT REMOVAL	*****	*****	****	96.6	*****	(23)	0	1/30	COMP 24
81010 K 0 0 PERCENT REMOVAL	*****	*****	****	85 MIN. % REMOVAL	*****	%	0	ONCE/MONTH	GRAB
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	****	95.4	*****	(23)	0	1/30	
81011 K 0 0 PERCENT REMOVAL	*****	*****	****	85 MIN. % REMOVAL	REPORT DAILY MAX	%		ONCE/MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

Signature: *Scott Jeffers*

TELEPHONE AREA CODE: 907
PHONE NUMBER: 586-0393

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2007 YEAR, 4 MO, 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 03/04/2007 through 03/31/2007.

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

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

Form Approved
OMB No. 2040-0004

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				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
YR	MO	DAY	TO			
2007	3	1		0		

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		MINIMUM	AVERAGE	MAXIMUM			
COLIFORM, FECAL MF	*****	*****	*****	(26)	*****	N/A	(13)	0		
M-FC BROTH, 44.5 C	*****	*****	*****	LBS/DAY	*****	REPORT #/ DAILY MAX	MI.100		1/30 ONCE/MO MAY-OCT	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****		AND 1/180	
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		2 TIMES NOV- APR	
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	*****	*****	*****	*****	*****	*****	*****			
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	*****	*****	*****	*****	*****	*****	*****			
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

TELEPHONE AREA CODE PHONE NUMBER DATE
907 586-0393

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

2007 YEAR 4 MO 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 03/04/2007 through 03/31/2007.
(Reference all attachments here)

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

March 2007

Juneau, Alaska

EPA REPORT

INFLUENT

EFFLUENT

DAY	DATE	WEATHER		HIGH TIDE FEET	J-D TTL EFFL MGD	S.S.		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 /180 days	Ammonia as N lbs/day /180 days	
		RAIN FALL INCHES	TEMP °F			mg/L	LBS													mg/L
SUN	4	0.21	17	16.9	1,045.0	200	1743			7.5	6.8	4.5	9.4	82						
MON	5	0.38	23	17.0	1,002.0	299	2499			9.4	6.8	5.4	9.4	100	5.3	56		12.0	127.1	
TUE	6	0.48	31	16.9	1,270.0	194	2055	155	1642	9.5	6.9	5.1	10.8	152		20.0				
WED	7	0.27	36	16.7	1,687.0	187	2831			8.8	6.8	4.9	20.4	201						
THU	8	0.37	33	16.3	1,182.0	250	2484			9.4	6.8	4.1								
FRI	9	0.14	30	15.6	0.9160															
SAT	10	0.14	32	14.9	0.8590		2405			9.4	6.9	4.2	7.6	56						
SUN	11	0.41	32	14.0	0.8900	324	1692			10.5	7.0	5.8	14.0	106						
MON	12	0.04	32	13.2	0.7460	272	2669			9.2	7.0	4.4	15.4	123		164.0				
TUE	13	0.00	30	12.8	0.9040	354	2847			9.3	7.0	4.1	11.6	85						
WED	14	0.51	30	13.4	0.9590	356	2097			11.3	6.9	4.2								
THU	15	0.51	29	14.6	0.8790	286														
FRI	16	0.12	29	16.1	0.8330															
SAT	17	0.12	29	17.4	0.9820		1843			7.8	6.9	5.2	9.6	89						
SUN	18	0.02	30	18.3	1.1160	198	2523			10.1	6.9	4.8	11.4	114						
MON	19	0.00	26	18.9	1.1080	273	1597			11.3	6.9	3.6	26.4	541		48.0				
TUE	20	0.07	26	19.7	1.1970	160	3753			6.8	6.8	3.9	10.6	213						
WED	21	0.69	34	19.8	2.4590	183	3089			8.0	6.7	3.8								
THU	22	0.31	37	19.4	2.4050	154														
FRI	23	0.74	36	18.3	2.1210															
SAT	24	0.01	36	16.8	1.3370															
SUN	25	0.21	35	15.1	1.2880	121	1300			9.5	6.8	4.2	6.4	56						
MON	26	0.02	33	13.7	1.0450	136	1185			9.4	6.9	4.2	8.8	68						
TUE	27	0.00	33	13.1	0.9220	266	2045			9.6	7.0	3.5	7.2	66		21.7				
WED	28	0.11	33	13.6	1.1060	186	1716			9.8	7.0	3.4	5.6	46						
THU	29	0.00	33	14.4	0.9760	216	1758			9.8	6.9	3.6								
FRI	30	0.00	31	14.7	0.9510															
SAT	31	0.00	32	15.7	1.0230															
TOTAL		5.88			33,308.0															
MAXIMUM		0.74	37	19.8	2,459.0	356	3753	155	1642	11.3	7.0	5.8	26.4	541	5.3	56	164			
MINIMUM		0.00	17	12.8	0.7460	121	1185	155	1642	6.8	6.7	3.4	5.2	43	5.3	56	20			
AVERAGE		0.210	31	16.0	1,189.6	231	2196	155	1642	9.3	6.9	4.3	10.6	117	5.3	56	43	12.0	127.1	

Weekly TSS		Weekly BOD		Weekly Coliform	
Aver. mg/l	lbs	Aver. mg/l	lbs	Geo. Mean	Geo. Mean
WEEK1	11	116	5	20	20
WEEK2	11	85		164	164
WEEK3	13	204		46	46
WEEK4	7	62		22	22
MAX	13	204	5	56	164

Weekly TSS		Weekly BOD		Weekly Coliform	
Aver. mg/l	lbs	Aver. mg/l	lbs	Geo. Mean	Geo. Mean
WEEK1	11	116	5	20	20
WEEK2	11	85		164	164
WEEK3	13	204		46	46
WEEK4	7	62		22	22
MAX	13	204	5	56	164

% REMOVAL	
B.O.D.	S.S.
97	95

Copper	N/A
NH3	12.0
NH3	127.1

