

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

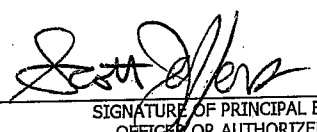
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

**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
2007	5	1		2007	5	31

PARAMETER	X	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		*****	*****	****	*****	*****	15.8	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	
OXYGEN, DISSOLVED (DO) 00300 1 0 0		*****	*****	****	3.3	*****	6.0	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/WEEK	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0		*****	*****	****	*****	165.0	*****	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT		*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 W 0 0		73.9	*****	(26)	*****	8.1	*****	(19)	0	1/30	COMP 24
SEE COMMENTS BELOW		1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0		73.9	73.9	(26)	*****	8.1	8.1	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE		690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	
pH 00400 1 0 0		*****	*****	****	6.5	*****	7.0	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0		*****	*****	****	*****	236	*****	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT		*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Scott Jeffers Wastewater Utilities Superintendent</b>	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 AREA CODE 586-0393		PHONE NUMBER DATE	
TYPED OR PRINTED					2007 YEAR			6 MO		16 DAY	

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

The reporting period was from 04/29/2007 through 06/02/2007.

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DISCHARGE MONITORING REPORT (DMR)

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(SUB 01)  
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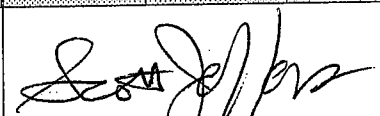
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**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Scott Jeffers WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	5	1		2007	5	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	342.9	*****	(26)	*****	21.2	*****	(19)	0	5/7	GRAB					
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH						
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	213.0	1112.7	(26)	*****	19.7	43.8	(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						
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	COMP 24					
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI-ANNUAL						
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	1/90	GRAB					
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/QUARTER						
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	*****	*****	****	*****	480	*****	(13)	0	1/7	COMP 24					
	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/ML100		ONCE/WEEK						
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	105	480	(13)	0	1/7	COMP 24					
	PERMIT REQUIREMENT	*****	*****	****	*****	400 MO GEO	1200 DAILY MAX	#/ML100		ONCE/WEEK						
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	1.1515	3.0460	(03)	*****	*****	*****	****	0	7/7	GRAB					
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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							
Scott Jeffers Wastewater Utilities Superintendent									907 AREA CODE			586-0393 PHONE NUMBER				
TYPED OR PRINTED									DATE							
								2007 YEAR			6 MO			10/6 DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 04/29/2007 through 06/02/2007.

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



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**AK-002321-3**  
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MONITORING PERIOD						
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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		*****	*****	****	*****	*****	2	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	#/ML100		ONCE/MO MAY-OCT	
	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	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

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  
6 MO  
6 DAY

TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
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The reporting period was from 04/29/2007 through 06/02/2007.

# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

May 2007

**EPA REPORT**

DAY		WEATHER			INFLUENT						EFFLUENT									
		DATE	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	29	40	0.24	15.5	1.3220	202	2227						23.2	255.8						
MON	30	42	0.11	16.1	1.1530	226	2173					11.2	6.8	4.0	16.6	159.6				
TUE	1	42	0.00	16.6	1.0960	272	2486	165	1508	11.0	7.0	3.9	10.0	91.4	8	73.9				
WED	2	47	0.00	16.8	1.0790	218	1962			11.1	6.5	5.2	26.0	234.0			216			
THU	3	43	0.04	16.9	1.0800	323	2909			11.6	6.9	4.6	19.5	175.6						
FRI	4	44	0.06	16.7	1.1370					11.7	7.0	5.6								
SAT	5	42	0.35	16.4	1.1650															
SUN	6	40	1.35	15.9	3.0460	130	3302						43.8	1112.7						
MON	7	41	0.34	15.3	1.4360	148	1772			10.7	6.8	6.0	23.6	282.6						
TUE	8	43	0.00	14.5	0.9160	286	2185			11.8	6.9	5.8	13.2	100.8						
WED	9	42	0.03	13.7	1.1190	284	2650			11.2	7.0	5.9	9.6	89.6			24			
THU	10	42	0.13	13.4	0.9630	294	2361			11.0	6.9	5.9	16.0	128.5						
FRI	11	43	0.17	14.6	1.1610					11.0	7.0	5.2								
SAT	12	43	0.38	16.0	1.1310															
SUN	13	44	0.05	17.4	1.1630	239	2318						8.0	77.6						
MON	14	46	0.06	15.4	1.1350	200	1893			12.8	6.9	5.8	10.2	96.6						
TUE	15	49	0.00	18.5	1.2930	202	2178			10.2	6.9	5.4	32.6	351.5						
WED	16	46	0.09	19.3	1.2180	251	2550			13.0	7.0	5.4	24.4	247.9			480			
THU	17	43	0.17	19.6	1.2480	200	2082			13.1	6.9	5.4	26.2	272.7						
FRI	18	46	0.00	19.4	1.1450					13.1	6.9	4.0								
SAT	19	50	0.00	18.6	0.9280															
SUN	20	52	0.00	17.5	1.0200	229	1948						15.6	132.7						
MON	21	49	0.00	16.0	0.8850	191	1410			14.4	7.0	3.3	16.5	121.8						
TUE	22	51	0.00	14.5	0.7740	253	1633			14.4	6.9	4.6	18.0	116.2						
WED	23	55	0.00	13.4	0.8870	294	2175			15.0	7.0	3.6	18.6	137.6			40			
THU	24	54	0.00	13.6	0.8280	201	1388			15.8	7.0	3.6	16.0	110.5						
FRI	25	51	0.16	14.0	1.0500					15.4	6.7	4.2								
SAT	26	48	0.89	14.6	1.3120															
SUN	27	46	0.15	15.1	0.9230	170	1309						15.8	121.6						
MON	28	47	0.15	15.6	1.1240	281	2634			14.4	7.0	4.8	19.6	183.7						
TUE	29	48	0.47	13.6	1.4350	180	2154			13.6	7.0	4.8	25.6	306.4						
WED	30	49	0.22	16.1	1.1420	275	2619			15.4	6.9	4.6	23.2	221.0			130			
THU	31	49	0.01	16.4	1.1380	350	3322			14.5	6.9	4.3	20.7	196.5						
FRI	1	54	0.00	16.6	0.9440					15.3	6.9	3.7								
SAT	2	53	0.00	16.7	0.9070															
TOTAL			5.62		40.3030															
MAXIMUM		55	1.35	19.60	3.0460	350	3322	165	1508	15.8	7.0	6.0	43.8	1112.7	8.1	73.9	480			
MINIMUM		40	0.00	13.40	0.7740	130	1309	165	1508	10.2	6.5	3.3	8.0	77.6	8.1	73.9	24			
AVERAGE		46	0.16	16.01	1.1515	236	2226	165	1508	12.9	6.9	4.8	19.7	213.0	8.1	73.9	105			

**COMMENTS:**

% REMOVAL	
B.O.D.	95.1
S.S.	91.7

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

Tox. TUc	N/A
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Weekly TSS/BOD Average	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	19.1	183.3	8.1	73.9	216
WEEK2	21.2	342.9			24
WEEK3	20.3	209.2			480
WEEK4	16.9	123.8			40
WEEK5	21.0	205.8			130
MAX	21.2	342.9	8.1	73.9	480