

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

Form Approved.
OMB No. 2040-0004

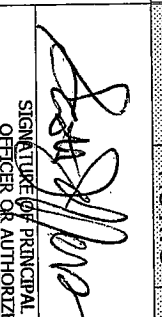
PERMITTEE NAME/ADDRESS/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			YEAR	MO	DAY	TO	YEAR	MO	DAY
YR	MO	DAY	2007	7	1	2007	7	7	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQ/ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS					
TEMPERATURE, WATER DEG, CENTIGRADE	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	WEEK DAYS	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	45.0	*****	(26)	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
00310 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	45.0	*****	(26)	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.4	*****	(12)	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
pH	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	WEEK DAYS	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP 24
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 information submitted to assure that the qualified personnel properly gather and evaluate the information. 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 Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												
TELEPHONE	907 586-0393												
AREA CODE	907												
PHONE NUMBER	586-0393												
DATE	2007 8 6												
MO	8												
DAY	6												

(Reference all attachments here)

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 07/01/2007 through 07/28/2007.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2007	7	1	2007

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	155.6	*****	(26)	*****	11.6	*****	(19)	0	5/7	GRAB	
SUSPENDED	PERMIT REQUIREMENT	1035	*****		*****	45	*****					
00530 W 0 0	PERMIT REQUIREMENT	WPLY AVG	*****	LBS/DAY	*****	WPLY AVG	*****	MG/L	0	ONCE/MONTH	GRAB	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	129.1	*****	(26)	*****	10.9	*****	(19)	0	5/7	GRAB	
SOLIDS, TOTAL	PERMIT REQUIREMENT	690	*****		*****	30	*****					
SUSPENDED	PERMIT REQUIREMENT	MO AVG	*****	LBS/DAY	*****	MO AVG	*****	MG/L	0	ONCE/MONTH	GRAB	
00530 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	(26)	*****	N/A	*****	(19)	0	1/180	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	*****		*****	N/A	*****					
NITROGEN AMMONIA	PERMIT REQUIREMENT	*****	*****		*****	REPORT MO AVG	*****	MG/L	0	SEMI-ANNUAL	COMP 24	
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****		*****	REPORT MO AVG	*****	MG/L	0	1/90	GRAB	
00610 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	N/A	*****	(19)	0			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	REPORT MO AVG	*****	MG/L	0	QUARTER	GRAB	
COPPER	PERMIT REQUIREMENT	*****	*****		*****	40	*****	(13)	0	1/7	COMP 24	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****		*****	800	*****	ML/100	0	ONCE/WEEK	COMP 24	
01119 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	WPLY GEO	*****	ML/100	0	1/7	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	10	*****	(13)	0	1/7	GRAB	
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****		*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24	
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT	*****	*****		*****	MO GEO	*****	ML/100	0	CONTINUOUS	GRAB	
31616 W 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	7/7	GRAB	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	*****	*****	
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	*****	*****	
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	*****	*****	
31616 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	*****	*****	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3097	*****	(03)	*****	*****	*****	*****	0	*****	*****	
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	*****	*****	
50050 1 0 0	PERMIT REQUIREMENT	2.76	*****	MGD	*****	*****	*****	*****	0	*****	*****	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	*****	*****	
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 persons 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 Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
907	586-0393	TELEPHONE										
2007	8	DATE										
2007	6	YEAR										

(Reference all attachments here)

The reporting period was from 07/01/2007 through 07/28/2007.

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

July 2007

DAY	DATE	WEATHER			INFLUENT			EFFLUENT			FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days							
		TEMP °F	RAIN INCHES	FALL FEET	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
SUN	1	55	0.01		17.0	0.9670	248	2000		18.0	6.9	3.5	7.2	58						
MON	2	58	0.00		17.1	0.9650	252	2028		18.2	6.8	3.3	9.0	72						
TUE	3	59	0.03		17.0	1.1890	244	2420		17.8	6.7	3.1	11.6	115						
WED	4	56	0.16		16.5	1.2140	796	8059	164	18.7	6.7	4.0	13.7	139			4.4		45	
THU	5	53	0.21		15.9	0.9710	280	2287		18.3	6.7	3.7	12.0	97						
FRI	6	53	0.07		16.0	0.9770														
SAT	7	56	0.18		16.0	0.8730														
SUN	8	54	0.17		16.0	1.0200	216	1837		17.6	6.4	3.9	16.0	273						
MON	9	53	0.89		16.2	2.0450	242	4127		17.0	6.5	3.4	10.8	128						
TUE	10	55	0.65		16.5	1.4330	172	2056		17.0	6.5	4.0	10.0	187						
WED	11	54	0.65		17.0	2.2380	184	3434		17.0	6.5	3.9	7.3	90						
THU	12	59	0.47		14.0	1.4850	128	1585		17.0	6.7	3.2								
FRI	13	57	0.09		17.6	1.3560														
SAT	14	56	0.08		17.9	1.1190														
SUN	15	60	0.11		18.0	2.0160	186	3127		17.1	6.6	3.4	12.8	215						
MON	16	57	1.07		17.7	1.7600	184	2701		17.1	6.5	4.7	9.6	185						
TUE	17	58	0.03		17.1	1.2660	195	2059		16.9	6.5	4.4	10.0	92					4.0	
WED	18	60	0.00		16.1	1.1060	312	2878		17.4	6.4	4.9	12.8	158						
THU	19	57	0.18		15.3	1.4780	239	2946		16.6	6.4	4.5								
FRI	20	53	0.70		14.8	1.6920														
SAT	21	55	0.17		14.3	1.1050														
SUN	22	55	0.00		13.8	1.5440	208	2678		16.8	6.5	4.6	14.0	181						
MON	23	54	0.86		13.5	1.5480	206	2660		17.1	6.6	4.7	7.0	57						
TUE	24	54	0.02		13.6	0.9740	196	1592		17.2	6.6	5.3	10.0	109					2	
WED	25	58	0.01		14.0	1.3100	237	2589		17.6	6.5	5.3	10.0	89						
THU	26	57	0.01		14.9	1.0710	250	2233		17.1	6.5	5.0								
FRI	27	59	0.00		12.9	0.9330														
SAT	28	58	0.05		15.8	1.0160														
TOTAL						36.6710														
MAXIMUM						18.0	2.2380	796	8059	164	18.7	6.9	5.3	16.0	273					45
MINIMUM						12.9	0.8730	128	1585	164	16.6	6.4	3.1	7.0	57					2
AVERAGE						15.8	1.3097	249	2764	164	17.4	6.6	4.1	10.9	129					10

% REMOVAL	
B.O.D.	97
S.S.	96

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

Weekly ISS BOD Avera	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	11	96	4	45	40
WEEK2	11	156			32
WEEK3	12	150			4
WEEK4	10	114	4	45	2
MAX	12	156			40