

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

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

PERMITTEE NAME/ADDRESS/Include Facility name/location if different)
JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

External Outfall
*** NO DISCHARGE


NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
FACILITY: JUNEAU, ALASKA 99801
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

PARAMETER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	1	1	2010 31

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Temperature, water deg. C	*****	****	*****	*****	deg. C	*****	0		
00010 10 Effluent Gross	*****	*****	*****	*****	deg. C	*****	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	****	*****	3.0		*****	0		
00300 10 Effluent Gross	*****	*****	*****	*****	mg/L	*****	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	81.3		142.8	12.1		19.8	0		
00310 10 Effluent Gross	690	lbs/d	1380	30	mg/L	60	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	****	*****	198.0		*****	0		
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	mg/L	*****	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	142.8		*****	19.8		*****	0		
00310 W 0 See Comments	1035	lbs/d	*****	45	mg/L	*****	0	MONTHLY	COMP24
pH	*****	*****	*****	6.7		7.1	0		
00400 10 Effluent Gross	*****	*****	*****	6.0	SU	8.5	0	WEEKDAYS	GRAB
Solids, Total suspended	100		152.92224	14		19	0		
00530 10 Effluent Gross	690	lbs/d	1380	30	mg/L	60	0	MONTHLY	COMP24
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 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.								
Joe Myers WW Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The reporting period was from 01/03/2010 through 01/30/2010.									
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

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

External Outfall
*** NO DISCHARGE

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER


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

MONITORING PERIOD			
YEAR	MO	DAY	TO
2010	1	1	2010 31

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
00530 G 0 Raw Sewage Influent	MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	Monthly	COMP24
00530 W 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	Monthly	COMP24
00610 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	Semi-annual	COMP24
31616 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	Weekly	GRAB
31616 W 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	Weekly	GRAB
50050 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	Continuous	RCORDR
81010 K 0 Percent Removal	MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	Monthly	CALCTD

Flow, in conduit or through treatment plant
BOD, 5-day, percent removal
Percent Removal
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
W/W Utilities Superintendent

PERMIT 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 OPERATE AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR AUTHENTICATING 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: 
Signature of Principal Executive Officer or Authorized Agent

907 AREA CODE: 586-0393
PHONE NUMBER: _____
DATE: 2010 2 10
YEAR MO DAY

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

The reporting period was from 01/03/2010 through 01/30/2010.

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JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

January 2010

EPA REPORT

DAY	DATE	WEATHER			INFLUENT					EFFLUENT								
		TEMP °F	RAIN 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 /180 days
SUN	3	22	0.00	19.1	0.8600					10.7	6.8	4.0						
MON	4	22	0.00	17.8	0.7450					8.7	6.7	3.8	10.3	66	8	49		
TUE	5	21	0.00	17.6	0.7720	252	1622	197		8.7	6.7	3.6						18
WED	6	30	0.23	17.2	1.0700					9.4	6.7	3.6						
THU	7	34	0.40	16.6	1.1500					9.5	6.7	4.6						
FRI	8	40	0.12	16.0	0.7860													
SAT	9	37	0.13	15.6	1.0980													
SUN	10	35	0.46	15.6	1.3740					16.7	6.7	6.0						
MON	11	28	0.59	15.8	0.9050					9.1	6.7	3.9	11.8	85	20	143		
TUE	12	27	0.16	16.2	0.8670	221	1598	176	1273	9.0	6.9	3.5	19.2	153				23
WED	13	31	0.49	16.7	0.9550	177	1410			9.8	6.7	3.4						
THU	14	34	0.14	17.0	1.1360					9.4	6.7	4.0						
FRI	15	35	0.16	17.2	2.1200													
SAT	16	38	1.06	17.1	2.7680													
SUN	17	36	0.28	16.8	1.7080													
MON	18	35	0.03	16.2	1.1530					10.2	6.7	4.2						
TUE	19	34	0.00	15.8	0.9800	176	1438			7.1	7.1	3.8	14.0	114				13
WED	20	34	0.00	15.6	0.9750					9.4	6.7	3.8						
THU	21	34	0.00	15.4	0.8950					10.4	6.8	3.9						
FRI	22	36	0.00	15.2	0.6890					9.7	6.7	3.6						
SAT	23	38	0.00	14.9	0.6900													
SUN	24	35	0.00	14.8	0.7830													
MON	25	33	0.00	15.0	0.7100					9.9	6.8	4.2						
TUE	26	33	0.01	15.8	0.6980	329	1915	221	1287	9.1	6.8	3.6	13.5	79	9	52		1
WED	27	35	0.00	17.0	0.8000					10.5	6.7	3.5						
THU	28	36	0.15	18.2	0.8700					10.1	6.7	3.2						
FRI	29	39	0.01	19.3	0.8120					9.9	6.7	3.0						
SAT	30	36	0.01	19.9	0.9610					10.6	6.7	3.9						
TOTAL			4.43		29.3300													
MAXIMUM			1.06		19.9	2.7680	329	1915	221	1287	16.7	7.1	6.0	19.2	153	20	143	23
MINIMUM			0.00		14.8	0.6890	176	1410	176	1268	7.1	6.7	3.0	10.3	66	8	49	1
AVERAGE			0.158		16.6	1.0475	231	1597	198	1276	9.9	6.7	3.9	13.8	100	12	81	9

% REMOVAL	
B.O.D.	94
S.S.	94

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

Weekly		TSS		BOD		Weekly	
TSS, BOD	Aver.	mg/l	lbs	mg/l	lbs	Coliform	Geo Mean
WEEK1	10	66	8	49	18		
WEEK2	16	119	20	143	23		
WEEK3	14	114			13		
WEEK4	14	79			1		
MAX	16	119	20	143	23		

