

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

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

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:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE

MONITORING PERIOD			
YR	MO	DAY	TO
2011	1	30	2011
			2011

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	PERMIT MEASUREMENT	*****	*****	****	*****	*****	14.2	deg C	0	WEEKDAYS	GRAB
00010 10 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg C	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	8.9	mg/L	0	WEEKDAYS	GRAB
00300 10 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	DAILY MIN.	mg/L	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	122.3	122.3	*****	*****	*****	9.0	mg/L	0	WEEKLY	GRAB
00310 10 Effluent Gross	PERMIT MEASUREMENT	690	1380	lbs/d	*****	*****	60	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	DAILY MAX	mg/L	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	250.0	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	122.3	*****	*****	*****	*****	9.0	mg/L	0	MONTHLY	COMP24
00310 W 0 See Comments	PERMIT MEASUREMENT	1035	*****	lbs/d	*****	*****	45	mg/L	0	MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	7.3	mg/L	0	MONTHLY	COMP24
00400 10 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	6.5	SU	0	WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	190	190	*****	*****	*****	14	SU	0	WEEKDAYS	GRAB
00530 10 Effluent Gross	PERMIT MEASUREMENT	690	1380	lbs/d	*****	*****	30	mg/L	0	MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	MO AVG	DAILY MAX	UNITS	MINIMUM	MAXIMUM					
Tom Trego, W/W Utilities Superintendent	REQUIREMENT	690	1380	lbs/d	6.0	8.5					
<p>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.</p>											
<p>TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS</p>										<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	
<p>The reporting period was from 01/30/2011 through 02/26/2011. (Reference all attachments here)</p>										<p>907 AREA CODE 586-0393 TELEPHONE 3 MO DATE 10 DAY</p>	

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:** Tom Treago, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
YEAR	MO	DAY	YEAR	MO	DAY
2011	1	30	2011	2	26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****	0		
00530 G 0	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
Raw Sewage Influent	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
00530 W 0	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
See Comments	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****	0	Monthly	COMP24
00610 1 0	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****			
31616 1 0	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
See Comments	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****	0	Weekly	GRAB
50050 1 0	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
81010 K 0	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****			
Percent Removal	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****			
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>1 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.</p>									
<p>Tom Treago w/w Utilities Superintendent</p>									
<p>TYPED OR PRINTED</p> <p>COMMENT AND EXPLANATION OF ANY VIOLATIONS</p> <p>The reporting period was from 01/30/2011 through 02/26/2011. (Reference all attachments here)</p>									
<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p><i>Matthew D. McDevitt</i></p>									
<p>907 AREA CODE 586-0393 TELEPHONE NUMBER DATE 2011 YEAR 3 MO 10 DAY</p>									

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

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

PERMITTEE NAME/ADDRESS/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:** Tom Trego, Ww Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2011	1	30
FROM	TO	DAY
2011	2011	26

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	*****	*****	*****	0	MONTHLY	CALCTD	
Percent removal		*****	*****	*****	*****	*****				

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Tom Trego  
W/W Utilities Superintendent

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**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**  
*Tom Trego*

**907** AREA CODE  
**586-0393** TELEPHONE  
**2011** YEAR  
**3** MO  
**10** DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
The reporting period was from 01/30/2011 through 02/26/2011.  
(Reference all attachments here)



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

DMR Mailing ZIP CODE: 99801 \$  
MAJOR (SUB 01)  
UPSTREAM RECEIVING WATER  
External Outfall  
\*\*\* NO DISCHARGE \*\*\*

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

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801

AK-002321-3  
PERMIT NUMBER

REC-1  
DISCHARGE NUMBER

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Tom Trego, WW Utilities Superintendent

FROM

YR	MO	DAY
2011	1	30

MONITORING PERIOD		
YR	MO	DAY
2011	2	26

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS				
Coliform, fecal MF, broth 44.5 C	*****	*****	*****		N/A			0			
Effluent Gross	*****	*****	*****		Req. Mon. DAILY MAX	#/ ML100				Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Tom Trego  
W/W Utilities Superintendent

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*Matthew D. McDaniel*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
907 AREA CODE 586-0393  
PHONE NUMBER  
DATE 2011 YEAR 3 MO 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 01/30/2011 through 02/26/2011.  
(Reference all attachments here)

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

February 2011

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
			S.S. mg/L	S.S. LBS	B.O.D. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L			
SUN	30	6 FALL INCHES	0.6830			9.9	6.9	6.6			
MON	31	28 0.15	0.8410			11.4	7.0	5.6	14	190	
TUE	1	40 0.34	1.6290	309	4198	250	230	7.6			
WED	2	42 1.20	2.3980			11.5	7.3	8.9			
THU	3	40 0.19	1.3020			10.4	7.2	5.9			
FRI	4	35 0.07	1.0800			10.5	7.1				
SAT	5	32 0.00	0.8630								
SUN	6	33 0.00	0.7540			14.2	6.8	5.4			
MON	7	26 0.00	0.8550			10.6	7.0	6.2			
TUE	8	25 0.02	0.7930			11.7	7.1	6.5			
WED	9	34 1.35	2.6380			8.6	7.0	8.2			
THU	10	37 0.77	2.3490			13.7	6.5	4.3			
FRI	11	38 0.85	2.0400								
SAT	12	36 0.24	1.3160								
SUN	13	33 0.53	1.0900			11.0	6.7	6.2			
MON	14	21 0.05	1.0210			9.3	7.1	6.3			
TUE	15	17 0.00	0.9890			10.1	7.2	6.1			
WED	16	12 0.00	0.9160			9.5	7.1	6.1			
THU	17	16 0.00	0.8890			8.7	7.2	6.4			
FRI	18	17 0.00	1.0390								
SAT	19	30 0.76	0.8360								
SUN	20	30 0.17	0.9740								
MON	21	26 0.60	0.8600			10.3	7.0	5.9			
TUE	22	19 0.00	0.8310			9.3	7.1	6.1			
WED	23	14 0.00	0.7830			10.2	7.1	6.2			
THU	24	15 0.00	0.8370			10.6	7.1	5.9			
FRI	25	24 1.40	0.7420			10.4	7.2	5.6			
SAT	26	27 0.65	0.7040								
TOTAL			9.34								
MAXIMUM			2.6380	309	4198	250	230	14.2	7.3	8.9	
MINIMUM			0.6830	309	4198	250	230	8.6	6.5	4.3	
AVERAGE			1.1447	309	4198	250	230	10.6	7.0	6.3	
Number of Analyses			28	1	1	1	1	20	20	20	

% REMOVAL	
B.O.D.	96.4
S.S.	95.5

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

Weekly TSS, BOD	TSS	BOD	Weekly Coliform Geo Mean
Aver.	mg/l	lbs	mg/l
WEEK1	14	190	9
WEEK2			122
WEEK3			
WEEK4			

Weekly Coliform Geo Mean	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days
22	N/A	N/A
22	N/A	N/A
2	N/A	N/A
2	0	0