

WEATHER				INFLUENT				EFFLUENT										
DAY	DATE	TEMP °F	RAIN INCHES	J-D TTL EFFL INGD	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	26	59	0.01	0.6970														
MON	27	61	0.00	0.8950					17.3	6.6	3.0							0.0
TUE	28	54	0.86	1.5920					16.2	6.8	4.7							
WED	29	51	0.15	1.3980					14.6	6.8	4.9							2.0
THU	30	50	0.38	1.3260					13.9	6.9	5.5							
FRI	1	52	0.02	1.0890					13.9	6.8	5.4							
SAT	2	51	0.01	1.0330														
SUN	3	51	0.13	0.9810														
MON	4	53	0.06	0.9670					14.8	7.0	8.9							
TUE	5	53	0.16	1.0160					14.1	6.9	5.3							
WED	6	52	0.13	0.9610					14.5	6.7	5.4							2.0
THU	7	56	0.00	0.8270	361	2490	468	3228	15.7	6.6	4.4	15.0	103	5.56	38			
FRI	8	55	0.00	0.7770					15.1	6.9	5.7							
SAT	9	54	0.00	0.7150														
SUN	10	60	0.00	0.9080														
MON	11	62	0.00	0.9920					15.4	6.6	4.9							
TUE	12	64	0.00	0.9010					16.3	6.9	4.7							
WED	13	63	0.00	0.9460					16.6	7.0	4.9							2
THU	14	58	0.17	1.0030					17.6	6.8	4.7							
FRI	15	58	0.02	0.8660					16.0	6.7	4.9							
SAT	16	59	0.00	0.8790														
SUN	17	60	0.00	0.9430														
MON	18	53	0.57	1.2680					16.0	6.6	5.2							2
TUE	19	54	0.12	0.9100					15.2	6.7	5.1							
WED	20	60	0.03	0.9050					15.2	6.6	5.1							
THU	21	62	0.00	0.9190					15.5	6.8	5.3							
FRI	22	60	0.00	0.7500					16.1	6.7	5.1							
SAT	23	62	0.00	0.7400														
SUN	24	57	0.44	0.8410														
MON	25	54	0.57	1.7290					16.1	6.7	5.0							
TUE	26	52	0.44	1.7100					15.2	6.8	5.5							4
WED	27	52	0.41	1.9850					14.6	6.7	6.2							
THU	28	54	0.25	1.3640					13.9	6.8	7.0							
FRI	29	54	0.00	1.0490					13.9	6.8	7.0							
SAT	30	55	0.00	1.0680					6.8	7.0								
TOTAL			4.93	36.9400														
MAXIMUM		64	0.86	1.9850	361	2490	468	3228	17.6	7.0	8.9	15.0	103	6	38	4	N/A	N/A
MINIMUM		50	0.00	0.6970	361	2490	468	3228	13.9	6.6	3.0	15.0	103	6	38	2	N/A	N/A
AVERAGE		57	0.101	0.8712	361	2490	468	3228	15.5	6.8	5.2	15.0	103	6	38	2	N/A	N/A

% REMOVAL	
B.O.D.	99
S.S.	96

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

Weekly TSS, BOD		TSS		BOD		Weekly Coliform	
Aver	mg/l	lbs	mg/l	lbs	Geo. Mean		
WEEK1	15	103	6	38	2	2	2
WEEK2	15	103	6	38	2	2	2
WEEK3					2	2	2
WEEK4					2	2	2
WEEK5					2	2	2
MAX	15	103	6	38	4	4	4

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

DMR Mailing ZIP CODE: 99801
MAJOR (SUB 01)
5

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

External Outfall
*** NO DISCHARGE ***

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FROM

MONITORING PERIOD			
YR	MO	DAY	TO
2011	6	26	2011
			YEAR
			MO
			DAY
			7
			30

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE		VALUE	VALUE	VALUE	UNITS				
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	361	*****	*****	0	0	Monthly	COMP24
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon MO AVG	*****	*****	*****	*****	*****	*****
Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	15	*****	*****	0	0	Monthly	COMP24
Solids, Total suspended	PERMIT REQUIREMENT	*****	*****	*****	45	*****	*****	*****	*****	*****	*****
00530 W 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon, MO AVG	*****	*****	*****	*****	*****	*****
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	*****	0	0	Semi-annual	COMP24
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	800	*****	*****	*****	*****	*****	*****
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	400	*****	*****	*****	*****	*****	*****
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	1200	*****	*****	*****	*****	*****	*****
31616 1 0	PERMIT REQUIREMENT	*****	*****	*****	400	*****	*****	*****	*****	*****	*****
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	800	*****	*****	*****	*****	*****	*****
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	*****	*****	*****	*****
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.8	*****	*****	*****	*****	*****	*****
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	98.8	*****	*****	*****	*****	*****	*****
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	*****	*****	*****	*****
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 known violations.										
Tom Trego WW Utilities Superintendent	<p>Signature: <i>Tom Trego</i></p> <p>Signature of Principal Executive Officer: <i>John D. McBurn</i></p>										
<p>907 AREA CODE 586-0393 TELEPHONE</p> <p>2011 YEAR 8 MO 10 DAY DATE PHONE NUMBER</p>											

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

The reporting period was from 06/26/2011 through 07/30/2011.

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)

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

External Outfall
*** NO DISCHARGE

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2011	6	26	2011
YEAR	MO	DAY	YEAR
2011	7	30	2011

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	*****	*****	*****	95.8	*****	*****	0		
Percent Removal	*****	*****	*****	85	*****	*****			
				MIN % RMV		PERCENT			
								MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
Ww Utilities Superintendent

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.

Matthew D. McLeod
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 TELEPHONE
AREA CODE **586-0393**
2011 PHONE NUMBER
YEAR **8** DATE
MO **10** DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 06/26/2011 through 07/30/2011.
(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

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

REC-1
DISCHARGE NUMBER

FROM

MONITORING PERIOD			YEAR	MO	DAY
YR	MO	DAY	2011	6	26
TO			2011	7	30

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Coliform, fecal MF, broth 4.5 C		*****	*****		4.0		0			
Effluent Gross		*****	*****		Req. Mon. DAILY MAX	#/ ML100			Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
WW Utilities Superintendent

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS

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.

Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

The reporting period was from 06/26/2011 through 07/30/2011.