

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

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
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

MAJOR (SUB 01)
E-FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2006	5	1	2006

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG, CENTIGRADE 00010 1 0 0	PERMIT MEASUREMENT	*****	*****		****	*****	*****	16.9	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	PERMIT MEASUREMENT	*****	*****		****	*****	*****	7.3	DEG. C	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C) 00310 G 0 0	PERMIT MEASUREMENT	*****	*****		****	*****	*****	133.0	MG/L	0	1/30	COMPT 24
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C) 00310 W 0 0	PERMIT MEASUREMENT	*****	*****	(26)	****	*****	*****	8.4	MG/L	0	1/30	COMPT 24
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT MEASUREMENT	*****	*****	(26)	****	*****	*****	8.4	MG/L	0	1/30	COMPT 24
EFFLUENT GROSS VALUE pH	SAMPLE MEASUREMENT	*****	*****		****	*****	*****	6.0	MG/L	0	5/7	GRAB
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT	*****	*****		****	*****	*****	226	SU	0	1/30	COMPT 24
RAW SEW/INFLUENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT MEASUREMENT	*****	*****		****	*****	*****	226	MG/L			

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

Scott Jeffers 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2006 YEAR
6 MO
9 DAY

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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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2006	5	1	2006
YEAR	MO	DAY	YEAR
2006	5	1	2006

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	273.0	(26)	*****	16.4	(19)	0	5/7	GRAB
00530 W 0 0	1035 WKL.Y AVG		*****	45	*****			
SEE COMMENTS BELOW	124.4	(26)	*****	10.4	25.2	0	5/7	GRAB
SOLIDS, TOTAL SUSPENDED	690		*****	30	60			
00530 1 0 0	MO AVG	LBS/DAY	*****	MO AVG	DAILY MAX			
EFFLUENT GROSS VALUE	N/A	(26)	*****	N/A	N/A	0	1/180	COMP 24
NITROGEN, AMMONIA TOTAL (AS N)			*****					
00610 1 0 0	REPORT MO AVG	LBS/DAY	*****	REPORT MO AVG	DAILY MAX			
EFFLUENT GROSS VALUE			*****	48	*****	0	1/7	COMP 24
COLIFORM, FECAL MF			*****	800	*****			
M-F-C BROTH, 44.5 C			*****	WKL.Y GEO	*****			
31616 W 0 0			*****	10	48	0	1/7	COMP 24
SEE COMMENTS BELOW			*****					
COLIFORM, FECAL MF			*****					
M-F-C BROTH, 44.5 C			*****	400	1200			
31616 1 0 0			*****	MO GEO	DAILY MAX			
EFFLUENT GROSS VALUE	1.2660	(03)	*****			0	7/7	GRAB
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	2.76	6.0	*****					
50050 1 0 0	MO AVG	DAILY MAX	*****					
EFFLUENT GROSS VALUE		MGD	*****					
BOD, 5-DAY PERCENT REMOVAL	*****	*****	*****					
81010 K 0 0			*****	93.7	*****	0	1/30	COMP 24
PERCENT REMOVAL			*****					
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.							
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
	907 TELEPHONE 586-0393							
	2006 AREA CODE 6 PHONE NUMBER 9							

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 04/30/2006 through 06/03/2006.

(Reference all attachments here)

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

Form Approved
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***

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OMB No. 2040-0004

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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

REC-1
 DISCHARGE NUMBER

MAJOR (SUB 01)
 F - FINAL
 EFFLUENT
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE

COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 2	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	#/ ML100			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV-APR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
 Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
 AREA CODE
 586-0393
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 2006
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 6
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 (Reference all attachments here)

The reporting period was from 04/30/2006 through 06/03/2006.

