

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

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT

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  
ATT: Scott Jeffers WW Utilities Superintendent

FROM

AK-002321-3	PERMIT NUMBER
2006	YR
6	MO
1	DAY

TO	YEAR	MO	DAY
2006	2006	6	30

MONITORING PERIOD

NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
0	5/7	GRAB
0	1/7	GRAB

001 A  
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	18.3	0	5/7	GRAB
DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	0	5/7	GRAB
00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	6.0	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	17.0	0	1/30	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	187.0	0	1/30	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
00310 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
00310 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
00310 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	0	1/30	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	6.0	0	5/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	6.0	0	5/7	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	6.0	0	5/7	GRAB
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	*****	8.5	0	1/30	GRAB
00530 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	294	0	1/30	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	294	0	1/30	GRAB
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	SIGNED BY PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED										
COMMENT AND EXPLANATION OF ANY VIOLATIONS										
The reporting period was from 06/04/2006 through 07/01/2006.										

(Reference all attachments here)

907  
AREA CODE  
586-0393  
TELEPHONE  
PHONE NUMBER  
DATE  
7  
MO  
2006  
YEAR  
7  
DAY

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

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

MONITORING PERIOD  
YR MO DAY TO YEAR MO DAY  
2006 6 1

Form Approved. OMB No. 2040-0004  
MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE  
NOTE: Read instructions before completing this form.

001 A  
DISCHARGE NUMBER

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM	REPORT MO AVG	REPORT DAILY MAX				REPORT DAILY MAX
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	233.7	*****	*****	(26)	*****	18.1	*****	*****	*****	0	5/7	GRAB	
00530 W 0 0	PERMIT REQUIREMENT	1035	*****	*****		*****	45	*****	*****	*****		ONCE/MONTH	GRAB	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	144.7	*****	*****	(26)	*****	13.8	*****	*****	*****	0	5/7	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	690	*****	*****	(26)	*****	30	*****	*****	*****	0	ONCE/MONTH	GRAB	
00530 1 0 0	PERMIT REQUIREMENT	1380	*****	*****		*****	N/A	*****	*****	*****		ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	*****	*****	(26)	*****	N/A	*****	*****	*****	0	1/180	COMP 24	
NITROGEN, AMMONIA	PERMIT REQUIREMENT	N/A	*****	*****		*****	800	*****	*****	*****		ONCE/QUARTER	GRAB	
TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	(19)	*****	58	*****	*****	*****	0	1/90	COMP 24	
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	14	*****	*****	*****		ONCE/17	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	(13)	*****	400	*****	*****	*****	0	ONCE/17	COMP 24	
COPPER	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	*****	(13)	*****	14	*****	*****	*****	0	ONCE/17	COMP 24	
01119 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	(13)	*****	58	*****	*****	*****	0	ONCE/17	COMP 24	
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
M-FC BROTH, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	(13)	*****	58	*****	*****	*****	0	ONCE/17	COMP 24	
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	(13)	*****	58	*****	*****	*****	0	ONCE/17	COMP 24	
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
M-FC BROTH, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	(13)	*****	58	*****	*****	*****	0	ONCE/17	COMP 24	
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	(13)	*****	58	*****	*****	*****	0	ONCE/17	COMP 24	
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	(03)	*****	58	*****	*****	*****	0	ONCE/17	COMP 24	
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	58	*****	*****	*****		ONCE/17	COMP 24	
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Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT													
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)													
The reporting period was from 06/04/2006 through 07/01/2006.														

907 AREA CODE  
586-0393 TELEPHONE  
PHONE NUMBER  
DATE  
2006 YEAR  
7 MO  
18 DAY



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

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

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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

MONITORING PERIOD			
YR	MO	DAY	TO
2006	6	1	2006

PARAMETER

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

COLIFORM FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	6.0	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	*****	REPORT DAILY MAX	#/ML100		ONCE/MO MAY-OCT	
SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****		AND 1/180	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV-APR	
SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Scott Jeffers  
Wastewater 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  
7 MO  
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COMMENT AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 06/04/2006 through 07/01/2006.  
(Reference all attachments here)

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

June 2006

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	Ammonia as N lbs/day
SUN	4	50	0.46	13.3	1.4230	270	3204					10.0	119						
MON	5	50	0.39	13.8	1.6060	217	2907			15.7	6.2	5.2	84	113					
TUE	6	50	0.46	14.4	1.5230	212	2693	187	2375	14.9	6.0	5.9	11.4	145	4.0	51	6		
WED	7	51	0.02	15.1	1.2540	339	3545			14.7	6.2	4.7	17.2	180					
THU	8	55	0.00	15.8	0.9920	368	3045			15.5	7.0	4.0	12.8	106					
FRI	9	59	0.00	13.4	0.9010					17.2	6.6	3.8							
SAT	10	63	0.00	16.4	0.8420														
SUN	11	66	0.00	17.1	0.9920	299	2474						4.8	40					
MON	12	64	0.00	17.5	1.0990	208	1906			16.8	6.6	5.1	4.2	38					
TUE	13	63	0.00	17.7	1.2170	233	2365			17.0	6.3	4.9	22.4	227					
WED	14	60	0.30	17.6	0.9690	310	2505			18.3	6.7	4.4	9.8	79			26		
THU	15	58	0.00	17.1	0.9570	201	1804			17.9	6.6	5.1	6.0	48					
FRI	16	59	0.00	16.2	0.8580					17.7	6.6	6.0							
SAT	17	55	0.00	15.4	0.8060														
SUN	18	55	0.00	15.7	0.8080	306	2062						10.0	67					
MON	19	52	0.13	16.0	0.9130	414	3152			17.2	6.6	4.9	14.0	107					
TUE	20	54	0.02	16.4	0.9330	448	3486			16.2	6.3	5.3	16.4	128					
WED	21	52	0.05	16.8	1.0560	379	3338			16.8	6.0	4.7	20.0	176			58		
THU	22	50	0.06	17.2	1.0090	508	4275			17.4	6.6	4.8	18.2	153					
FRI	23	52	0.07	14.0	0.8740					17.1	6.0	5.0							
SAT	24	51	0.25	17.4	1.4600														
SUN	25	52	1.00	17.5	1.7210	153	2196						32.0	459					
MON	26	52	0.06	17.4	1.0310	247	2124			17.0	6.6	5.4	10.6	-91					
TUE	27	50	0.25	17.1	1.3740	294	3369			15.9	6.2	4.2	18.0	206					
WED	28	48	0.68	16.6	1.7840	220	3273			16.6	6.5	4.9	19.2	286			4		
THU	29	52	0.11	15.8	1.4010	250	2921			15.7	6.2	5.0	10.8	126					
FRI	30	55	0.00	14.9	0.8340														
SAT	1	56	0.00	14.0	0.8280														
TOTAL			4.31		31.4650														
MAXIMUM		66	1.00		17.7	1.7840	508	4275	187	18.3	7.0	6.0	32.0	459	4.0	51	58	N/A	N/A
MINIMUM		48	0.00		13.3	0.8060	153	1604	187	14.7	6.0	3.8	4.2	38	4.0	51	4	N/A	N/A
AVERAGE		55	0.154		16.0	1.1238	294	2822	187	16.6	6.4	4.9	13.8	145	4.0	51	14	N/A	N/A

REMOVAL	
B.O.D.	98
S.S.	95

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

Weekly S.S. BOD	mg/l	lbs	mg/l	lbs	Coliform GeoMean
WEEK1	12	132	4	51	6
WEEK2	9	87			26
WEEK3	16	126			58
WEEK4	18	234			4
MAX	18	234	4	51	58