

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
Form Approved
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

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: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

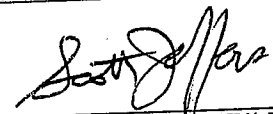
001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	9	1		2006	9	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	*****	*****	*****	****	*****	*****	17.8	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	
OXYGEN, DISSOLVED (DO) 00300 1 0 0	*****	*****	*****	****	3.6	*****	5.6	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/WEEK	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	*****	*****	*****	****	*****	*****	*****	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	*****	38.6	*****	(26)	*****	4.4	*****	(19)	0	1/30	COMP 24
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	*****	38.6	38.6	(26)	*****	4.4	4.4	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	
pH 00400 1 0 0	*****	*****	*****	****	6.1	*****	6.7	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	*****	*****	*****	****	*****	183	*****	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE **586-0393**
PHONE NUMBER
DATE
2006 YEAR 10 MO 10 DAY

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

The reporting period was from **09/03/2006** through **09/30/2006**.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	489.5	*****	(26)	*****	15.6	*****	(19)	0	5/7	GRAB
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	221.8	1427.6	(26)	*****	11.7	35.2	(19)	1	5/7	GRAB
	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.3	5.3	(26)	*****	0.6	0.6	(19)	0	1/180	COMP 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI-ANNUAL	COMP 24
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	1/90	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/QUARTER	GRAB
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	72	*****	(13)	0	1/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/ML100		ONCE/WEEK	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	55	72	(13)	0	1/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	400 MO GEO	1200 DAILY MAX	#/ML100		ONCE/WEEK	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.7913	4.8630	(03)	*****	*****	*****	****	0	7/7	GRAB
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	GRAB

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TELEPHONE		
907	586-0393	
AREA CODE	PHONE NUMBER	
DATE		
2006	10	10
YEAR	MO	DAY

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

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	98.2	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	*****	%		ONCE/MONTH	COMP-24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	93.6	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	%		ONCE/MONTH	GRAB

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YR	MO	DAY	TO	YEAR	MO	DAY
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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	2.0	(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	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

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JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

September 2006

EPA REPORT

		WEATHER			INFLUENT					EFFLUENT									
DAY	DATE	TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	T.D. T.TL. EFFL. MSD	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	3	53	0.03	14.5	1.1820	138	1360						5.2	51					
MON	4	53	0.21	15.9	1.5430	205	2638			16.5	6.5	4.3	6.8	88				0.6	5.3
TUE	5	53	0.08	15.0	1.0630	176	1560	244	2163	15.8	6.3	3.8	7.8	69	4.4	39			
WED	6	50	0.37	17.4	2.0820	173	3004			16.9	6.3	3.6	9.2	160			62.0		
THU	7	52	0.57	18.5	1.9930	152	2526			16.0	6.3		17.6	293					
FRI	8	52	0.11	19.2	1.7320					17.1	6.1	4.9							
SAT	9	49	0.65	19.7	2.1950								15.6	286					
SUN	10	49	0.81	19.6	2.1990	161	2953												
MON	11	49	0.15	18.9	1.5650	140	1827			14.7	6.3	5.4	9.2	120					
TUE	12	49	0.01	17.6	1.2400	189	1955			15.1	6.2	4.9	8.8	91					
WED	13	50	0.00	16.1	1.0860	234	2119			15.4	6.2	5.2	8.2	74			62.0		
THU	14	49	0.00	14.5	1.0860	218	1974			15.9	6.3	4.9	8.0	72					
FRI	15	49	0.00	13.6	0.7820					16.4	6.6	4.3							
SAT	16	47	0.00	13.6	0.8080														
SUN	17	50	0.00	14.3	0.9870	220	1811						11.2	92					
MON	18	47	0.11	15.1	0.9340	235	1831			16.9	6.4	4.6	8.4	85					
TUE	19	48	0.37	15.0	1.3000	272	2949			16.6	6.3	4.7	11.6	126					
WED	20	49	0.36	15.9	1.3850	280	3234			17.8	6.1	4.7	12.4	143			72		
THU	21	50	0.15	16.5	2.0620	244	4196			16.2	6.1	4.7	15.0	258					
FRI	22	49	0.77	16.9	1.4630					15.6	6.4	4.6							
SAT	23	49	0.09	17.2	1.8150														
SUN	24	49	1.80	17.1	4.8630	123	4989						35.2	1428					
MON	25	48	0.07	16.9	1.8560	127	1966			14.9	6.6	5.1	9.0	139					
TUE	26	51	0.76	16.5	2.9250	104	2525			14.5	6.4	4.6	12.8	312					
WED	27	54	0.28	15.9	2.2070	113	2080			14.2	6.5	4.8	10.0	184			32		
THU	28	50	1.32	15.1	4.1150	159	5440			14.4	6.6	4.9	11.2	384					
FRI	29	50	0.45	14.2	1.7140					14.1	6.7	5.6							
SAT	30	45	0.46	13.5	1.9730														
TOTAL			9.98		50.1550														
MAXIMUM		54	1.80	19.7	4.8630	280	5440	244	2163	17.8	6.7	5.6	35.2	1428	4.4	39	72	1	5
MINIMUM		45	0.00	13.5	0.7820	104	1360	244	2163	14.1	6.1	3.6	5.2	51	4.4	39	32	1	5
AVERAGE		50	0.356	16.2	1.7913	183	2647	244	2163	15.8	6.3	4.7	11.7	222	4.4	39	55	1	5

% REMOVAL	
B.O.D.	98
S.S.	94

Copper	N/A	ug/L
NH3	0.6	mg/L
NH3	5.3	lbs

Weekly TSS/BOD Avg	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	9	132	4	39	62
WEEK2	10	129			62
WEEK3	12	137			72
WEEK4	16	490			32
MAX	16	490	4	39	72