

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	11	1		2006	11	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER, DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	*****	13.9	(04)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	1.8	*****	5.7	(19)	1	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/WEEK	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	*****	*****	*****	****	*****	174.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	*****	40.3	*****	(26)	*****	4.6	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	*****	40.3	40.3	(26)	*****	4.6	4.6	(19)	0	1/30	COMP 24
	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 EFFLUENT GROSS VALUE	*****	*****	*****	****	6.0	*****	6.7	(12)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	*****	*****	*****	****	*****	243	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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Scott Jeffers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 **586-0393**
 AREA CODE PHONE NUMBER
 DATE
2006 **12** **8**
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 Please see letter dated November 7, 2006

The reporting period was from **10/29/2006** through **12/02/2006**.

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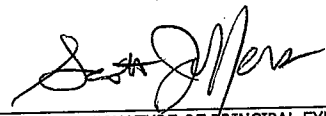
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW		77.8	*****	(26)	*****	8.8	*****	(19)	0	5/7	
	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		51.0	86.1	(26)	*****	6.2	10.0	(19)	0	5/7	
	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		N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI-ANNUAL	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW		*****	*****	****	*****	48	*****	(13)	0	1/7	
	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		*****	*****	****	*****	19	48	(13)	0	1/7	
	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		0.9501	1.4310	(03)	*****	*****	*****	****	0	7/7	
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL		*****	*****	****	97.4	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	*****	% PERCENT		ONCE/MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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Wastewater Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393
AREA CODE PHONE NUMBER
DATE
2006 12 8
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 10/29/2006 through 12/02/2006.
Please see letter dated November 7, 2006

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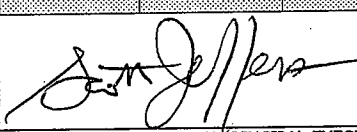
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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	97.5	*****	*****	(23)	0	1/30		
81011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	% PERCENT		ONCE/MONTH	GRAB	
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Scott Jeffers Wastewater Utilities Superintendent									907		586-0393	
									AREA CODE		PHONE NUMBER	
									DATE			
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		2006		12	8		
YEAR		MO		DAY								

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	N/A	(13)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	#/ ML100		ONCE/MO MAY-OCT	GRAB
	MEASUREMENT	*****	*****	****	*****	*****	*****	****		AND 1/180	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV- APR	
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

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JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

November 2006

Juneau, Alaska

EPA REPORT

		WEATHER			INFLUENT						EFFLUENT								
DAY	DATE	TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	TTL EFFL MGD	S.S. mg/L	S.S. LBS	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days
SUN	29	31	0.00	13.8	1.0150	174	1473			13.9	6.4		6.8	58					
MON	30	34	0.30	13.5	1.4310	175	2089			13.0	6.3	2.4	6.4	56	4.6	40			
TUE	31	35	0.09	14.1	1.0550	186	1637	174	1531	13.2	6.1	4.7	7.2	65			15.0		
WED	1	32	0.00	15.7	1.0760	233	2091			12.0	6.0	4.3	8.2	74					
THU	2	31	0.00	17.3	1.0830	272	2457			11.7	6.1	4.6							
FRI	3	26	0.00	18.8	1.1900														
SAT	4	23	0.00	19.9	0.9020								8.8	83					
SUN	5	21	0.00	20.4	1.1360	179	1696			10.9	6.3	4.9	6.8	64					
MON	6	23	0.08	20.4	1.1310	186	1754			10.4	6.5	4.9	9.6	86					
TUE	7	19	0.01	19.7	1.0760	187	1678			11.5	6.3	5.0	8.8	74			47.5		
WED	8	26	0.20	18.7	1.0140	250	2114			11.7	6.3	4.9	10.0	81					
THU	9	35	0.02	17.2	0.9680	277	2236			11.0	6.5	3.7							
FRI	10	39	0.00	15.6	0.8500														
SAT	11	32	0.00	14.1	0.7590								4.0	29					
SUN	12	28	0.00	13.0	0.8760	336	2455												
MON	13	26	0.56	13.2	0.8300	357	2471			13.0	6.5	4.5	2.8	19					
TUE	14	20	0.24	13.8	0.8750	296	2160			9.4	6.3	4.4	4.2	31			40.0		
WED	15	23	0.27	14.5	0.8950	236	1762			13.1	6.1	4.2	4.0	30					
THU	16	27	0.09	15.4	0.7960	266	1766			12.1	6.6	5.2	1.6	11					
FRI	17	28	0.00	16.1	0.8620					12.0	6.6	5.7							
SAT	18	27	0.03	16.8	0.9240								1.2	10					
SUN	19	26	0.53	17.3	0.9800	402	3286						4.0	31					
MON	20	23	0.00	17.7	0.9250	188	1450			11.1	6.2	4.7	4.0	31					
TUE	21	17	0.00	17.8	0.8600	171	1226			13.5	6.3	4.4	4.8	34			4.0		
WED	22	18	0.00	17.8	0.9110	302	2295			11.6	6.2	4.9	7.4	56					
THU	23	12	0.00	17.5	0.8830					11.0	6.3	5.2	6.4	47					
FRI	24	10	0.00	17.0	0.8620					9.8	6.1	5.1							
SAT	25	11	0.00	16.2	0.8520								4.4	33					
SUN	26	14	0.00	15.3	0.9030	216	1627						8.0	58					
MON	27	11	0.00	14.3	0.8660	227	1639			9.1	6.3	5.0	8.0	58					
TUE	28	12	0.01	14.6	0.9010	236	1773			11.3	6.6	5.3	7.6	57			20.0		
WED	29	23	0.54	15.4	0.9290	257	1991			10.4	6.6	5.3	7.2	56					
THU	30	23	0.03	16.5	0.9260	224	1730			10.9	6.7	5.6	7.2	56					
FRI	1	30	0.20	17.6	0.8170					10.4	6.7	5.3							
SAT	2	32	0.36	0.9	0.8960														
TOTAL			3.56		33.2550														
MAXIMUM		39	0.56	20.40	1.4310	402	3286	174	1531	13.9	6.7	5.7	10.0	86	4.6	40	48		
MINIMUM		10	0.00	0.90	0.7590	171	1226	174	1531	9.1	6.0		1.2	10	4.6	40	19		
AVERAGE		24	0.10	15.94	0.9501	243	1952	174	1531	11.5	6.4	4.6	6.2	51	4.6	40			

COMMENTS:

No Influent sx on 11/24/06 sampler frozen.

% REMOVAL	
B.O.D.	97.4
S.S.	97.5

Tox. TuC	N/A
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Copper	N/A	ug/L
NH3	N/A	mg/L
NH3	N/A	lbs

Weekly TSS/BOD Aver	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	7.0	65.8	4.6	40.3	15
WEEK2	8.8	77.8			48
WEEK3	3.3	23.9			40
WEEK4	4.8	35.7			4
WEEK5	6.9	51.9			20
MAX	8.8	77.8	4.6	40.3	48