

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

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, Acting WW Utilities Superintendent

PERMIT NUMBER: **AK-002321-3**
 DISCHARGE NUMBER: **001 A**

MONITORING PERIOD
 YR: 2008 MO: 10 DAY: 1 TO 2008 MO: 10 DAY: 31

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
TEMPERATURE, WATER	*****	*****	*****	****	*****	15.4	*****	0	5/7	GRAB
DEG, CENTIGRADE	*****	*****	*****	****	*****	REPORT DAILY MAX	*****	0	WEEK DAYS	GRAB
00010 1 0 0	*****	*****	*****	****	*****	6.1	*****	0	1/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	17.0	*****	0	ONCE/ WEEK	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	*****	****	*****	DAILY MAX	*****	0	1/30	COMP 24
00300 1 0 0	*****	*****	*****	****	*****	63.2	*****	0	1/30	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	REPORT MO AVG	*****	0	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	*****	6.1	*****	0	1/30	COMP 24
00310 G 0 0	*****	*****	*****	****	*****	45	*****	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	****	*****	WKLY AVG	*****	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	*****	6.1	*****	0	1/30	COMP 24
00310 W 0 0	*****	*****	*****	****	*****	30	*****	0	ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW	*****	*****	*****	****	*****	MO AVG	*****	0	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	*****	6.2	*****	0	5/7	GRAB
00310 1 0 0	*****	*****	*****	****	*****	6.0	*****	0	WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	MIN.	*****	0	1/30	COMP 24
pH	*****	*****	*****	****	*****	143	*****	0	ONCE/ MONTH	COMP 24
00400 1 0 0	*****	*****	*****	****	*****	REPORT MO AVG	*****	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	*****	*****	0	ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	****	*****	*****	*****	0	ONCE/ MONTH	COMP 24
00530 G 0 0	*****	*****	*****	****	*****	*****	*****	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	****	*****	*****	*****	0	ONCE/ MONTH	COMP 24

TELEPHONE: **586-0393**

907 AREA CODE: **586-0393**

2008 YEAR: **11** MO: **7** DAY: **7**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 The reporting period was from 09/28/2008 through 11/01/2008.
 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.

TYPED OR PRINTED: _____

00434/961209 1904

EPA Form 3320-1 (03-99) Previous editions may be used.

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

PAGE 1 OF 3


EFFLUENT *** NO DISCHARGE ***
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, Acting WW Utilities Superintendent

PERMIT NUMBER: **AK-002321-3**

DISCHARGE NUMBER: **001 A**

MONITORING PERIOD
 YR: 2008 MO: 10 DAY: 1 TO MO: 10 DAY: 31

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
SOLIDS, TOTAL	460.7	*****	*****	(26)	21.1	*****	(19)	0		
SUSPENDED										
00530 W 0 0	1035	*****	*****	LBS/DAY	45	*****	MG/L	0	5/7	ONCE/MONTH
SEE COMMENTS BELOW					WKLY AVG	*****				
SOLIDS, TOTAL	297.1	*****	680.8	(26)	13.7	31.2	(19)	0	5/7	ONCE/MONTH
SUSPENDED										
00530 1 0 0	690	1380	DAILY MAX	LBS/DAY	30	60	MG/L	0	5/7	ONCE/MONTH
EFFLUENT GROSS VALUE					MO AVG	DAILY MAX				
NITROGEN, AMMONIA	N/A	N/A	(26)		N/A	N/A	(19)	0	1/180	SEMI-ANNUAL
TOTAL (AS N)										
00610 1 0 0	REPORT	REPORT	DAILY MAX	LBS/DAY	REPORT	REPORT	MG/L	0	1/7	ONCE/WEEK
EFFLUENT GROSS VALUE					MO AVG	DAILY MAX				
COLIFORM, FECAL MF	*****	*****	*****	****	190	*****	(13)	0	1/7	ONCE/WEEK
M-FC BROTH, 44.5 C										
31616 W 0 0	*****	*****	*****	****	800	*****	#/ML100	0	1/7	ONCE/WEEK
SEE COMMENTS BELOW					WKLY GEO	*****				
COLIFORM, FECAL MF	*****	*****	*****	****	15	190	(13)	0	1/7	ONCE/WEEK
M-FC BROTH, 44.5 C										
31616 1 0 0	*****	*****	*****	****	400	1200	#/ML100	0	7/7	CONTINUOUS
EFFLUENT GROSS VALUE					MO GEO	DAILY MAX				
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	2.1131	4.3070	(03)		*****	*****	****			
50050 1 0 0	2.76	6.0	MGD	****	*****	*****	****		1/30	ONCE/MONTH
EFFLUENT GROSS VALUE					MO AVG	DAILY MAX				
BOD, 5-DAY PERCENT REMOVAL	*****	*****	****	****	*****	*****	(23)	0	1/30	ONCE/MONTH
81010 K 0 0	*****	*****	****	****	*****	*****	%			
PERCENT REMOVAL	*****	*****	****	****	*****	*****	PERCENT			
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 Acting Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 									
TYPED OR PRINTED	AREA CODE: 907 PHONE NUMBER: 586-0393 DATE: 2008 YEAR: 2008 MO: 11 DAY: 7									

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 09/28/2008 through 11/01/2008.
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
 EPA Form 3320-1 (03-99) Previous editions may be used.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

October 2008

EPA REPORT

DAY	DATE	WEATHER			INFLUENT						EFFLUENT						
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J.D. TITLFL MGD	SS mg/L	BOD mg/L	BOD LBS	TEMP °F	pH	DO mg/L	SS mg/L	BOD mg/L	BOD LBS	SS LBS	FECAL Coliform /100 ml	Ammonia as N mg/l /180 days
SUN	28	48	1.42	17.8	3.6180	96	2897		13.1	6.5	12.8	386					
MON	29	48	0.67	18.2	2.7580	98	2254		14.0	6.8	12.4	285					
TUE	30	54	0.08	18.2	2.9340	130	3181	63	1546		12.0	294	6.1		190		
WED	1	52	0.59	17.9	1.0660	122	1085		14.3	6.8	5.1						
THU	2	52	0.36	17.4	1.7820	181	2690		15.4	6.6	4.4	208					
FRI	3	48	0.28	16.5	1.3450				14.2	6.6	4.3						
SAT	4	42	0.03	15.5	1.0760												
SUN	5	45	0.22	14.3	1.1510	566	5433		13.2	6.3	4.4	65					
MON	6	41	0.02	13.2	0.8620	190	1366		13.1	6.2	3.7	40					
TUE	7	36	0.17	12.3	1.0330	312	2668		12.7	6.4	3.0	110			15		
WED	8	40	0.36	12.3	1.1500	191	1832		12.8	6.4	3.2	61					
THU	9	39	0.07	13.0	1.0140	164	1387		12.4	6.4	3.4						
FRI	10	41	0.97	14.1	2.5290												
SAT	11	45	0.73	15.2	1.7330												
SUN	12	44	0.49	16.4	1.8390	152	2331		11.5	6.5	4.7	80					
MON	13	41	0.33	17.4	1.6020	164	2191		11.2	6.3	4.1	94					
TUE	14	42	1.23	18.7	3.3570	106	2968		11.7	6.4	4.4	403			6		
WED	15	45	1.32	19.4	3.5490	88	2605		11.0	6.5	4.9	681					
THU	16	42	0.74	19.7	3.1050	77	1994		11.9	6.3	5.4	487					
FRI	17	41	0.32	19.3	1.9910												
SAT	18	41	0.41	18.5	2.1530												
SUN	19	42	0.80	17.2	2.4940	87	1810		11.4	6.5	4.9	8.8					
MON	20	41	0.20	15.7	2.2980	136	2606		12.3	6.4	4.7	207					
TUE	21	43	0.77	14.3	2.2040	116	2132		12.3	6.3	4.9	243					
WED	22	42	0.90	13.8	3.3050	84	2315		10.7	6.4	4.8	375			9		
THU	23	40	1.28	14.3	4.3070	54	1940		10.3	6.4	4.9	647					
FRI	24	39	0.54	15.4	1.7140												
SAT	25	33	0.14	16.5	1.3990												
SUN	26	34	0.95	17.3	2.9760	100	2482		10.2	6.6	6.0	377					
MON	27	40	0.27	17.8	2.4090	96	1929		11.0	6.4	6.1	321					
TUE	28	40	0.83	18.0	3.1510	72	1892		10.5	6.5	5.4	578					
WED	29	40	0.98	18.0	2.1750	95	1723		10.3	6.3	4.7	566			83		
THU	30	36	0.02	17.7	1.4160	108	1275		11.8	6.4	4.7				1		
FRI	31	39	0.10	17.2	1.2510												
SAT	1	40	0.14	16.5	1.2140												
TOTAL			18.73		73.9600												
MAXIMUM		54	1.42	19.70	4.3070	566	5433	63	1546	15.4	6.8	6.1	681	6.1	150	190	190
MINIMUM		33	0.02	12.30	0.8620	54	1085	63	1546	10.2	6.2	3.0	40	6.1	150	1	1
AVERAGE		42	0.54	16.43	2.1131	143	2280	63	1546	12.1	6.4	4.7	297	6.1	150	15	15

COMMENTS:

No Effluent Sample on 10/30/08, Bad suction hose.

% REMOVAL	
B.O.D.	90.3
S.S.	90.5

Tox. TUc	
	N/A

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

Weekly TSS	BOD	Weekly Coliform				
			mg/l	lbs	mg/l	lbs
Aver.	12.8	293.3	6.1	150.0	190	
WEEK1	8.6	75.3			15	
WEEK2	14.2	357.4			6	
WEEK3	12.9	330.8			9	
WEEK4	21.1	460.7			9	
WEEK5	21.1	460.7	6.1	150.0	190	
MAX	21.1	460.7	6.1	150.0	190	

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 5433 SHAUNE DRIVE
JUNEAU, AK 99801

FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
COMBINED SEWER OVERFLOW
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	10	01	08	10	31

FROM

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 Q 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 R 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	RCORDR	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 Q 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 R 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00530 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS WILSON TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
		AREA Code	NUMBER	YEAR	MO	DAY
		907	586-0393	08	11	04

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

P = N-11Q = N-11, 2R = N-15, 1 RECORD REASONING FOR EACH OPENING

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 5433 SHAUNE DRIVE
JUNEAU, AK 99801

FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)

COMBINED SEWER OVERFLOW
External Outfall

No Discharge

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	10	01	08	10	31

FROM

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, total suspended 00530 Q 0 See Comments	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
Solids, total suspended 00530 R 0 See Comments	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 P 0 See Comments	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	*****	*****		Req. Mon. WKLY AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 Q 0 See Comments	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	*****	*****		Req. Mon. WKLY AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 R 0 See Comments	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	*****	*****		Req. Mon. WKLY AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Duration of discharge 81381 P 0 See Comments	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	*****	*****	min	Req. Mon. EVNT TOT	*****			When Discharging	CALCTD
Duration of discharge 81381 Q 0 See Comments	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	*****	*****	min	Req. Mon. EVNT TOT	*****			When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS W/USAR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE 907-586-0313	DATE 08 11 04
TYPED OR PRINTED		AREA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING			YEAR
			MO
			DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who provided 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.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 5433 SHAUNE DRIVE
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
COMBINED SEWER OVERFLOW
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	10	01	08	10	31
FROM			TO		

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Duration of discharge	81381 R 0	*****		*****	*****	*****				
See Comments		*****	Req. Mon. EVNT TOT	*****	*****	*****		When Discharging		CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS W/W SUPER</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE 907-586-0393	DATE 08 11 04
TYPED OR PRINTED		AREA Code NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P = N-11Q = N-11, 2R = N-15, 1-RECORD REASONING FOR EACH OPENING