

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

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801

MAJOR \$

(SUBR01)

COMBINED SEWER OVERFLOW

External Outfall

No Discharge

FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	12	01	08	12	30
FROM			TO		

PARAMETER	SAMPLING REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****			*****					
00056 P 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. EVENT TOT	Mgal/d	*****				When Discharging	CALCTD
Flow rate	SAMPLE MEASUREMENT	*****			*****					
00056 O 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. EVENT TOT	Mgal/d	*****				When Discharging	CALCTD
Flow rate	SAMPLE MEASUREMENT	*****			*****					
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/d	*****				When Discharging	RCRDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****			*****					
00210 P 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****				When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****			*****					
00210 O 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****				When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****			*****					
00310 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	mg/L	*****				When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****			*****					
00150 P 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	mg/L	*****				When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
SEE IT JEFFERS W/LS/STP	907 586 0343	09 01 05
TYPED OR PRINTED	AREA CODE	YEAR
	NUMBER	MO
		DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

F-1110-11-11, 29-F-11-15, RECORD REASONING FOR EACH OPENING

F-1110-11-11, 29-F-11-15, RECORD REASONING FOR EACH OPENING

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LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	12	01	08	12	30

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Stephens
TYPED OR PRINTED

DATE
09 05

TELEPHONE NUMBER
907-586-0393

AREA CODE NUMBER YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Stephens

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P-11-10 - N-11-20 - N-15, RECORD REASONING FOR EACH OPENING

14-A Form 1 (Rev. 01/08) Previous editions may be used

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
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JUNEAU, AK 99801

AK0023213
PERMIT NUMBER

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DISCHARGE NUMBER

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LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	08	12	08	12	30

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Scott Jeffers W/USNR</i>	I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly enter and review the information submitted. Based on my inquiry of the persons I believe to be responsible for entering the information submitted to this system, or those persons directly responsible for gathering the information submitted to this system, and my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of being held responsible for any false or misleading information.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE 907-586-0373	DATE 09 01 05
TYPED OR PRINTED				AREA CODE NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P - N 110 - N 11, 20 - N 15, 18 RECORD REASONING FOR EACH OPENING

Use Form 320a-1 (through 2005) Previous editions may be used.

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 (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
ATTI: Scott Jeffers, Acting WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

001 A
DISCHARGE NUMBER

FROM

YR	MO	DAY
2008	12	1

TO	YEAR	MO	DAY
2008	2008	12	31

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				UNITS
TEMPERATURE, WATER DEG. CENTIGRADE	MEASUREMENT	*****	*****	*****	*****	*****	11.0	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	DEG. C	0	WEEK DAYS	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.6	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0	DAILY MIN.	0	ONCE/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	119.0	DAILY MAX	0	ONCE/ WEEK	GRAB
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MO AVG	MG/L	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	30.1	*****	(26)	*****	*****	3.6	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	45	MG/L	0	ONCE/ MONTH	COMP 24
00310 W 0 0	PERMIT REQUIREMENT	WPLY AVG	*****	*****	*****	*****	WPLY AVG	MG/L	0	ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	30.1	*****	(26)	*****	*****	3.6	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	690	*****	*****	*****	*****	30	MG/L	0	ONCE/ MONTH	COMP 24
00310 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****	MO AVG	MG/L	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3	(12)	0	5/7	GRAB
pH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	6.0 MIN.	SU	0	WEEK DAYS	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	222	MAXIMUM	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	REPORT MO AVG	MG/L	0	ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24

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
PHONE NUMBER
2009 YEAR
1 MO
9 DAY

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, Acting WW Utilities Superintendent


AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	12	1	2008
YEAR	MO	DAY	DAY
2008	12	12	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		AVERAGE	MAXIMUM	REQUIREMENT		MINIMUM	AVERAGE	MAXIMUM	REQUIREMENT				REQUIREMENT			
SOLIDS, TOTAL	213.0	*****	*****	*****	(26)	*****	*****	*****	*****	14.2	*****	*****	0	5/7	GRAB	
SUSPENDED	1035	*****	*****	*****	(26)	*****	*****	*****	*****	45	*****	*****	0	ONCE/MONTH	GRAB	
SEE COMMENTS BELOW	WPLY AVG	*****	*****	*****	(26)	*****	*****	*****	*****	10.9	*****	*****	0	5/7	GRAB	
SOLIDS, TOTAL	114.6	*****	*****	*****	(26)	*****	*****	*****	*****	30	*****	*****	0	ONCE/MONTH	GRAB	
SUSPENDED	690	*****	*****	*****	(26)	*****	*****	*****	*****	60	*****	*****	0	ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE	1380	*****	*****	*****	(26)	*****	*****	*****	*****	N/A	*****	*****	0	1/180	COMP 24	
NITROGEN, AMMONIA	N/A	*****	*****	*****	(26)	*****	*****	*****	*****	N/A	*****	*****	0	SEMI-ANNUAL	COMP 24	
TOTAL (AS N)	*****	*****	*****	*****	(13)	*****	*****	*****	*****	13	*****	*****	0	1/7	COMP 24	
EFFLUENT GROSS VALUE	800	*****	*****	*****	(13)	*****	*****	*****	*****	5	*****	*****	0	ONCE/WEEK	COMP 24	
COLIFORM, FECAL MF	*****	*****	*****	*****	(13)	*****	*****	*****	*****	400	*****	*****	0	ONCE/WEEK	COMP 24	
M-F-C BROTH, 44.5 C	*****	*****	*****	*****	(13)	*****	*****	*****	*****	MO GEO	*****	*****	0	ONCE/WEEK	COMP 24	
31616 W 0 0	*****	*****	*****	*****	(13)	*****	*****	*****	*****	DAILY MAX	*****	*****	0	7/7	GRAB	
SEE COMMENTS BELOW	*****	*****	*****	*****	(13)	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
COLIFORM, FECAL MF	*****	*****	*****	*****	(13)	*****	*****	*****	*****	*****	*****	*****	0	7/7	GRAB	
M-F-C BROTH, 44.5 C	*****	*****	*****	*****	(13)	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
31616 1 0 0	*****	*****	*****	*****	(13)	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
EFFLUENT GROSS VALUE	1.1613	*****	*****	*****	(03)	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	1.1613	*****	*****	*****	(03)	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
EFFLUENT GROSS VALUE	2.76	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
BOD, 5-DAY PERCENT	2.76	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
REMOVAL	MO AVG	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
PERCENT REMOVAL	*****	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
81010 K 0 0	*****	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
Scott Jeffers	REQUIREMENT	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
Acting WW Utilities Superintendent	REQUIREMENT	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	REQUIREMENT	*****	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
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.													907	2009	1	9

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



907 AREA CODE
586-0393 TELEPHONE
2009 YEAR
1 MO
9 DAY

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

Form Approved
OMB No. 2040-0004

MAJOR
(SUB 01)
F - FINAL
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
ATTN: Scott Jeffers, Acting WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FROM

YR	MO	DAY
2008	12	1


TO

YEAR	MO	DAY
2008	12	31

PARAMETER

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	MINIMUM	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM			AVERAGE	MAXIMUM	REPORT DAILY MAX				
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL		*****	*****	****	95.1	*****	*****	*****	(23)	0	1/30 ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Acting WW Utilities Superintendent
 Scott Jeffers
 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.

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907 AREA CODE
 586-0393 TELEPHONE
 2009 YEAR
 1 MO
 9 DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS: (Reference all attachments here)
 The reporting period was from 11/30/2008 through 01/03/2009.

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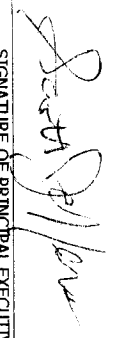
REC-1
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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MONITORING PERIOD			
YR	MO	DAY	TO
2008	12	1	2008

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
COLIFORM, FECAL MF M-F.C BROTH, 44.5 C 31616 1 0 0	MEASUREMENT	*****	*****	****	*****	*****	1.0	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	#/ ML100		ONCE/MO MAY-OCT AND 1/180 2 TIMES NOV- APR	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE MEASUREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Acting WW Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


907
AREA CODE
586-0393
TELEPHONE
2009
YEAR
1
MO
9
DAY

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

December 2008

DAY	DATE	TEMP °F	WEATHER			INFLUENT										EFFLUENT					
			RAIN INCHES	FALL INCHES	HIGH TIDE FEET	J-D TTL EFFLU MGD	S.S. MGL	S.S. LBS	BOD MGL	BOD LBS	TEMP °C	pH	DO MGL	S.S. MGL	S.S. LBS	BOD MGL	BOD LBS	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days	
SUN	30	35	0.24		16.6	1.3760	136	1561			10.4	6.5	3.7	10.0	11.6	133					
MON	1	32	0.00		16.0	1.1080	214	1978			10.3	6.7	3.1	9.2	76	92				30	
TUE	2	27	0.00		15.2	0.9960	289	2484	119	988	10.6	6.8	3.4	12.6	104	104				13	
WED	3	28	0.00		14.2	0.9870	360	2963			11.0	6.8	3.9	14.0	180	180					
THU	4	34	0.97		13.3	1.5440	173	2228			10.5	6.6	3.4								
FRI	5	35	0.10		13.5	1.5340															
SAT	6	36	0.36		14.0	1.9380															
SUN	7	37	0.19		14.8	1.5670	172	2248			10.8	6.5	3.2	15.6	204	204					
MON	8	36	0.80		15.9	1.7400	156	2264			10.3	6.6	2.8	13.2	194	194					
TUE	9	34	0.55		17.1	2.0680	151	2604			8.4	6.4	4.2	15.6	257	257				12	
WED	10	37	0.36		18.2	1.9730	150	2468			9.1	6.4	3.4	13.2	182	182					
THU	11	33	0.31		19.2	1.6560	169	2334			9.7	6.5	3.1								
FRI	12	28	0.00		19.9	1.3290															
SAT	13	22	0.00		20.1	1.1580															
SUN	14	21	0.00		19.8	1.2200	185	1882			9.2	6.5	3.2	12.0	122	122					
MON	15	19	0.00		19.0	1.1310	248	2339			10.9	6.5	3.7	7.6	72	72					
TUE	16	25	0.00		17.7	1.0380	263	2277			9.0	6.4	3.1	7.6	66	66				1	
WED	17	17	0.00		16.2	0.9990	194	1616			6.5	6.5	2.8	8.4	67	67					
THU	18	14	0.00		15.8	0.9500	643	5094			8.1	6.5	3.1								
FRI	19	10	0.00		15.5	0.1010															
SAT	20	9	0.00		15.3	0.8170															
SUN	21	24	0.00		15.3	0.9780	206	1680			8.3	6.4	2.9	10.4	85	85					
MON	22	13	0.00		15.5	0.9260	215	1660			10.4	6.5	3.7	7.0	80	80					
TUE	23	22	0.12		15.7	0.9410	180	1413			7.0	6.3	4.0	8.0	60	60				4	
WED	24	24	0.01		16.1	0.8950	209	1560			10.5	6.6	4.6	8.2	60	60					
THU	25	20	0.02		16.4	0.8730	180	1311			10.7	6.4	3.2								
FRI	26	28	0.44		16.8	0.9570															
SAT	27	27	0.23		17.0	0.9710															
SUN	28	20	0.00		17.1	1.0410	288	2500			10.5	6.5	4.1	10.8	94	94					
MON	29	19	0.00		16.9	0.9830	180	1476			10.4	6.5	3.1	17.2	150	150					
TUE	30	17	0.00		16.5	1.0450	195	1699			10.7	6.4	4.1	9.6	76	76				8	
WED	31	14	0.00		15.9	0.9490	164	1298			9.1	6.5	3.0	10.0	80	80					
THU	1	10	0.00		15.3	0.9590					10.1	6.3	3.3								
FRI	2	11	0.12		15.3	0.9650															
SAT	3	19	0.03		15.3	0.9340															
TOTAL			4.85			40.6460															
MAXIMUM		37	0.97		20.10	2.0680	643	5094	119	988	11.0	6.8	4.6	17.2	257	257				13	
MINIMUM		9	0.00		13.30	0.1010	136	1298	119	988	7.0	6.3	2.8	7.0	55	55				1	
AVERAGE		24	0.14		16.35	1.1613	222	2122	119	988	9.8	6.5	3.4	10.9	115	115				5	

COMMENTS:
No influent sample on 1/1/2009 due to sampler malfunction

No effluent temperature reading on lab data sheet for 12/18/2008

% REMOVAL	
BOD	97.0
S.S.	95.1

	Copper	NH3	NH3	N/A	N/A	lbs

Weekly	TSS, BOD		TSS		BOD		Weekly Coliform Geo. Mean
	Aver.	Max	mg/l	lbs	mg/l	lbs	
WEEK1	11.5	117.2	3.6	30.1	13		13
WEEK2	14.2	213.0	3.6	30.1	12		12
WEEK3	8.6	77.9	3.6	30.1	1		1
WEEK4	8.8	67.9	3.6	30.1	4		4
WEEK5	11.6	97.0	3.6	30.1	8		8
MAX	14.2	213.0	3.6	30.1	13		13