

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS

NAME: JUNEAU, CITY AND BOURROUGH OF
ADDRESS: 155 SOUTH SEWARD STREET
JUNEAU, AK 99801

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU AK 99801

AK-002321-3	PERMIT NUMBER	001 A	DISCHARGE NUMBER
99	YR	02	YEAR
02	MO	01	MO
01	DAY	02	DAY
01	DAY	28	DAY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TU STAT 1HR CHR DEND	SAMPLE MEASUREMENT	*****	*****	*****	N/A	*****	*****	*****	0	24 HR COMP
RASTER EXCENTRICUS	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
TKF3N 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	N/A	*****	*****	*****	0	24 HR COMP
TU STAT 48HR CHR MYTIL	SAMPLE MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
US GALLOPROVINCIALIS	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
TKG3P 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****	*****	7.8	10.1	(04)	*****	0	GRAB
DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	DAILY MAX	*****	0	GRAB
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	142	*****	*****	0	24 HR COMP
BOD, 5-DAY	SAMPLE MEASUREMENT	2185	*****	(26)	*****	*****	*****	*****	0	24 HR COMP
(20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
RAW SEW / INFLUENT	SAMPLE MEASUREMENT	229	348	(26)	*****	14	25	(19)	0	24 HR COMP
BOD, 5-DAY	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
(20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	690	1035	(26)	*****	30	45	*****	0	24 HR COMP
pH	PERMIT REQUIREMENT	*****	*****	*****	6.4	*****	6.8	(12)	0	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	*****	0	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	3500	*****	(26)	*****	232	*****	(19)	0	24 HR COMP
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP
RAW SEW / INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	24 HR COMP

"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 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."

NAME/TITLE PRINCIPAL EXEC. OFFICER

Andrew W. Branson

TELEPHONE (907) 789-9919

YEAR 99 MONTH 03 DAY 09

COMMENT AND EXPLANATION OF ANY VIOLATIONS: (REFERENCE ALL ATTACHMENTS HERE)

Reporting the period: January 31, 1999 through February 27, 1999

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

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AK-002321-3		001 A	
PERMIT NUMBER	MONITORING PERIOD		DISCHARGE NUMBER
YEAR	MONTH	DAY	YEAR MONTH DAY
99	02	01	99 02 28
10			MAJOR (SUBR 01)

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MIN.	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	153	178	(26)	*****	10	12	(19)	0	1/MO	24 HR COMP
00530 1 0 0	PERMIT REQUIREMENT	690	1035	*****	30	45	*****	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	MO AVG	WKLY AVG	*****	0	1/QTR	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	REPORT INST MAX	*****	0	QTRLY	GRAB
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/QTR	24HR COMP
EFFLUENT GROSS VALUE	*****	*****	*****	*****	N/A	N/A	*****	0	1/QTR	24HR COMP
ARSENIC, TOTAL RECOV ERABLE	*****	*****	*****	*****	1.4	3.8	*****	0	QTRLY	COMP24
00978 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	WKLY AVG	*****	0	1/QTR	24HR COMP
EFFLUENT GROSS VALUE	*****	*****	*****	*****	N/A	N/A	*****	0	1/QTR	24HR COMP
COPPER	*****	*****	*****	*****	18.5	26.7	*****	0	QTRLY	COMP24
TOTAL RECOVERABLE	*****	*****	*****	*****	MO AVG	WKLY AVG	*****	0	1/WK	GRAB
01119 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	48	78	*****	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	400	800	*****	0	CONT	RCORDR
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	*****	*****	*****	*****	30DA GEO	7 DA GEO	*****	0	CONT	RCORDR
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	1.839	*****	(03)	*****	*****	*****	*****	0	CONT	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	110	137	*****	0	CONT	RCORDR
50060 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	250*	450*	*****	0	CONT	RCORDR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	MO AVG	WKLY AVG	*****	0	CONT	RCORDR

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NAME/TITLE PRINCIPAL EXEC. OFFICER: Andrew W. Brown

TELEPHONE: (907) 789-9919

YEAR: 99 MONTH: 03 DAY: 09

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MONITORING PERIOD
YR MO DAY
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to

001 A
DISCHARGE NUMBER

YEAR MO DAY
99 02 28

MAJOR (SUBR 01)

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	89.9	*****	*****	0	1/MO	CALC
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****		ONCE/MONTH	CALCTD
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	MO AVG	*****	*****		ONCE/MONTH	CALC
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	0	1/MO	CALC
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	MO AVG	*****	*****		ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****						
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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YEAR MONTH

99 03

DAY

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REC 1

DISCHARGE NUMBER

YEAR MO DAY

99 02 28

MAJOR (SUBR 01)

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****		*****	*****		0	1/QTR	GRAB
DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	DEG.C (12)	0	1/QTR	GRAB
pH	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		REPORT	REPORT	SU (22)	0	1/QTR	GRAB
SALINITY	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
00480 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		REPORT	REPORT	PPT (19)	0	1/QTR	GRAB
NITROGEN, AMMONIA	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		REPORT	REPORT	mg/L (13)	0	1/QTR	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
31616 0 2 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	#/100mL		ONCE/QTR	GRAB
SEE COMMENT BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****				

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AMBIENT SAMPLING FOR FECAL COLIFORM (SEASON 1 = MARCH - AUGUST AND SEASON 2 = SEPTEMBER - FEBRUARY) SHALL BE CONDUCTED JUST OUTSIDE THE MIXING ZONE.

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(Season 1 = 31616 0 1 0 and season 2 = 31616 0 2 0)