

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS	JUNEAU, CITY AND BOUROUGH OF 155 SOUTH SEWARD STREET JUNEAU, AK 99801	AK-002321-3	001 A
NAME:	JUNEAU, CITY AND BOUROUGH OF	PERMIT NUMBER	DISCHARGE NUMBER
ADDRESS:	155 SOUTH SEWARD STREET JUNEAU, AK 99801	MONITORING PERIOD	
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	YR	MO
LOCATION:	JUNEAU, AK 99801	99	03
		MO	DAY
		03	01
		DAY	to
		99	03
		YEAR	MO
		99	03
		DAY	31
		YEAR	MO
		99	03
		DAY	31
		YEAR	MO
		99	03
		DAY	31

PARAMETER	SAMPLE	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	*****	*****	*****	N/A	*****	*****	*****	0	24 HR COMP
RASTER EXCENTRICUS	MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
TKF3N 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	N/A	*****	*****	*****	0	24 HR COMP
TU STAT 48HR CHR MYTIL	MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
US GALLOPROVINCIALIS	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
TKG3P 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
TEMPERATURE, WATER	MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
BOD, 5-DAY	MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
(20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
RAW SEW / INFLUENT	SAMPLE	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
BOD, 5-DAY	MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
(20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
pH	MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
SOLIDS, TOTAL	MEASUREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	0	24 HR COMP
RAW SEW / INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	*****	*****	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: *Scott Spitzer for A. Bronson* TELEPHONE: (907) 789-9919 YEAR: 99 MONTH: 04 DAY: 09

ANDREW BRONSON, Wastewater Util. Supt.

COMMENT AND EXPLANATION OF ANY VIOLATIONS: Violation of daily fecal coliform and monthly BOD percent removal limits (see attached letters).

Reporting the period: February 28, 1999 thru April 3, 1999

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS	JUNEAU, CITY AND BOUROUGH OF			AK-002321-3	001 A
NAME:	155 SOUTH SEWARD STREET			PERMIT NUMBER	
ADDRESS:	JUNEAU, ALASKA 99801			MONITORING PERIOD	
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT			YEAR	MONTH
LOCATION:	JUNEAU, AK 99801			99	03
				DAY	DAY
				99	03
				to	31
				MAJOR (SUBR 01)	
				DISCHARGE NUMBER	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MIN.	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	302	412	(26)	16	20	(19)	0	1/MO	24 HR COMP
00530 1 0 0	PERMIT REQUIREMENT	690	1035		30	45		0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	WKLY AVG	#/DAY	MO AVG	WKLY AVG	mg/L	0	1/QTR	GRAB
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	(19)	0	1/QTR	GRAB
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT INST MAX	mg/L	0	1/QTR	GRAB
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	(26)	0	1/QTR	24HR COMP
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	1.4	3.8	ug/L	0	QTRLY	COMP24
ARSENIC, TOTAL RECOV	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	WKLY AVG	ug/L	0	1/QTR	COMP24
00978 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	(26)	0	1/QTR	24HR COMP
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	18.5	26.7	ug/L	0	QTRLY	COMP24
COPPER	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	WKLY AVG	ug/L	1	1/WK	GRAB
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	227	780	(13)	1	1/WK	GRAB
01119 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	400	800	#	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	30DA GEO	7 DA GEO	100mL	0	CONT	RCORDR
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
50060 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
ADMIN	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	CONT	RCORDR

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NAME/TITLE PRINCIPAL EXEC. OFFICER	TELEPHONE	YEAR	MONTH	DAY
ANDREW BRONSON, Wastewater Util. Sup't.	(907) 789-9919	99	04	09
Signature: <i>Andrew Bronson</i>				
COMMENT AND EXPLANATION OF ANY VIOLATIONS:	Violation of daily fecal coliform and monthly BOD percent removal limits (see attached letters).			
Reporting the period:	February 28, 1999 thru April 3, 1999			
	* = INTERIM LIMIT PURSUANT TO COMPLIANCE ORDER PG 2 OF 3			

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS: JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD STREET
JUNEAU, AK 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, AK 99801

AK-002321-3		001 A	
PERMIT NUMBER	MONITORING PERIOD	DISCHARGE NUMBER	
YR	MO	DAY	YEAR
99	03	01	99
to		MO	DAY
		03	31
MAJOR (SUBR 01)			

PARAMETER	SAMPLER REQUIREMENT	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 PERMIT REQUIREMENT	*****	*****	*****	84.1	*****	*****	0	1/MO	CALC
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	85 MO AVG	*****	*****	0	ONCE/MO	CALCTD
PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	90.8	*****	*****	0	1/MO	CALC
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	85 MO AVG	*****	*****	0	ONCE/MO	CALCTD
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	PERCENT	*****	*****	0	ONCE/MO	CALCTD
PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****						
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

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NAME/TITLE PRINCIPAL EXEC. OFFICER: *Scott Pfeiffer for A. Brennan* TELEPHONE: (907) 789-9919 YEAR: 99 MONTH: 04 DAY: 09
 ANDREW BRONSON, Wastewater Util. Supt.
 COMMENT AND EXPLANATION OF ANY VIOLATIONS: Violation of daily fecal coliform and monthly BOD percent removal limits (see attached letters).
 Reporting the period: February 28, 1999 thru April 3, 1999 PG 3 OF 3

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS	JUNEAU, CITY AND BOURGHOUF OF 155 SOUTH SEWARD STREET JUNEAU, AK 99801			LOCATION:	JUNEAU, AK 99801	
NAME:	JUNEAU, CITY AND BOURGHOUF OF			AK-002321-3	REC 1	
ADDRESS:	155 SOUTH SEWARD STREET JUNEAU, AK 99801			PERMIT NUMBER		
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT			MONITORING PERIOD		
	YR	MO	DAY	YEAR	MO	DAY
	99	03	01	99	03	31
				to		
				MAJOR (SUBR 01)		

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

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NAME/TITLE PRINCIPAL EXEC. OFFICER: *Bob Miller for A. Brunner* TELEPHONE: (907) 789-9919 YEAR: 99 MONTH: 04 DAY: 09

ANDREW BRONSON, Wastewater Util. Supt.

COMMENT AND EXPLANATION OF ANY VIOLATIONS: Violation of daily fecal coliform and monthly BOD percent removal limits (see attached letters).

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

Reporting the period: February 28, 1999 thru April 3, 1999 (Season 1 = 31616 0 1 0 and season 2 = 31616 0 2 0) PG 1 OF 1