

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS		JUNEAU, CITY AND BOROUGH OF		AK-002321-3		001 A	
NAME:		155 SOUTH SEWARD STREET		PERMIT NUMBER		DISCHARGE NUMBER	
ADDRESS:		JUNEAU, AK 99801		MONITORING PERIOD (calendar month)			
FACILITY:		JUNEAU-DOUGLAS TREATMENT PLANT		YR	MO	DAY	YEAR
LOCATION:		JUNEAU, AK 99801		2002	06	01	2002
PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	EX
		UNITS	UNITS	UNITS	UNITS	UNITS	UNITS
TU STAT 1HR CHR DEND RASTER EXCENTRICUS TKF3N 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	N/A	*****	(73)	0
EFFLUENT GROSS VALUE		*****	*****	REPORT	*****	TOXIC UNITS	
TU STAT 48HR CHR MYTIL US GALLOPROVINCIALIS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	N/A	*****	(73)	0
EFFLUENT GROSS VALUE		*****	*****	REPORT	*****	TOXIC UNITS	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	15.5	(04)	0
00010 1 0 0		*****	*****	*****	REPORT	DAILY	DAILY
EFFLUENT GROSS VALUE		*****	*****	*****	30DA AVG	DAILY MAX	1/MO
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2007	*****	*****	152	(19)	0
00310 G 0 0		*****	*****	*****	REPORT	MO AVG	ONCE/ MONTH
RAW SEW / INFLUENT		*****	*****	*****	7	(19)	0
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	134	134	*****	*****	(12)	0
00310 1 0 0		*****	*****	*****	30	WKLY AVG	ONCE/ MONTH
EFFLUENT GROSS VALUE		*****	*****	*****	MO AVG	WKLY AVG	1/DAY
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	6.3	*****	(12)	0
00400 1 0 0		*****	*****	6.0	*****	MINIMUM	WEEK DAYS
EFFLUENT GROSS VALUE		*****	*****	*****	370	(19)	0
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3428	*****	*****	REPORT	MO AVG	ONCE/ MONTH
00530 G 0 0		*****	*****	*****	*****	*****	ONCE/ MONTH
RAW SEW / INFLUENT		*****	*****	*****	*****	*****	*****

"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 Jeffers, WWS Subprincipal TELEPHONE: (907) 586-5278
 COMMENT AND EXPLANATION OF ANY VIOLATIONS: REFERENCE ALL ATTACHMENTS HERE YEAR: 2002 MONTH: 07 DAY: 09

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS		AK-002321-3		001 A					
NAME:		PERMIT NUMBER		DISCHARGE NUMBER					
ADDRESS:		MONITORING PERIOD (calendar month)							
FACILITY:		YEAR	MONTH	DAY	MONTH				
LOCATION:		2002	06	01	06				
JUNEAU, CITY AND BOROUGH OF		to		MAJOR (SUBR 01)					
155 SOUTH SEWARD STREET									
JUNEAU, ALASKA 99801									
JUNEAU-DOUGLAS TREATMENT PLANT									
JUNEAU, AK 99801									
PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	MIN.	AVERAGE				MAXIMUM	UNITS
SOLIDS, TOTAL SUSPENDED	81	125	*****	8	11	(19)	0	1/DAY	24 HR COMP
00530 1 0 0	690	1035	*****	30	45	mg/L	0	ONCE/ MONTH	COMP24
EFFLUENT GROSS VALUE	MO AVG	WKLY AVG	*****	MO AVG	WKLY AVG	mg/L	0	2YEAR	GRAB
NITROGEN, AMMONIA	*****	*****	*****	*****	N/A	(19)	0	SEMI-ANNU	GRAB
TOTAL (AS N)	*****	*****	*****	*****	REPORT INST MAX	mg/L	0	WEEKLY	GRAB
00610 1 0 0	*****	*****	*****	*****	*****	(19)	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	mg/L	0	ONCE/WK	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	*****	(28)	0	1/QTR	24HR COMP
???? ? ? ?	*****	*****	*****	*****	*****	ug/L	0	QTRLY	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	(13)	0	1/WK	GRAB
COPPER	*****	*****	*****	*****	*****	#	0	WEEKLY	GRAB
TOTAL RECOVERABLE	*****	*****	*****	*****	*****	100ml	0	CONT	RCORDR
01119 1 0 0	*****	*****	*****	*****	*****	*****	0	CONTIN UOUS	RCORDR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	*****	*****
FECAL COLIFORM, MPN, EC MED, 44.5C	*****	*****	*****	*****	*****	*****	0	*****	*****
31615 1 0 0	*****	*****	*****	*****	*****	*****	0	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	*****	*****
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	0	*****	*****
50050 1 0 0	*****	*****	*****	*****	*****	*****	0	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	*****	*****
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	0	*****	*****
50060 1 0 1 ADMIN	*****	*****	*****	*****	*****	*****	0	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	*****	*****

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NAME/TITLE PRINCIPAL EXEC. OFFICER: Scott Jeffers, WLUW Superintendent TELEPHONE: (907) 586-5489
 JOE BUCK Director of Public Works, WLUW Superintendent 789-9999
 COMMENT AND EXPLANATION OF ANY VIOLATIONS: REFERENCE ALL ATTACHMENTS HERE NAME

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

NO DISCHARGE

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

PERMIT NUMBER: AK-002321-3
 YR: 2002 MO: 06 DAY: 01
 MONITORING PERIOD (calendar month): 2002 MO: 06 DAY: 30

DISCHARGE NUMBER: 001 A
 YEAR: 2002 MO: 06 DAY: 30
 MAJOR (SUBR 01):

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
BOD, 5-DAY PERCENT REMOVAL	*****	*****	93.3	*****	0	1/MO	CALC
81010 K 0 0 PERCENT REMOVAL	*****	*****	85 MO AVG	*****	0	ONCE/MONTH	CALC
81011 K 0 0 PERCENT REMOVAL	*****	*****	97.6 MO AVG	*****	0	1/MO	CALC
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	*****	*****	*****	*****			
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****			
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXEC. OFFICER: *Scott Jeffers, w/w Superintendent*
 TELEPHONE: (907) 588-5555
 YEAR: 2002 MONTH: 07 DAY: 09

COMMENT AND EXPLANATION OF ANY VIOLATIONS: (REFER TO ALL ATTACHMENTS HERE) *None*

Reporting the period: JUNE 2 2002 THRU JUNE 29 2002

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 PERMIT NUMBER MONITORING PERIOD (calendar month) YR MO DAY to YR MO DAY 2002 06 01 to 2002 06 30	REC 1 DISCHARGE NUMBER
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PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM UNITS	MINIMUM	AVERAGE				MAXIMUM UNITS
TEMPERATURE, WATER DEG. CENTIGRADE	*****	*****	*****	N/A	(04)	0	1/QTR	GRAB
00010 1 0 0 EFFLUENT GROSS VALUE	*****	****	*****	REPORT	DEG.C	0	QTRLY	GRAB
pH	*****	****	*****	N/A	(12)	0	1/QTR	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	*****	****	*****	REPORT	SU	0	QTRLY	GRAB
SALINITY	*****	****	*****	N/A	(22)	0	1/QTR	GRAB
00480 1 0 0 EFFLUENT GROSS VALUE	*****	****	*****	REPORT	PPT	0	QTRLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	*****	****	*****	N/A	(19)	0	1/QTR	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	*****	****	*****	REPORT	mg/L	0	QTRLY	GRAB
FECAL COLIFORM, MPN, EC MED, 44.5C	*****	****	*****	16	(13)	0	1/QTR	GRAB
31616 0 1 0 SEE COMMENT BELOW	*****	****	*****	REPORT	#/100mL	0	QTRLY	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT								
SAMPLE MEASUREMENT PERMIT REQUIREMENT								
SAMPLE MEASUREMENT PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXEC. OFFICER
Scott Jeffers, w/ly Subby in tudent
JOE BUCK, Director of Public Works
COMMENT AND EXPLANATION OF ANY VIOLATIONS: *(REFERENCE ALL ATTACHMENTS HERE) none*
"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."
AMBIENT SAMPLING FOR FECAL COLIFORM (SEASON 1 = MAY - OCTOBER AND SEASON 2 = NOVEMBER - APRIL) SHALL BE CONDUCTED JUST OUTSIDE THE MIXING ZONE.
Reporting the period: JUNE 2 2002 THRU JUNE 29 2002
TELEPHONE (907) 586-5244
YEAR 2002 MONTH 07 DAY 09
(Season 1 = 31616 0 1 0 and season 2 = 31616 0 2 0)
PG 1 OF 1