

**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		DISCHARGE NUMBER				
NAME:		155 SOUTH SEWARD STREET		PERMIT NUMBER		MONITORING PERIOD (calendar month)		YEAR				
ADDRESS:		JUNEAU, AK 99801		YR		MO		DAY				
FACILITY:		JUNEAU-DOUGLAS TREATMENT PLANT		2002		07		2002				
LOCATION:		JUNEAU, AK 99801		DAY		01		MO				
								07				
								31				
								MAJOR (SUBR 01)				
PARAMETER	MEASUREMENT	AVERAGE	MAXIMUM	UNITS	QUANTITY OR LOADING	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TU STAT 1HR CHR DEND RASTER EXCENTRICUS TKF3N 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	N/A	*****	*****	(73)	0		24 HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	*****	*****	TOXIC UNITS			COMP24
TU STAT 48HR CHR MYTIL US GALLOPROVINCIALIS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	N/A	*****	*****	(73)	0		24 HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	*****	*****	TOXIC UNITS			COMP24
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	15.9	17.2	(04)	0	1/DAY	GRAB
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT 30DA AVG	REPORT DAILY MAX	DEG.C			GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2231	*****	(26)	*****	*****	250	*****	(19)	0	1/MO	24 HR COMP
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO AVG	*****	mg/L		ONCE/MONTH	COMP24
RAW SEW / INFLUENT	PERMIT REQUIREMENT	*****	*****	#/DAY	*****	*****	*****	*****				
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	54	54	(26)	*****	*****	6	6	(19)	0	1/MO	24 HR COMP
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	#/DAY	*****	*****	30	45	mg/L		ONCE/MONTH	COMP24
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	6.3	*****	6.7	(12)	0	1/DAY	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	6.0	*****	8.5	SU		WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MINIMUM	*****	MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3797	*****	(26)	*****	*****	365	*****	(19)	0	1/DAY	24 HR COMP
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO AVG	*****	mg/L		ONCE/MONTH	COMP24
RAW SEW / INFLUENT	PERMIT REQUIREMENT	*****	*****	#/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 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	TELEPHONE	YEAR	MONTH	DAY
Scott Jeffers, Wastewater Superintendent	(907)789-9919	2002	08	09
COMMENT AND EXPLANATION OF ANY VIOLATIONS: (REFERENCE ALL ATTACHMENTS HERE)				
Reporting the period: JUNE 30 THRU AUGUST 3 2002				

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS		JUNEAU, CITY AND BOROUGH OF		AK-002321-3		PERMIT NUMBER		001 A		DISCHARGE NUMBER	
NAME:		155 SOUTH SEWARD STREET		MONITORING PERIOD (calendar month)		YEAR		2002		MONTH	
ADDRESS:		JUNEAU, ALASKA 99801		YEAR		2002		07		DAY	
FACILITY:		JUNEAU-DOUGLAS TREATMENT PLANT		DAY		01		to		31	
LOCATION:		JUNEAU, AK 99801		MAJOR (SUBR 01)							
PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY ANALYSIS	SAMPLE TYPE				
	AVERAGE	MAXIMUM	MIN.	AVERAGE				MAXIMUM	UNITS		
SOLIDS, TOTAL SUSPENDED	109	267	*****	10	14	(19)	24 HR COMP				
00530 1 0 0	690	1035	*****	30	45	mg/L	COMP24				
EFFLUENT GROSS VALUE	MO AVG	WKLY AVG	*****	MO AVG	WKLY AVG		GRAB				
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	.507	(19)	GRAB				
00610 1 0 0	*****	*****	*****	*****	*****		GRAB				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		GRAB				
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	*****		GRAB				
???? ? ? ?	*****	*****	*****	*****	*****		GRAB				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		GRAB				
COPPER	*****	*****	*****	*****	*****		GRAB				
TOTAL RECOVERABLE	*****	*****	*****	*****	*****		GRAB				
01119 1 0 0	*****	*****	*****	*****	*****		GRAB				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		GRAB				
FECAL COLIFORM, MPN, EC MED, 44.5C	*****	*****	*****	*****	*****		GRAB				
31615 1 0 0	*****	*****	*****	*****	*****		GRAB				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		GRAB				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****		GRAB				
50050 1 0 0	*****	*****	*****	*****	*****		GRAB				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		GRAB				
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****		GRAB				
50060 1 0 1 ADMIN	*****	*****	*****	*****	*****		GRAB				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		GRAB				
NAME/TITLE PRINCIPAL EXEC. OFFICER		TELEPHONE		YEAR		MONTH		DAY			
Scott Jeffers, Wastewater Superintendent		(907)789-9919		2002		08		09			
COMMENT AND EXPLANATION OF ANY VIOLATIONS: (REFERENCE ALL ATTACHMENTS HERE)											
Reporting the period: JUNE 30 THRU AUGUST 3 2002											

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FACILITY:		JUNEAU-DOUGLAS TREATMENT PLANT		YR	MO	DAY	DAY
LOCATION:		JUNEAU, AK 99801		2002	07	01	31
PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	(04)
DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	DEG.C
00010 1 0 0		*****	*****	*****	*****	*****	(12)
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	REPORT	REPORT	SU
pH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(22)
00400 1 0 0		*****	*****	*****	*****	*****	PPT
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)
SALINITY	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L
00480 1 0 0		*****	*****	*****	*****	*****	(13)
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	#
NITROGEN, AMMONIA	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100mL
TOTAL (AS N)		*****	*****	*****	*****	*****	
00610 1 0 0		*****	*****	*****	*****	*****	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	
FECAL COLIFORM, MPN,	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	
EC MED, 44.5C		*****	*****	*****	*****	*****	
31616 0 1 0		*****	*****	*****	*****	*****	
SEE COMMENT BELOW		*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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NAME/TITLE	PRINCIPAL EXEC. OFFICER	TELEPHONE	YEAR	MONTH	DAY
	Scott Jeffers, Wastewater Superintendent	(907)789-9919	2002	08	09
COMMENT AND EXPLANATION OF ANY VIOLATIONS: (REFERENCE ALL ATTACHMENTS HERE)					
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 30 THRU AUGUST 3 2002					