

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	
ADDRESS:	JUNEAU, AK 99801	MONITORING PERIOD (calendar month)		YR	MO
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT			2002	09
LOCATION:	JUNEAU, AK 99801	DAY	01	to	2002
PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MINIMUM	AVERAGE	MAXIMUM	UNITS
TU STAT 1HR CHR DEND RASTER EXCENTRICUS TKF3N 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	(73)
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	TOXIC UNITS
TU STAT 48HR CHR MYTL US GALLOPROVINCIALIS TKG3I 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	(73)
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	TOXIC UNITS
TEMPERATURE OF WATER DEG. CENTIGRADE	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	(04)
00010 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	DEG.C
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	(19)
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	mg/L
00310 G 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	mg/L
RAW SEW / INFLUENT	SAMPLE	*****	*****	*****	(19)
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	mg/L
00310 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	mg/L
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	(12)
PH	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	6.4
00400 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	6.0
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	8.5
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	260
00530 G 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	(19)
RAW SEW / INFLUENT	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	mg/L

"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: *[Signature]*

Scott Jeffers Wastewater Superintendent

TELEPHONE: (907) 586-5254

YEAR: 2002

MONTH: 10

DAY: 08

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

Reporting the period: SEPTEMBER 1 THRU SEPTEMBER 28 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, ALASKA 99801	AK-002321-3	001 A
NAME:	JUNEAU, CITY AND BOROUGH OF	PERMIT NUMBER	DISCHARGE NUMBER
ADDRESS:	155 SOUTH SEWARD STREET JUNEAU, ALASKA 99801	MONITORING PERIOD (calendar month)	
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	YEAR	MONTH
LOCATION:	JUNEAU, AK 99801	2002	09
PARAMETER		DAY	DAY
		09	01
		to	30
		MAJOR (SUBR 01)	

PARAMETER	QUANTITY OR LOADING	AVERAGE		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY ANALYSIS	SAMPLE TYPE	
		MO AVG	WKLY AVG		MIN.	AVERAGE				MAXIMUM
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	136	169	(26)	*****	*****	*****	0	1/DAY	24 HR COMP
00530 1 0 0	PERMIT REQUIREMENT	690	1035		*****	45	*****	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	#/DAY	*****	n/a	*****	0	2/YEAR	GRAB
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	SEMI-ANNU	GRAB
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
00610 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
EFFLU. GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
OXYGEN, DISSOLVED (DO)	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
***** ? ? ?	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
COPPER	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
01119 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
FECAL COLIFORM, MPN, EC MED. 44.5C	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
31615 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
50050 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
50060 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB
ADMIN EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	WEEKLY	GRAB

"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*
 Scott Jeffers Wastewater Superintendent
 TELEPHONE: (907) 586-5254
 YEAR: 2002 MONTH: 10 DAY: 09
 COMMENT AND EXPLANATION OF ANY VIOLATIONS: REFERENCE ALL ATTACHMENTS HERE)
 Reporting the period: SEPTEMBER 1 THRU SEPTEMBER 28 2002
 NOTE = Chlorine no longer used to disinfect the plant effluent.
 PG 2 OF 3

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: 156 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 09 01 to 2002 09 30
 MAJOR (SUBR 01)

REC 1
 DISCHARGE NUMBER: _____
 YEAR MO DAY
 2002 09 30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	MEASUREMENT	*****	*****	*****	*****	N/A	0	1/QTR	GRAB
DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
00010 1 0 0	MEASUREMENT	*****	*****	*****	*****	REPORT			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
pH	MEASUREMENT	*****	*****	N/A	*****	N/A	0	1/QTR	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	0	1/QTR	GRAB
SALINITY	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
00480 1 0 0	MEASUREMENT	*****	*****	*****	*****	REPORT			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	0	1/QTR	GRAB
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
00610 1 0 0	MEASUREMENT	*****	*****	*****	*****	REPORT			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	0	1/QTR	GRAB
31616 0 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT			
SEE COMMENT BELOW	MEASUREMENT	*****	*****	*****	*****	REPORT			
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	MEASUREMENT								
	PERMIT REQUIREMENT								

"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*
 Scott Jeffers Wastewater Superintendent
 TELEPHONE: (907) 586-5254
 YEAR: 2002 MONTH: 10 DAY: 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: SEPTEMBER 1 THRU SEPTEMBER 28 2002 (Season 1 = 31616 0 1 0 and season 2 = 31616 0 2 0)

JUNE/AUGUST WASTEWATER TREATMENT PLANT

MONTHLY REPORT FOR SEPTEMBER 2002

CAPACITY 276 MGD (7.23 MGD PEAK)
OPERATOR Scott Jeffers

NPDES Permit No. AR-402321-3
MLAB0209WK4

FINAL EFFLUENT

7-DAY AVERAGES

DAY	DATE	WEATHER	TEMP, AIR, F	TSS, mg/L	TSS, lbs.	BOD, mg/L	BOD, lbs.	GRT, cu. ft.	TEMP, EFF, C	pH	D.O., mg/L	TSS, mg/L	TSS, lbs.	BOD, mg/L	BOD, lbs.	FECAL COLL, lbs.	TTL Q, MGD	EFF TSS, mg/L	EFF TSS, lbs.
SUN		1 RAIN	53	308	4547			10	14.6	6.7		14	213				1.770		
MON		2 PCLDY	51	195	2343			10	13.6	6.7		14	163				1.441		
TUE		3 PCLDY	59	237	2366	200	1997	8	14.2	6.7		12	120	8	80		1.197		
WED		4 CLEAR	55	496	4848			9	14.2	6.6	5.8	11	106			5	1.172		
THU		5 PCLDY	51	328	2569			8	15.5	6.4		10	78			0.939			
FRI		6 CLDY	51	332	6150			14	15.9	6.6		14	205			2.221			
SAT		7 RAIN	51	152	2254			22	14.6	6.6		12	162			1.778		12	
SUN		8 RAIN	52	157	2188			10	14.4	6.7		15	176			1.671			
MON		9 RAIN	52	278	3297			18	13.9	6.8		20	353			1.422			
TUE		10 RAIN	51	304	5370	121	2137	10	13.7	6.7	5.5	12	152			2.118		13	
WED		11 RAIN	50	152	1867			12	13.3	6.7		11	113			1.209			
THU		12 CLDY	51	210	2117			8	14.5	6.7		11	102			1.091			
FRI		13 CLDY	48	486	4422			10	14.6	6.7		11	127			1.405		13	
SAT		14 CLDY	51	390	4570			18	14.7	6.8		8	79			1.209			
SUN		15 CLDY	51	250	2521			18	14.7	6.8		9	111			1.511			
MON		16 RAIN	50	390	4915			10	13.9	6.7		10	175			2.139			
TUE		17 RAIN	50	172	3068			12	14.9	6.7		8	167			2.509			
WED		18 RAIN	49	88	1841	69	1444	12	14.2	6.6		8	119			1.834		5	
THU		19 CLDY	49	116	1774			8	14.1	6.5		8	119			2.643			
FRI		20 CLDY	51					8	13.7	6.6						1.607		8	
SAT		21 RAIN	49					12			6.0					1.542			
SUN		22 CLDY	48					5				8	105			1.557		8	
MON		23 RAIN	49	285	3701			10	14.8	6.7		6	73			1.313			
TUE		24 CLDY	53	264	2891	162	1774	10	14.8	6.7		7	81			1.849			
WED		25 RAIN	51	278	4287			16	13.9	6.5	5.4	9	139			1.840			
THU		26 PCLDY	51	219	3361			16	13.4	6.6		8	123			1.328			
FRI		27 CLDY	53	200	2215			10	14.1	6.7		8	93			1.128			
SAT		28 CLDY	49	208	1957			9	14.1	6.7		8	79					8	
MAXIMUM			59	496	6150	200	2137	22	15.9	6.8	6.0	20	353	8	80	17	2.643		13
MINIMUM			48	88	1774	69	1444	5	13.3	6.4	5.4	6	73	8	80	5	0.939		8
AVERAGE			51	260	3258	138	1838	12	14.3	6.7	5.7	11	136	8	80	9	1.604		10

COMMENTS:

Effluent Sampler malfunction on 09/06/02, no 24 hr. composite sample.
No lab work was run on Sat. Sept. 21 due to Incinerator problems and short staffing.
No lab work was run on Sun Sep 22 due to Incinerator problems and short staffing.
Influent Sampler Refrigerator Malfunction on 09/23/02. No Composite Sampling.

Reporting the period: SEPTEMBER 1 THRU SEPTEMBER 28 2002