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

MAJOR (SUB 01) F - FINAL EFFLUENT \*\*\* NO DISCHARGE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before

30

001 A DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: ADDRESS:	JUNEAU, CITY AND BOROUGH OF		AK-002 PERMIT				
	155 SOUTH SEWARD, JUNEAU, ALASKA 99801					ONITORING PER	IOD
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT		YR	мо	DAY	OWIORINGFER	lob v
LOCATION:	JUNEAU, ALASKA 99801	FROM	2003	4	1	TO	2
ATT:	Scott Jeffers WW Utilities Superintendent						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	етіми	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15.8	(04)	0	1/7	
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	DEG. C	545 A 1	WEEK DAYS	GRAB
XYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	*****	4.1	*****	5.8	(19)	0	1/7	
0300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	2:0 Daily Min.	*****	17.0 DAILY MAX	MG/L	and the second	ONCE/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	*****	*****	184.3	*****	(19)	0	1/7	
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT MO AVG	*****	MG/L		ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG, C)	SAMPLE MEASUREMENT	107.7	*****	(26)	*****	11.0	*****	(19)	0	1/30	
00310 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035 WKLY AVG	Access	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/ MONTH	COMP 24
BOD. 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	69.6	107.7	(26)	*****	7.0	11.0	(19)	0	1/30	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*Wawas	30 MO AVG	60 DAILY MAX	MG/L	a se solomora acido.	ONCE/ MONTH	COMP 24
рн	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.6	(12)	0	5/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MIN.		8,5 MAXIMUM	su		WEEK DAYS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	442	*****	(19)	0	1/30	
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	Name of Street	MG/L		ONCE/ MONTH	COMP 24
I CERTIFY UNDER PENALTY OF LAW THAT I H FOR OBTAINING THE INFORMATION. I BEL INCLUDING THE POSSIBILITY OF FINE AND II	JEVE THE SUBMITTED IN	FORMATION IS TRUE. A	ACCURATE AND COMPL	SUBMITTED HEREIN: ETE. I AM AWARE TH	AT THERE ARE SIGNIFI	CANT PENALTIES FOR	DUALS IMMEDIATELY RES SUBMITTING FALSE INF up to \$10,000 and or maxis	ORMATION,	etween 6 months and 5 vea	ars.	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		7	1/1/20		TELEPHONE			DATE			
Scott Jeffers		Acet	XIIII			907	789-	0393	2003	5	- 8
Wastewater Utilities Superintendent		O.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	PHONE NUMBER		YEAR	мо	DAY
TYPED OR PRINTEL COMMENT AND EXPLANATION OF A Reporting period was from March 30,	NY VIOLATIONS	, 2003.	(REFERENCE ALL				1,				

EPA Form 3320-1 (03-99) Previous editions ma Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 1 OF 3