

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

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

Form Approved.
OMB No. 2040-0004

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FROM		MONITORING PERIOD						TO	
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	
03	06	01	03	06	30				

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	17.0	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	
OXYGEN, DISSOLVED (DO) 00300 1 0 0	MEASUREMENT	*****	*****	*****	4.9	*****	5.4	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	2.0	*****	17.0	MG/L		ONCE/WEEK	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	MEASUREMENT	*****	*****	*****	DAILY MIN.	*****	DAILY MAX	(19)	0	1/7	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MO AVG	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	MEASUREMENT	22.1	*****	(26)	*****	3.0	*****	(19)	0	1/30	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035	*****	LBS/DAY	*****	45	*****	MG/L		ONCE/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	MEASUREMENT	22.1	22.1	(26)	*****	3.0	3.0	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690	1380	LBS/DAY	*****	30	60	MG/L		ONCE/MONTH	
pH	MEASUREMENT	*****	*****	*****	6.1	*****	6.8	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	SU		WEEK DAYS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	MEASUREMENT	*****	*****	*****	*****	485	*****	(19)	0	5/7	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY KNOWLEDGE AND BELIEF, I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*

TELEPHONE: (907) 586-0393
DATE: 03/07/03

AREA CODE: 907
PHONE NUMBER: 586-0393
YEAR: 03
MO: 07
DAY: 03

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