

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

MONITORING PERIOD

FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	8	1		2003	8	31

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	*****	*****	*****	*****	*****	19.9	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	MEASUREMENT	*****	*****	*****	3.7	*****	4.1	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C) 00310 G 0 0	MEASUREMENT	*****	*****	*****	2.0	*****	17.0	(19)	0	ONCE/ WEEK	GRAB
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C) 00310 W 0 0	MEASUREMENT	*****	*****	*****	*****	295	*****	(19)	0	1/30	COMP 24
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 1 0 0	MEASUREMENT	57.0	*****	(26)	*****	4.0	*****	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE pH 00400 1 0 0	MEASUREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	(19)	0	ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	MEASUREMENT	44.9	57.0	(26)	*****	4.0	4.5	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT	MEASUREMENT	090 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	(12)	0	ONCE/ MONTH	COMP 24
	MEASUREMENT	*****	*****	*****	6.4	*****	6.9	(12)	0	5/7	GRAB
	MEASUREMENT	*****	*****	*****	6.0 MIN.	*****	0.5 MAXIMUM	(19)	0	1/30	COMP 24
	MEASUREMENT	*****	*****	*****	*****	377	*****	(19)	0	1/30	COMP 24
	MEASUREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	(19)	0	1/30	COMP 24

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 43 U.S.C. § 1919. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers, Wastewater Utilities Superintendent
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
TELEPHONE: 907 586-0393
DATE: 2003 9 8
AREA CODE: 907
PHONE NUMBER: 586-0393
YEAR: 2003
MO: 9
DAY: 8

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

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	8	1		2003	8	31

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	79.3	*****	(26)	*****	8.9	*****	(19)	0	1/30	
	PERMIT REQUIREMENT	1035	*****	LBS/DAY	*****	45	*****	MG/L		ONCE/MONTH	COMP 24
	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	84.8	207.3	(26)	*****	7.8	14.9	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	690	1380	LBS/DAY	*****	30	60	MG/L		ONCE/MONTH	COMP 24
	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	N/A	N/A	*****	*****	N/A	N/A	(19)	0	1/100	COMP 24
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		SEMI-ANNUAL	COMP 24
	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX				
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	*****	(13)	0	1/7	
	PERMIT REQUIREMENT	*****	*****	*****	*****	800	*****	#/100ML		ONE / WEEK	GRAB
	REQUIREMENT	*****	*****		*****	WKLY GEO	*****				
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	30	(13)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	400	1200	#/100ML		ONE / WEEK	GRAB
	REQUIREMENT	*****	*****		*****	MO GEO	DAILY MAX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.2835	2.5530	(3)	*****	*****	*****	*****	0	7/7	
	PERMIT REQUIREMENT	2.76	6.0	MGD	*****	*****	*****	*****		CONTINUOUS	RECORDED
	REQUIREMENT	MO AVG	DAILY MAX		*****	*****	*****				
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	REQUIREMENT	*****	*****		MN % RMV	*****	*****				

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers Wastewater Utilities Superintendent
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
TELEPHONE: (907) 586-0393
DATE: 2003 9 8
AREA CODE: PHONE NUMBER YEAR MO DAY

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

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

MAJOR (SUB 01) Form Approved. OMB No. 2040-0004
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

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 VWW Utilities Superintendent

(2-19)
AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	8	1		2003	8	31

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	(23)	0	1/30	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT	0	ONCE/MONTH	
COPPER TOTAL RECOVERABLE 01119 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	(28)	0	1/90	COMP 24
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L	0	ONCE/QUARTER	
EFFLUENT GROSS VALUE TOXICITY, M.galloprouvicialis TKG3P 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	(73)	0	1/90	COMP 24
	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	*****	REPORT MAXIMUM	TUc	0	ONCE/QUARTER	
EFFLUENT GROSS VALUE TOXICITY, D.excentricus TKF3N 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	REPORT MAXIMUM	(73)	0	1/90	COMP 24
	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	*****	REPORT MAXIMUM	TUc	0	ONCE/QUARTER	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers Wastewater Utilities Superintendent
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
TELEPHONE: (907) 586-0393
DATE: 2003 9 8

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

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

MAJOR (SUB 01) Form Approved.
F - FINAL OMB No. 2040-0004
UPSTREAM RECEIVING WATER
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

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

REC 1
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YR	MO	DAY
2003	8	1		2003	8	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			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	23.0	*****	(13)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/MONTH MAY-OCT	GRAB
	SAMPLE MEASUREMENT									AND 2/180	GRAB
	PERMIT REQUIREMENT									2 TIMES NOV-APR	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	TELEPHONE (907) 586-0393 AREA CODE PHONE NUMBER	DATE 2003 9 8 YEAR MO DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS			

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

AUGUST 2003

EPA REPORT

DAY	DATE	WEATHER			INFLUENT					EFFLUENT							
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J.D TTL EFFL MGD	S.S mg/L	S.S LBS	BOD mg/L	BOD LBS	TEMP °C	pH	DO mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FECAL Coliform /100 ml
SUN	3		0.05	16.5	1.1170	282	2627					7.2	67				
MON	4	54	0.14	16.2	1.6430	343	4700			17.3	6.7	8.8	121				
TUE	5	61	0.01	15.9	1.1350	290	2745			16.8	6.6	6.4	61				
WED	6	62	0.00	15.6	1.1470	263	2516	112	1071	17.4	6.7	4.1	7.2	69	3.4	32.8	2.0
THU	7	61	0.00	15.8	1.0360	400	3456			17.4	6.8	8.0	69				
FRI	8	66	0.00	16.3	0.9650					19.5	6.9						
SAT	9		0.00	17.0	0.9070												
SUN	10		0.00	17.0	0.9890	508	4190					6.2	51				
MON	11	62	0.00	18.1	1.1310	477	4499			17.3	6.7	6.0	57				
TUE	12	60	0.06	18.0	1.1940	680	6771			17.5	6.6	6.6	66				
WED	13	59	0.10	18.0	1.5330	516	6597	542	6930	17.8	6.9	4.1	10.8	138		30.0	
THU	14	58	0.62	17.6	1.6420	336	4601			16.0	6.6	5.6	79				
FRI	15	60	0.31	16.8	1.4380					19.9	6.6						
SAT	16		0.37	15.9	1.7980												
SUN	17		0.10	15.2	1.2100	616	6216					5.6	57				
MON	18	56	0.01	14.4	1.0890	402	3651			17.9	6.6	5.6	51				
TUE	19	55	0.29	13.7	1.5280					17.0	6.5	7.4	94				
WED	20	50	0.27	13.1	1.5280	302	3844			16.9	6.5	4.0	10.8	137	4.5	57.0	30
THU	21	52	0.01	12.9	1.6740	192	2681			16.0	6.4	14.9	207				
FRI	22	56	0.00	13.3	0.7700					16.8	6.5						
SAT	23		0.01	14.2	1.0760												
SUN	24		0.08	15.3	1.1060	379	3496					7.6	70				
MON	25	58	0.00	14.1	1.1060	474				17.0	6.4	7.8	72				
TUE	26		0.00	16.5	1.1550	406				16.3	6.5	8.8	85				
WED	27	64	0.29	17.4	1.1830	138	1362	230	2269	17.1	6.6	3.7	7.6	75		23	
THU	28	57	0.01	18.0	1.1270	162	1523			16.3	6.4	7.6	71				
FRI	29	57	0.07	18.1	1.1630					16.8	6.6						
SAT	30		0.78	17.8	2.5530												
TOTAL			3.58		35.9390												
MAXIMUM		66	0.78	18.10	2.5530	680	6771	542	6930	19.9	6.9	4.1	14.9	207	4.5	57.0	30
MINIMUM		50	0.00	12.90	0.7700	138	1362	112	1071	16.0	6.4	3.7	5.6	51	3.4	32.8	2
AVERAGE		58	0.13	16.03	1.2835	377	3851	295	3423	17.4	6.6	4.0	7.8	85	4.0	44.9	14

COMMENTS: On 8/6/03 the Eff Fecal grab was < 2.0.
8/19/03 Inf. Sampler down no sample.

% REMOVAL	
B.O.D.	99
S.S.	98

Copper	N/A	ug/L
NH3	N/A	mg/L
NH3	N/A	lbs

Tax Title	N/A
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Weekly TSS,BOD Aver	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	7.5	78.2	3.4	32.8	2
WEEK2	7.1	78.2	3.4	32.8	30
WEEK3	8.9	79.3	4.5	57.0	30
WEEK4	7.9	74.6	4.5	57.0	23
WEEK5					
Max	8.9	79.3	4.5	57.0	14