

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

MAJOR
(SUB 01)
F - FINAL

Form Approved.
OMB No. 2040-0004

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: JUNEAU, ALASKA 99801
100 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
	2004	1	1		2004	1	31

PARAMETER	MEASUREMENT	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.7	(04)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	DEG. C	0	WEEK DAYS	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	9.2	(10)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L	0	ONCE/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	342.5	*****	(19)	0	1/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	79.3	*****	(26)	*****	8.8	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L	0	ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	79.3	79.3	(26)	*****	8.8	8.8	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	090 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE pH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	7.5	(12)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MIN.	*****	8.5 MAXIMUM	SU	0	WEEK DAYS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	286	*****	(19)	0	5/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L	0	ONCE/ MONTH	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 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		TELEPHONE (907) 586-0393	DATE 2004 2 9
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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)

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ATTN: Scott Jeffers WW Utilities Superintendent

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FROM			MONITORING PERIOD			TO		
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
2004	1	1	2004	1	31			

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	179.1	*****	(26)	*****	8.9	*****	(19)	0	5/7	
	PERMIT REQUIREMENT	1035	*****		*****	45	*****			ONCE/MONTH	COMP 24
	WEEKLY AVG	105.5	*****	LBS/DAY	*****	6.7	*****	MG/L	0	5/7	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	105.5	*****	(26)	*****	19.6	*****	(19)	0	ONCE/MONTH	COMP 24
	PERMIT REQUIREMENT	690	1380		*****	30	60			ONCE/MONTH	COMP 24
	MO AVG	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	0	1/180	
EFFLUENT GROSS VALUE 00530 1 0 0	SAMPLE MEASUREMENT	N/A	N/A	*****	*****	N/A	N/A	(19)	0	SEMI-ANNUAL	COMP 24
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		1/7	
	MO AVG	MO AVG	DAILY MAX	*****	*****	MO AVG	DAILY MAX	MG/L	0	ONE / WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00810 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	*****	(13)	0	ONE / WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	800	*****	#/100ML	0	ONE / WEEK	GRAB
	WEEKLY AVG	*****	*****	*****	*****	WEEKLY GEO	*****	#/100ML	0	ONE / WEEK	GRAB
EFFLUENT GROSS VALUE 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	50	(13)	0	ONE / WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	400	1200	#/100ML	0	CONTINUOUS	RECORDED
	MO AVG	MO AVG	DAILY MAX	MGD	*****	MO GEO	DAILY MAX	#/100ML	0	1/30	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	1.558	3.060	(3)	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	2.76	6.0		*****	*****	*****	*****	0	ONCE/MONTH	CALCTD
	MO AVG	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD
EFFLUENT GROSS VALUE 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(23)	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD
	MO AVG	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD
	MO AVG	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (907) 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393

DATE: 2004
YEAR: 2004
MO: 2
DAY: 9

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

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

JANUARY 2004

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	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL Coliform /100 ml
SUN	4		0.00	15.8	0.9320	700	5441					4.6	36				
MON	5	25	0.00	16.3	1.0090	292	2457					4.0	34				
TUE	6	25	0.00	16.8	0.9880	956	7877			10.1		6.2	51				
WED	7	19	0.26	17.1	1.0800	258	2324	880	7926	9.8	6.0	6.6		8.8	79	17.0	
THU	8	27	0.09	17.3	1.1450	230	2196			9.5	7.2	8.3	6.2	59			
FRI	9	32	0.02	17.2	1.1390					9.7	7.2	6.4					
SAT	10		0.12	16.9	2.107												
SUN	11		0.01	16.2	1.326	250	2765					4.4	49				
MON	12	35	0.41	15.6	1.782	276	4102			10.7	7.3	9.2	6.8	101			
TUE	13	39	0.76	15.7	3.060	397	10132			10.4	6.9	6.4	7.6	194			
WED	14	47	1.31	15.7	2.969	200	4952	140	3467	9.3	6.9	6.2	19.6	485		17.0	
THU	15	34	0.06	15.7	1.329	243	2693			9.7	6.8	7.0	6.0	67			
FRI	16	29	0.10	15.8	1.698					9.5	7.2	6.6					
SAT	17		0.50	16.1	1.437												
SUN	18		0.00	16.8	2.109	172	3025					7.8	137				
MON	19	34	0.00	17.7	2.238	182	3397			9.1	7.2	6.5	5.2	97			
TUE	20	40	0.58	18.5	2.510	216	4522			9.7	7.0	7.3	10.2	214			
WED	21	43	0.25	19.1	2.223	94	1733	170	3152	9.8	7.1	6.3				50	
THU	22	10	0.00	19.3	2.090	85	1482			10.1	7.1	6.2	8.2	143			
FRI	23	38	0.02	19.0	1.510					10.6	7.1	6.0					
SAT	24		0.00	18.1	1.199												
SUN	25		0.01	17.2	1.176	213	2089					4.4	43				
MON	26	4	0.01	16.7	1.193	179	1781			7.5	7.3	8.8	2.8	28			
TUE	27	8	0.01	16.0	1.153	343	3298			6.8	7.3	6.5	3.6	35			
WED	28	10	0.01	15.2	1.171	245	2393	180	1758	7.9	7.5	6.9	7.0	68		2	
THU	29	16	0.01	14.4	1.054	188	1653			7.8	7.5	6.6	6.8	60			
FRI	30	21	0.04	13.8	0.973					8.9	7.4	7.5					
SAT	31		0.01	13.6	0.948												
TOTAL			4.59		43.628												
MAXIMUM		47	1.31	19.3	3.060	956	10132	880	7926	10.7	7.5	9.2	19.6	485	9	79	50
MINIMUM		4	0.00	13.6	0.932	85	1482	140	1758	6.8	6.0	5.9	2.8	28	9	79	2
AVERAGE		27	0.16	16.6	1.558	286	3516	343	4076	9.3	7.1	6.9	6.7	106	9	79	22

COMMENTS:

% REMOVAL	
B.O.D.	97.4
S.S.	97.6

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

Tox. Tu _c	N/A
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Weekly TSS/BOD Aver	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	5	45	9	79	17
WEEK2	9	179			17
WEEK3	8	148			50
WEEK4	5	47			2
Max	9	179	9	79	50