

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

MAJOR (SUB 01) Form Approved  
F - FINAL 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  
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 |
|                   | 2004 | 5  | 1   |    | 2004 | 5  | 31  |

| PARAMETER                                   | SAMPLE 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          | MEASUREMENT        | *****               | *****     | *****   | *****                    | *****         | 16.5             | (04)   | 0      | 5/7                   | GRAB        |
| 0001100                                     | PERMIT REQUIREMENT | *****               | *****     | *****   | *****                    | *****         | REPORT DAILY MAX | DEG. C |        | WEEK DAYS             |             |
| EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) | MEASUREMENT        | *****               | *****     | *****   | 2.1                      | *****         | 5.8              | (19)   | 0      | 1/7                   |             |
| 003001000                                   | PERMIT REQUIREMENT | *****               | *****     | *****   | 2.0                      | *****         | 17.0             | MG/L   |        | ONCE/ WEEK            | GRAB        |
| EFFLUENT GROSS VALUE                        | MEASUREMENT        | *****               | *****     | *****   | DAILY MIN.               | *****         | DAILY MAX        | (19)   | 0      | 1/7                   |             |
| BOD, 5-DAY (20 DEG. C)                      | MEASUREMENT        | *****               | *****     | *****   | *****                    | 292.0         | *****            | (19)   | 0      | 1/7                   |             |
| 00310G000                                   | PERMIT REQUIREMENT | *****               | *****     | *****   | *****                    | REPORT MO AVG | *****            | MG/L   |        | ONCE/ MONTH           | COMP 24     |
| RAW SEW/INFLUENT                            | MEASUREMENT        | 62.7                | *****     | (26)    | *****                    | 6.5           | *****            | (19)   | 0      | 1/30                  |             |
| BOD, 5-DAY (20 DEG. C)                      | MEASUREMENT        | 1035                | *****     | LBS/DAY | *****                    | 45            | *****            | (19)   | 0      | ONCE/ MONTH           | COMP 24     |
| 00310W000                                   | PERMIT REQUIREMENT | WKLY AVG            | *****     | LBS/DAY | *****                    | WKLY AVG      | *****            | MG/L   | 0      | ONCE/ MONTH           |             |
| SEE COMMENTS BELOW                          | MEASUREMENT        | 62.7                | *****     | (26)    | *****                    | 6.5           | *****            | (19)   | 0      | 1/30                  |             |
| BOD, 5-DAY (20 DEG. C)                      | MEASUREMENT        | 690                 | 1380      | LBS/DAY | *****                    | 30            | 60               | (12)   | 0      | ONCE/ MONTH           | COMP 24     |
| 00310I000                                   | PERMIT REQUIREMENT | MO AVG              | DAILY MAX | LBS/DAY | *****                    | MO AVG        | DAILY MAX        | MG/L   | 0      | ONCE/ MONTH           |             |
| EFFLUENT GROSS VALUE                        | MEASUREMENT        | *****               | *****     | *****   | 6.4                      | *****         | 6.9              | (12)   | 0      | 5/7                   | GRAB        |
| pH  | MEASUREMENT        | *****               | *****     | *****   | 6.0                      | *****         | 8.5              | SU     |        | WEEK DAYS             |             |
| 004001000                                   | PERMIT REQUIREMENT | *****               | *****     | *****   | MIN.                     | *****         | MAXIMUM          | (19)   | 0      | 5/7                   | GRAB        |
| EFFLUENT GROSS VALUE                        | MEASUREMENT        | *****               | *****     | *****   | *****                    | 373           | *****            | MG/L   |        | ONCE/ MONTH           | COMP 24     |
| SOI'S, TOTAL SU' IDED                       | MEASUREMENT        | *****               | *****     | *****   | *****                    | REPORT MO AVG | *****            | MG/L   |        | ONCE/ MONTH           | COMP 24     |
| 00500G000                                   | PERMIT REQUIREMENT | *****               | *****     | *****   | *****                    | *****         | *****            | MG/L   |        | ONCE/ MONTH           |             |
| RAW SEW/INFLUENT                            | PERMIT REQUIREMENT | *****               | *****     | *****   | *****                    | *****         | *****            | 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 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  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
TELEPHONE: (907) 586-0393  
DATE: 2004 6 9  
AREA CODE: 907  
PHONE NUMBER: 586-0393  
YEAR: 2004  
MO: 6  
DAY: 9

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

| FROM |    | MONITORING PERIOD |      |    |     |    |    | TO  |  |
|------|----|-------------------|------|----|-----|----|----|-----|--|
| YR   | MO | DAY               | YR   | MO | DAY | YR | MO | DAY |  |
| 2004 | 5  | 1                 | 2004 | 5  | 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<br>001 W 0 0<br>SEE COMMENTS BELOW                 | SAMPLE MEASUREMENT | 192.1               | *****            | (26)    | *****                    | 17.1          | *****            | (19)    | 0      | 5/7                   |             |
|  | PERMIT REQUIREMENT | 1035 WKLY AVG       | *****            | LBS/DAY | *****                    | 45 WKLY AVG   | *****            | MG/L    |        | ONCE/MONTH            | COMP 24     |
| SOLIDS, TOTAL SUSPENDED<br>00530 1 0 0                                     | SAMPLE MEASUREMENT | 111.5               | 454.2            | (26)    | *****                    | 11.6          | 32.8             | (19)    | 0      | 5/7                   |             |
|  | PERMIT REQUIREMENT | 690 MO AVG          | 1390 DAILY MAX   | LBS/DAY | *****                    | 30 MO AVG     | 60 DAILY MAX     | MG/L    |        | ONCE/MONTH            | COMP 24     |
| EFFLUENT GROSS VALUE   | SAMPLE MEASUREMENT | N/A                 | N/A              | *****   | *****                    | N/A           | N/A              | (19)    | 0      | 1/180                 |             |
| NITROGEN, AMMONIA TOTAL (AS N)<br>00610 1 0 0                              | PERMIT REQUIREMENT | REPORT MO AVG       | REPORT DAILY MAX | *****   | *****                    | REPORT MO AVG | REPORT DAILY MAX | MG/L    |        | SEMI-ANNUAL           | COMP 24     |
| EFFLUENT GROSS VALUE   | SAMPLE MEASUREMENT | *****               | *****            | *****   | *****                    | 30            | *****            | (13)    | 0      | 1/7                   |             |
| COLIFORM, FECAL MF, M-FC BROTH, 44.6C<br>31616 W 0 0<br>SEE COMMENTS BELOW | PERMIT REQUIREMENT | *****               | *****            | *****   | *****                    | 800 WKLY GEO  | *****            | #/100ML |        | ONE / WEEK            | GRAB        |
| COLIFORM, FECAL MF, M-FC BROTH, 44.5C<br>31616 1 0 0                       | SAMPLE MEASUREMENT | *****               | *****            | *****   | *****                    | 7             | 30               | (13)    | 0      | 1/7                   |             |
|  | PERMIT REQUIREMENT | *****               | *****            | *****   | *****                    | 400 MO GEO    | 1200 DAILY MAX   | #/100ML |        | ONE / WEEK            | GRAB        |
| EFFLUENT GROSS VALUE   | SAMPLE MEASUREMENT | 1.0078              | 1.6910           | (3)     | *****                    | *****         | *****            | *****   | 0      | 7/7                   |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 0                    | PERMIT REQUIREMENT | 2.76 MO AVG         | 6.0 DAILY MAX    | MGD     | *****                    | *****         | *****            | *****   |        | CONTINUOUS            | RECORDED    |
| EFFLUENT GROSS VALUE   | SAMPLE MEASUREMENT | *****               | *****            | *****   | *****                    | *****         | *****            | (23)    | 0      | 1/30                  |             |
| BC 1 DAY PERCENT REMOVAL<br>81010 K 0 0                                    | PERMIT REQUIREMENT | *****               | *****            | *****   | 85 MN % RMV              | *****         | *****            | PERCENT |        | ONCE/MONTH            | CALCTD      |

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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 IICRC)

TELEPHONE  
 (907) 586-0393

DATE  
 2004 6 9

AREA CODE PHONE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

(2-16)  
AK-002321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

| MONITORING PERIOD |      |    |     |    |      |    |     |
|-------------------|------|----|-----|----|------|----|-----|
| FROM              | YR   | MO | DAY | TO | YEAR | MO | DAY |
|                   | 2004 | 5  | 1   |    | 2004 | 5  | 31  |

| PARAMETER  | MEASUREMENT        | QUANTITY OR LOADING               |         |       | QUALITY OR CONCENTRATION |               |                  |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|-----------------------------------|---------|-------|--------------------------|---------------|------------------|---------|--------|-----------------------|-------------|
|  |                    | AVERAGE                           | MAXIMUM | UNITS | MINIMUM                  | AVERAGE       | MAXIMUM          | UNITS   |        |                       |             |
| SUSPENDED SOLIDS<br>PERCENT REMOVAL<br>TKG3P 1 0 0 | SAMPLE MEASUREMENT | *****                             | *****   | ***** | 97                       | *****         | *****            | (23)    | 0      | 1/30                  |             |
|  | PERMIT REQUIREMENT | *****                             | *****   | ***** | 85                       | *****         | *****            | PERCENT |        | ONCE/MONTH            | CALCTD      |
| COPPER<br>TOTAL RECOVERABLE<br>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    |        | ONCE/QUARTER          |             |
| TOXICITY,<br>M.galluprovincialis<br>TKG3P 1 0 0    | SAMPLE MEASUREMENT | *****                             | *****   | ***** | *****                    | *****         | N/A              | (73)    | 0      | 1/90                  |             |
|  | PERMIT REQUIREMENT | Start 1/02/2004 through 4/30/2005 |         |       |                          |               | REPORT MAXIMUM   | TUc     |        | ONCE/QUARTER          | COMP 24     |
| TOXICITY,<br>D.excentricus<br>TKF3N 1 0 0          | SAMPLE MEASUREMENT | *****                             | *****   | ***** | *****                    | *****         | N/A              | (73)    | 0      | 1/90                  |             |
|  | PERMIT REQUIREMENT | Start 1/02/2004 through 4/30/2005 |         |       |                          |               | REPORT MAXIMUM   | TUc     |        | ONCE/QUARTER          | COMP 24     |
| EFFLUENT GROSS VALUE                               | SAMPLE MEASUREMENT |                                   |         |       |                          |               |                  |         |        |                       |             |
|  | PERMIT REQUIREMENT |                                   |         |       |                          |               |                  |         |        |                       |             |
| EFFLUENT GROSS VALUE                               | SAMPLE MEASUREMENT |                                   |         |       |                          |               |                  |         |        |                       |             |
|  | PERMIT REQUIREMENT |                                   |         |       |                          |               |                  |         |        |                       |             |

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers, Wastewater Utilities Superintendent  
 TYPED OR PRINTED: Scott Jeffers  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*  
 (REFERENCE ALL ATTACHMENTS HERE)

AREA CODE: (907) TELEPHONE: 586-0393  
 YEAR: 2004 DATE: 6/9  
 MO: 6 DAY: 9

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

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

MAJOR  
(SUB 01)  
F - FINAL

Form Approved.  
**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

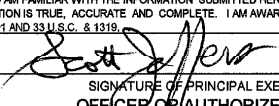
(2-18)  
AK-002321-3  
PERMIT NUMBER

REC1  
DISCHARGE NUMBER

| MONITORING PERIOD |      |    |     |    |      |    |     |
|-------------------|------|----|-----|----|------|----|-----|
| FROM              | YR   | MO | DAY | TO | YEAR | MO | DAY |
|                   | 2003 | 5  | 1   |    | 2003 | 5  | 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   |        |                               |             |
| COLIFORM, FECAL MF, M-FC BROTH, 44.5C<br>31810 1 0 0<br>EFFECTIVE GROSS VALUE |                                       | *****               | *****   | ***** | *****                    | 2             | *****            | (13)    | 0      | 1/30                          | GRAB        |
|   |                                       | *****               | *****   | ***** | *****                    | REPORT MO AVG | REPORT DAILY MAX | #/100ML |        | ONCE/MONTH MAY-SEPT           | GRAB        |
|   |                                       |                     |         |       |                          |               |                  |         |        | 1/180<br>2 TIMES<br>OCT-APRIL | GRAB        |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |
|   |                                       |                     |         |       |                          |               |                  |         |        |                               |             |

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|  |   |                             |                  |      |        |
|--|---|-----------------------------|------------------|------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br>Scott Jeffers<br>Wastewater Utilities Superintendent |  | TELEPHONE<br>(907) 586-0393 | DATE<br>2004 6 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)  |                             |                  |      |        |