

ADDITIONAL 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  
TITLE: Scott Jeffers WW Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

FROM

MONITORING PERIOD			YEAR	MO	DAY
YR	MO	DAY	2004	7	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.1	(04)	0	5/7	GRAB
EG, ( ) GRADE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	DEG. C	0	WEEK DAYS	GRAB
0010 0 0	PERMIT REQUIREMENT	*****	*****	*****	2.3	*****	4.4	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	2.0	*****	17.0	MG/L	0	ONCE/WEEK	GRAB
XYGEN, DISSOLVED (DO)	PERMIT REQUIREMENT	*****	*****	*****	DAILY MIN.	*****	DAILY MAX	(19)	0	1/7	COMP 24
3300 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	412.3	*****	MG/L	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	11.7	*****	(19)	0	1/30	COMP 24
30D, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	*****	*****	45	*****	MG/L	0	ONCE/MONTH	COMP 24
0310 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	WKLY AVG	*****	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	104.6	*****	(26)	*****	11.7	*****	(19)	0	ONCE/MONTH	COMP 24
30D, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	1035	*****	LBS/DAY	*****	WKLY AVG	*****	(19)	0	1/30	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	104.6	104.6	(26)	*****	11.7	11.7	(19)	0	ONCE/MONTH	COMP 24
30D, 6 DAY (20 DEG. C)	PERMIT REQUIREMENT	690	1380	LBS/DAY	*****	30	60	MG/L	0	ONCE/MONTH	COMP 24
0310 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.4	*****	7.1	(12)	0	WEEK DAYS	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	8.5	SU	0	ONCE/MONTH	COMP 24
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MIN.	*****	MAXIMUM	(19)	0	5/7	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	330	*****	MG/L	0	ONCE/MONTH	COMP 24
SOLID TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	(19)	0	ONCE/MONTH	COMP 24
SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	ONCE/MONTH	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	ONCE/MONTH	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: (907) 588-0393

DATE: 2004 8 9

AREA CODE: [ ] PHONE NUMBER: [ ] YEAR: [ ] MO: [ ] DAY: [ ]

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

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

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NOTE: Read instructions before completing this form.

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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	7	1	2004	7	31			

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLID TOTAL SUSPENDED SOLIDS, TOTAL SUSPENDED SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW		373.3	*****	(26)	*****	18.2	*****	(19)	0	5/7	COMP 24
		1035	*****	LBS/DAY	*****	45	*****	MG/L	0	ONCE/MONTH	COMP 24
		150.3	1047.2	(26)	*****	12.4	38.4	(19)	0	5/7	COMP 24
		690	1380	LBS/DAY	*****	30	60	MG/L	0	ONCE/MONTH	COMP 24
		N/A	N/A	*****	*****	N/A	N/A	(19)	0	1/180	COMP 24
		REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L	0	SEMI-ANNUAL	COMP 24
		92	*****	*****	*****	92	*****	(13)	0	1/7	GRAB
		800	*****	*****	*****	WKLY GEO	*****	#/100ML	0	ONE / WEEK	GRAB
		19	92	(13)	*****	400	1200	#/100ML	0	ONE / WEEK	GRAB
		1.1420	3.2700	(3)	*****	*****	*****	*****	0	7/7	RECORDED
		2.76	6.0	MGD	*****	*****	*****	*****	0	CONTINUOUS	RECORDED
		97	*****	*****	*****	*****	*****	(23)	0	1/30	CALCTD
		85	*****	*****	*****	MN % RMV	*****	PERCENT	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: [Signature]  
TELEPHONE: (907) 586-0393  
DATE: 2004 8 9  
AREA CODE: PHONE NUMBER: YEAR: MO: DAY:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT  
LOCATION: JUNEAU, ALASKA 99801  
ATTN: Scott Jeffers WW Utilities Superintendent

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

001 A  
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	7	1		2004	7	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			
SOLID SUSPENDED PERCENT REMOVAL 31011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	96	*****	*****	(23)	0	1/30 ONCE/ MONTH	CALCTD
PERCENT REMOVAL COPPER	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT (28)	0	1/90 ONCE/ QUARTER	COMP 24
TOTAL RECOVERABLE 11119 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L (73)	0	1/90 ONCE/ QUARTER	
EFFLUENT GROSS VALUE TOXICITY, V.galloprovincialis FKG3P 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	NOEC IC25	TU's TU's	(73)	0	1/90 ONCE/ QUARTER	COMP 24
EFFLUENT GROSS VALUE TOXICITY, J.excentricus TKF3N 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	NOEC IC25	TU's TU's	(73)	0	1/90 ONCE/ QUARTER	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	REPORT DAILY MAX	TUc	(73)	0		
	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	REPORT DAILY MAX	TUc	(73)	0		
	PERMIT REQUIREMENT										
	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: 2004 8 9

AREA CODE: 907 PHONE NUMBER: 586-0393 YEAR: 2004 MO: 8 DAY: 9

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



**JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY**  
Juneau, Alaska

EPA REPORT

JULY 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	19.1	1.088	186	1688					11.4	103				
MON	5	58	0.18	18.4	1.199	254	2540			18.9	6.4	3.6	9.2	92			
TUE	6	53	0.04	17.2	1.072	700	6258	695	6214	16.7	6.4	4.1	14.6	131	12	105	
WED	7	62	0.00	15.6	1.004	236	1993			16.9	6.7	3.1	15.2	127		92	
THU	8	64	0.00	15.4	0.950	369	2924			17.2	6.8	2.7	10.4	82			
FRI	9	60	0.00	15.0	0.832					17.8	6.7	3.5					
SAT	10		0.00	14.6	0.732												
SUN	11		0.01	14.5	0.910	381	2892						12.6	96			
MON	12	62	0.00	14.7	0.960	344	2754			17.3	6.6	3.8	9.0	72			
TUE	13	67	0.00	15.0	1.072	484	4327	360	3219	17.9	6.7	3.5	12.6	113			
WED	14	65	0.00	12.8	1.076	330	2961			17.2	7.0	2.7	13.6	122		5	
THU	15	66	0.00	15.4	0.766	381	2434			18.1	7.0	2.5	6.4	41			
FRI	16	69	0.00	15.9	0.755					18.0	7.0	2.6					
SAT	17		0.00	16.3	0.823												
SUN	18		0.07	16.5	0.861	410	2944						8.4	60			
MON	19	64	0.00	16.5	0.924	348	2682			17.8	7.1	2.3	10.4	80			
TUE	20	59	0.03	16.2	1.057	340	2907	283	2495	18.7	6.7	3.1	12.2	108			
WED	21	60	0.39	15.7	0.980	366	2991			19.8	6.9	3.1	7.2	59		11	
THU	22	64	0.00	15.3	0.988	354	2917			19.8	7.0	2.7	9.4	77			
FRI	23	66	0.00	15.3	0.892					20.1	7.0	2.7					
SAT	24		0.95	15.3	2.247												
SUN	25		0.03	15.3	0.911	206	1565										
MON	26	60	0.00	15.5	0.9240	208	1603						7.2	55			
TUE	27	55	0.81	16.0	3.2700	350	9545	311	8482	18.4	6.7	3.4	38.4	1047			
WED	28	69	0.77	16.8	1.6750	148	2067			19.4	7.0	3.2	15.0	210		24	
THU	29	58	0.11	16.8	1.8060	204	3073			17.6	6.8	4.4	12.0	181			
FRI	30	58	0.00	17.7	1.1960					18.0	7.0	3.5					
SAT	31		0.00	18.6	1.0050												
TOTAL			3.39		31.975												
MAXIMUM		69	0.95	19.10	3.2700	700	9545	695	8482	20.1	7.1	4.4	38	1047	12	105	92
MINIMUM		53	0.00	12.80	0.7320	148	1565	283	2495	16.7	6.4	2.3	6	41	12	105	5
AVERAGE		61	0.12	15.99	1.1420	330	3158	412	5102	18.2	6.8	3.2	12	150	12	105	19

COMMENTS:

% REMOVAL	
B.O.D.	97
S.S.	96

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

Tox TUC	

Weekly		Weekly				
TSS/BOD	Aver.	TSS		BOD		Coliform Geo. Mean
		mg/l	lbs	mg/l	lbs	
WEEK1	12	107	12	105	92	
WEEK2	11	89			5	
WEEK3	10	77			11	
WEEK4	18	373			24	
WEEK5						
Max	18	373	12	105	92	