

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

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

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (include Facility name if location is 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	8	1		2004	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	*****	*****	*****	*****	*****	20.6	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	MEASUREMENT	*****	*****	*****	3.2	*****	7.3	(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	254.0	*****	(26)	*****	336.0	*****	(19)	0	1/7	COMP 24
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 W 0 0	MEASUREMENT	220.0	*****	(26)	*****	REPORT MO AVG	*****	(19)	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE pH 00400 1 0 0	MEASUREMENT	6.4	*****	*****	6.4	30	60	(12)	0	1/30	COMP 24
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 G 0 0	MEASUREMENT	*****	*****	*****	6.0	365	*****	(19)	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	MEASUREMENT	*****	*****	*****	6.0	REPORT MO AVG	*****	(19)	0	5/7	GRAB
RAW SEW/INFLUENT	MEASUREMENT	*****	*****	*****	*****	*****	*****	(19)	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. 6 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 9 10

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

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: 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	8	1		2004	8	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00630 W 0 0 SEE COMMENTS BELOW	173.0	1035	*****	(26)	*****	19.2	*****	(19)	0	5/7	COMP 24
	PERMIT REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	45	*****	MG/L	0	ONCE/MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	119.4	119.4	253.9	(26)	*****	13.6	27.6	(19)	0	5/7	COMP 24
	PERMIT REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	30	60	MG/L	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	N/A	REPORT	REPORT	*****	*****	N/A	N/A	(19)	0	1/180	COMP 24
	PERMIT REQUIREMENT	MO AVG	DAILY MAX	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	SEMI-ANNUAL	COMP 24
EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	180	*****	(13)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	800	*****	#/100ML	0	ONE / WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	*****	*****	*****	*****	*****	16	180	(13)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	400	1200	#/100ML	0	ONE / WEEK	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	1.0413	1.0413	1.6310	(9)	*****	*****	*****	*****	0	7/7	RECORDED
	PERMIT REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****	0	CONTINUOUS	RECORDED
EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	*****	*****	*****	*****	*****	94	*****	(23)	0	1/30	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	PERCENT	0	ONCE/MONTH	CALCTD

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 18 U.S.C. 893. (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

TELEPHONE: (907) 586-0393

DATE: 2004 9 10

AREA CODE: 907

PHONE NUMBER: 586-0393

YEAR: 2004

MO: 9

DAY: 10

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 VWW Utilities Superintendent

(8-10)
AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YR	MO	DAY
2004	8	1		2004	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			
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	*****	*****	*****	*****	96	*****	*****	(23)	0	1/30	
PERCENT REMOVAL COPPER	*****	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT	0	ONCE/ MONTH	CALCTD
TOTAL RECOVERABLE EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	N/A	N/A	(28)	0	1/90	COMP 24
TOXICITY, d.galloprovincialis TKG3P 1 0 0	*****	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L	0	ONCE/ QUARTER	
EFFLUENT GROSS VALUE TOXICITY, D.excentricus TKF3N 1 0 0	*****	*****	*****	*****	*****	*****	N/A	(73)	0	1/90	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT MAXIMUM	REPORT MAXIMUM	TUc	0	ONCE/ QUARTER	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 2383 U.S.C. 1001. (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 9 10

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

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

MAJOR (SUB 01) Form Approved. OMB No. 2040-0004
F - FINAL
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

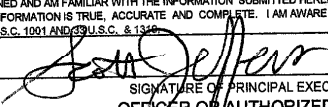
(2-18)
AK-002321-3
PERMIT NUMBER

REC1
DISCHARGE NUMBER

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

PARAMETER	X	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		*****	*****	*****	*****	<2	*****	(13)	0	1/30	GRAB
31616 1 0 0		*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	#/100ML		ONCE/MONTH MAY-SEPT	GRAB
EFFLUENT GROSS VALUE										1/180	GRAB
										2 TIMES OCT-APRIL	GRAB

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. 8 1316. (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 TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	TELEPHONE (907) 586-0393 AREA CODE PHONE NUMBER	DATE 2004 9 10 YEAR MO DAY
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

August 2004

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	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	1		0.11	19.0	1.1070	314	2899					9.2	85				
MON	2	61	0.07	19.0	1.3050	240	2612			18.0	7.0	3.5	6.8	74			
TUE	3	57	0.41	18.3	1.2850	358	3837	426	4565	18.5	6.6	3.9	19.2	206	24	254	
WED	4	63	0.00	17.2	1.2090	204	2057			18.0	7.0	3.4	10.6	107		180.0	
THU	5	62	0.00	16.4	1.0320	68	585			18.2	6.9	3.4	6.0	52			
FRI	6	61	0.00	15.5	0.8330					19.0	6.8	4.4					
SAT	7		0.00	14.6	0.7950												
SUN	8		0.00	13.8	0.7090	400	2365					6.0	35				
MON	9	64	0.00	13.4	0.8280	248	1713			18.1	7.0	3.9	6.8	47			
TUE	10	67	0.08	13.5	1.2530	616	6437			19.6	6.5	3.3	15.8	165			
WED	11	63	0.25	14.1	0.9670	208	1677			19.5	7.2	5.5	8.0	65		22.0	
THU	12	63	0.00	12.5	1.0170	610	5225			19.4	7.8	3.9	12.4	105			
FRI	13	64	0.00	14.9	0.8610					20.6	7.0	3.7					
SAT	14		0.00	15.7	0.8310												
SUN	15		0.00	16.4	0.8590	858	6147					17.6	126				
MON	16	69	0.00	16.8	0.9390	352	2757			19.4	7.0	3.2	13.8	108			
TUE	17	66	0.00	17.0	1.3120	306	3348	246	2692	18.8	6.6	6.7	23.2	254	17	186	
WED	18	64	0.13	16.8	1.0840	316	2804			18.9	7.0	5.7	27.6	245		2	
THU	19	61	0.25	16.7	1.1660	260	2528			18.5	7.0	7.1	13.6	132			
FRI	20	59	0.02	16.7	1.1360					10.5	7.0	6.1					
SAT	21		0.00	16.4	0.8230												
SUN	22		0.00	15.9	0.7270	448	2716					24.0	146				
MON	23	61	0.00	15.3	1.0210	290	2469			18.5	6.4	6.6	6.4	54			
TUE	24	59	0.00	14.9	0.9310	556	4317			18.5	7.0	6.4	18.4	143			
WED	25	59	0.01	15.2	0.8070	338	2529			19.0	7.0	7.0	14.8	111		8	
THU	26	60	0.29	16.1	1.2780	304	3240			18.3	6.8	7.3	12.0	128			
FRI	27	57	0.59	14.4	1.3410					18.5	6.8	6.8					
SAT	28		0.44	15.9	1.6310												
TOTAL			2.65		29.1570												
MAXIMUM		69	0.59	19.0	1.6310	858	6437	426	4565	20.6	7.8	7.3	27.6	254	24	254	180
MINIMUM		57	0.00	12.5	0.7090	68	585	246	2692	18.0	6.4	3.2	6.0	35	17	186	2
AVERAGE		62	0.095	15.8	1.0413	365	3113	336	3629	18.8	6.9	5.1	13.6	119	20	220	16

% REMOVAL	
B.O.D.	94
S.S.	96

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

Tox. TUC	N/A
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Weekly	TSS				BOD		Weekly Coliform Geo. Mean
	TSS mg/l	TSS lbs	BOD mg/l	BOD lbs			
WEEK1	10	105	24	254		180	
WEEK2	10	83				22	
WEEK3	19	173	17	186		2	
WEEK4	15	116				8	
WEEK5							
Max	19	173	24	254		180	