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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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

PERMITTEE NAME/ADDRESS(Include Fa	cility name/Location if	different)			AK-007	321-3				001			
NAME:	JUNEAU, CITY AND B		AK-002321-3 PERMIT NUMBER					DISCHARGE	DISCHARGE NUMBER				
ADDRESS:		.55 SOUTH SEWARD, UNEAU, ALASKA 99801											
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT			!	100	МО	DAY	ORING PE	RIOD YEAR	MO	DAY		
LOCATION:		JUNEAU, ALASKA 99801			YR 2004	MO 11	01	то	2004	11	30		
ATT:	Scott Jeffers WW Utilities Superintendent		nt	FROM	2004			j 10 L		FREQUENCY	SAMPLE		
PARAMETER		QUANTITY OR LOADING			QUAL	ITY OR CONCENT	RATION	NO. EX		OF ANALYSIS	TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
	SAMPLE	AVERAGE	Thousand.				13.7	(04)	0				
TEMPERATURE, WATER	- · · · · - ·	*****	*****	****	*****	*****				5/7			
DEG, CENTIGRADE	MEASUREMENT	******		d l			REPORT	1		WEEK	GRAB		
00010 1 0 0	PERMIT	*****	*****	****	*****	*****	DAILY MAX	DEG. C		DAYS			
EFFLUENT GROSS VALUE	REQUIREMENT				4.2		6.3	(19)	0				
OXYGEN, DISSOLVED	SAMPLE		****	****	7.2	*****		, ,		1/7			
(DO)	MEASUREMENT	*****	*****		2.0		17.0	1 1		ONCE/	GRAB		
00300 1 0 0	PERMIT			****	DAILY MIN.	*****	DAILY MAX	MG/L		WEEK			
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	DAILT MIN.	256.0	DALITIM	(19)	0				
BOD, 5-DAY	SAMPLE				*****	256.0	*****	(13)	ŭ	1/30			
(20 DEG. C)	MEASUREMENT	*****	*****	****	*****					ONCE/	COMP 24		
00310 G 0 0	PERMET					REPORT	*****	MG/L		MONTH	JU, 11 - 1		
RAW SEW/INFLUENT	REQUIREMENT	*****	*****	****	*****	MO AVG	4400000		0	HOME			
BOD, 5-DAY	SAMPLE	69.2		(26)		8.3	*****	(19)	U	1/30			
(20 DEG. C)	MEASUREMENT		*****		****		******			ONCE/	COMP 24		
00310 W 0 0	PERMIT	1035				45					COMP 21		
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L		MONTH			
BOD, 5-DAY	SAMPLE	69.2	69.2	(26)	*	8.3	8.3	(19)	0				
(20 DEG. C)	MEASUREMENT				*****					1/30			
00310 1 0 0	PERMIT	690	1380			30	60			ONCE/	COMP 24		
	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH			
EFFLUENT GROSS VALUE	SAMPLE				6.8		7.2	(12)	0				
pH	MEASUREMENT	*****	*****	****	1	*****				5/7			
-					6.0		8.5			WEEK	GRAB		
00400 1 0 0	PERMIT	*****	****	****	MIN.	*****	MUMIXAM	SU		DAYS			
EFFLUENT GROSS VALUE	REQUIREMENT					268.0		(19)	0				
SOLIDS, TOTAL	SAMPLE	*****	*****	****	*****	1	*****			1/30			
SUSPENDED	MEASUREMENT	******			***************************************	REPORT				ONCE/	COMP 24		
00530 G 0 0	PERMIT	*****	*****	****	*****	MO AVG	*****	MG/L		MONTH			
RAW SEW/INFLUENT	REQUIREMENT I certify under penalty of			88		- A		ÿI		TELEPHONE			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1000		. aggregation of with the st	vstem designed	D			907 AREA	586-0393				
Scott Jeffers	to assure that the qualifi	ed personnel properly	or persons who manage	e the system.	As to fille			12		PHONE NUI	MBER		
Wastewater Utilities Superintendent	or those persons directly	responsible for gathe	ring the information, the	ne information	1000	'Y Y				12			
	submitted. Jassed on my indumy of the posterior to posterior the information of the posterior posterior mentions and industrial posterior posterior mentions and the posterior posterior mention of the posterior posterior mentions and posterior mention of the posterior posterior posterior posterior mention of the posterior mention of th			ormation,				AL EXECUTIVE 2004 TZED AGENT YEAR			B DAY		
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.							ILAK	MO				
COMMENT AND EXPLANATION OF A	NY VIOLATIONS			Toxicity resu	its attached; fu	m report to for	iow.						
The reporting period was from	10/31/2004 thr	ough 11/27/2	2004.					00424/00	1209 1904		PAGE 1 OF 3		
EPA Form 3320-1 (03-99) Previous editions	may be used.		(REPLACES EPA FO	RM T-40 WHICH	MAY NOT BE USED)).		00434/98	1203 1307				

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PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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

*** NO DISCHARGE

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001 A

AK-002321-3 JUNEAU, CITY AND BOROUGH OF NAME: DISCHARGE NUMBER PERMIT NUMBER ADDRESS: 155 SOUTH SEWARD. JUNEAU, ALASKA 99801 MONITORING PERIOD FACILITY: DAY YEAR MO DAY YR LOCATION: JUNEAU, ALASKA 99801 2004 11 01 2004 11 30 FROM Scott Jeffers WW Utilities Superintendent ATT: SAMPLE FREQUENCY QUALITY OR CONCENTRATION NO. QUANTITY OR LOADING PARAMETER OF ANALYSIS TYPE ΕX MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS AVERAGE (19) 0 (26)18.7 SAMPLE 439.5 SOLIDS, TOTAL ***** ***** 5/7 MEASUREMENT SUSPENDED ONCE/ GRAB 45 00530 W 0 0 1035 MONTH **** ***** ***** WKLY AVG MG/L WKLY AVG LBS/DAY REQUIREMENT SEE COMMENTS BELOW 12.3 27.6 (19) 0 794.1 (26) SAMPLE 192.9 SOLIDS, TOTAL 5/7 ***** MEASUREMENT SUSPENDED GRAB ONCE/ 30 60 1380 PERMIT 690 00530 1 0 0 DAILY MAX MONTH DAILY MAX LBS/DAY ***** MO AVG MG/L EFFLUENT GROSS VALUE REQUIREMENT MO AVG 0 N/A N/A (19)NITROGEN, AMMONIA SAMPLE N/A N/A (26) 1/180 ***** MEASUREMENT TOTAL (AS N) COMP 21 REPORT REPORT CEMI-REPORT REPORT 00610 1 0 0 PERMIT ANNUAL ***** MO AVG DAILY MAX MG/L DAILY MAX LBS/DAY EFFLUENT GROSS VALUE REQUIREMENT MO AVG 0 COLIFORM, FECAL MF SAMPLE MEASUREMENT ***** ***** **** M-FC BROTH, 44.5 C ONCE/ COMP 24 800 #/ 31616 W 0 0 PERMIT ***** WEEK WKLY GEO ML100 SEE COMMENTS BELOW REQUIREMENT 7.5 12.0 (13)0 SAMPLE COLIFORM, FECAL MF ***** 1/7 ***** M-FC BROTH, 44.5 C MEASUREMENT ***** 400 1200 ONCE/ COMP 24 PERMIT 31616 1 0 0 WEEK MO GEO DAILY MAX ML100 EFFLUENT GROSS VALUE REQUIREMENT 1.7925 4.1880 (03) FLOW, IN CONDUIT, OR SAMPLE ***** ***** ***** 7/7 MEASUREMENT THRU TREATMENT PLANT CONTINUOS GRAB PERMIT 2.76 6.0 50050 1 0 0 ***** **** DAILY MAX MGD MO AVG **EFFLUENT GROSS VALUE** REQUIREMENT (23) 0 BOD, 5-DAY PERCENT 96.8 ***** **** ***** ***** 1/30 MEASUREMENT REMOVAL % ONCE/ COMP 24 85 MIN. 81010 K 0 0 PERMIT MONTH % REMOVAL PERCENT REQUIREMENT PERCENT REMOVAL certify under penalty of law that this document and all attachmen TELEPHONE **586-0393** NAME/TITLE PRINCIPAL EXECUTIVE OFFICER prepared under my direction or supervision in accordance with the system designed Scott Jeffers Wastewater Utilities Superintendent assure that the qualified personnel properly gather and evaluate the information PHONE NUMBER submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for authoriza the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. IGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 8 DAY TYPED OR PRINTED Faxed copy of Toxicity results attached; full report to follow. COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 10/31/2004 through 11/27/2004. EPA Form 3320-1 (03-99) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

PAGE 2 OF 3

00434/981209 1904

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

JUNEAU, CITY AND BOROUGH OF

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME:

MAJOR (SUB 01) F - FINAL

Form Approved.
OMB No. 2040-0004

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

AK-002321-3 001 A ADDRESS: 155 SOUTH SEWARD. DISCHARGE NUMBER PERMIT NUMBER JUNEAU, ALASKA 99801 FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT MONITORING PERIOD LOCATION: JUNEAU, ALASKA 99801 YR MO DAY YEAR МО DAY Scott Jeffers WW Utilities Superintendent FROM 2004 11 01 то 2004 11 30 ATT: PARAMETER QUALITY OR CONCENTRATION FREQUENCY OF ANALYSIS QUANTITY OR LOADING NO. SAMPLE TYPE AVERAGE MAXIMUM MINIMIM AVERAGE UNITS MAXIMUM UNITS SOLIDS, SUSPENDED SAMPLE 95.4 0 (23) PERCENT REMOVAL MEASUREMENT ***** ***** ***** ***** 1/30 81011 K 0 0 PERMIT 85 MIN. REPORT % ONCE/ GRAB PERCENT REMOVAL REQUIREMENT ***** % REMOVAL DAILY MAX PERCENT MONTH COPPER SAMPLE N/A N/A (19) 0 TOTAL RECOVERABLE MEASUREMENT 1/90 PERMIT REPORT REPORT 01119 1 0 0 ONCE/ GRAB **EFFLUENT GROSS VALUE** REQUIREMENT ***** ***** **** ***** MO AVG DAILY MAX QUARTER MG/L NEOC TU's= TOXICITY SAMPLE 6.67 (2F) 0 M.galloprovinciallis MEASUREMENT ***** ***** **** ***** IC25 TU's= <6.67 1/90 TKG3P 1 0 0 COMP 24 PERMIT ACCUTE ONCE/ ***** ***** ***** ***** ***** **EFFLUENT GROSS VALUE** REQUIREMENT **** TOXICITY QUARTER TOXICITY SAMPLE NEOC TU's= 6.67 (2F) 0 **** ***** S.purpuratus and D.excentricus MEASUREMENT ***** **** IC25 TU's= <6.67 1/90 TKF3N 1 0 0 PERMIT ACCUTE ONCE/ COMP 24 **EFFLUENT GROSS VALUE** REQUIREMENT ***** ***** **** ***** TOXICITY QUARTER SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT To certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gatherine the information, the information submitted is, to the best of my knowledge and bellef, rue, accurate, and complete. I am sware that there are significant penalties for submitting false information, NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEDHONE 586-0393 Scott Jeffers Wastewater Utilities Superintendent PHONE NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. COMMENT AND EXPLANATION OF ANY VIOLATIONS Faxed copy of Toxicity results attached; full report to follow. The reporting period was from 10/31/2004 through 11/27/2004.

EPA Form 3320-1 (03-99) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 3 OF 3

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

MAJOR (SUB 01) F - FINAI EFFLUENT

Form Approved.

OMB No. 2040-0004

*** NO DISCHARGE XXX ***
NOTE: Read instructions before completing this form.

REC-1 JUNEAU, CITY AND BOROUGH OF AK-002321-3 NAME: ADDRESS: DISCHARGE NUMBER 155 SOUTH SEWARD. JUNEAU, ALASKA 99801 **MONITORING PERIOD** FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT МО DAY МО DAY JUNEAU, ALASKA 99801 LOCATION: 30 FROM 2004 11 01 2004 11 ATT: Scott Jeffers WW Utilities Superintendent QUALITY OR CONCENTRATION NO. FREQUENCY OF ANALYSIS SAMPLE TYPE PARAMETER QUANTITY OR LOADING MINIMUM AVERAGE MAXIMUM UNITS AVERAGE MUMIXAM UNITS (13) 0 COLIFORM, FECAL MF SAMPLE (26)MEASUREMENT ***** ***** ***** N/A N/A 1/30 M-FC BROTH, 44.5 C 400 1200 ONCE/MO GRAB #/ 31616 1 0 0 PERMIT MAY-OCT ***** ***** DAILY MAX EFFLUENT GROSS VALUE REQUIREMENT ***** LBS/DAY MO GEO ML100 SAMPLE ***** 1/180 MEASUREMENT 2 TIMES PERMIT NOV- APRIL REQUIREMENT ***** ***** ***** **** MEASUREMENT **** ***** **** REQUIREMENT SAMPLE ***** **** ***** ***** ***** **** MEASUREMENT PERMIT ***** **** REQUIREMENT ***** ***** **** ***** ***** ***** **** MEASUREMENT PERMIT ***** ***** **** ***** ***** **** REQUIREMENT SAMPLE MEASUREMENT ***** ***** **** ***** ***** PERMIT REQUIREMENT SAMPLE MEASUREMENT ***** ***** **** PERMIT ***** ***** **** REQUIREMENT prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for sathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. It am aware that there are significant possible for such control of the complete. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE **586-0393** 907 AREA Scott Jeffers Wastewater Utilities Superintendent PHONE NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT I am aware that there are significant penalties for submitting false information, 2004 YEAR TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. Faxed copy of Toxicity results attached; full report to follow COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 10/31/2004 through 11/27/2004.

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PAGE 1 OF 1

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA R	EPORT							au, Alas	ka	and the second second second		Contractor of the		-	lovemb		t References
		W	EATHER	1			NFLUEN							Control of the Contro	FFLUE		Section State
DAY	DATE	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	рH	D.O.	S.S.	Ş.Ş. LBŞ	B.O.D. mg/L	B.O.D.	FECAL Coliform /100 ml
SUN	31	39	0.07	16.8	1.6390	172	2351						NO SAM	PLE	FROZEN L	INE	
MON	1	40	0.93	15.8	3.5670	464	13803			13.7	6.8	5.9	16.8	500			ļ
TUE	2	37	0.17	14.8	2.2090	NO SAME	LE			10.2	7.2	5.4	11.2	206			
WED	3	42	1.56	13.7	3.4500	152	4373			11.0	7.0	5.8	27.6	794			
THU	1	35	0.13	12,7	1.6090	356	4777			11.6	7.0	5.5	19.2	258			12.0
FRI	. 5	34	0.04	12.2	1.2710					11.4	7.0	5.4					
SAT	6	35	0.01	12.7	1.0240												
SUN	7	28	0.00	13.9	0.9500	408	3233						24.3	193			
MON	8	29	0.16	15.2	1.2870	300	3220			11.7	6.8	5.4	5.8	62			
TUE	9	32	0.00	16.5	1.0060	256	2148	256	2148	11.9	7.1	5.4	9.8	82	8	69	
WED	10	29	0.00	17.8	1.0210	312	2657			11.8	7.1	4.2	10.6	90	 		4.0
THU	11	29	0.00	18.9	1.1110	296	2743			13.5	7.1	5.0	8.4	78			
FRI	12	35	0.07	19.7	1.2850					12.5	7.1	4.3					
SAT	13	42	0.13	20.0	1.3620												
SUN	14	41	0.12	19.9	1.6440	440	6033						19.4	266			
MON	15	43	0.43	19.2	2.1190	344	6079			12.1	7.0	4.8	7.2	12/			ļ
TUE	16	38	0.21	18.0	1,5530	332	4300			13.2	7.0	4.6	6.4	83			
WED	17	38	0.07	16.6	1.3250	272	3006			12.4	7.0	5.2	8.8	97	+		
THU	18	37	0.03	15.1	2.2880	144	2748			11.9	7.0	4.9	11.8	225			8
FRI	19	39	0.76	14.4	3.4820	I				11.5	7.0	4.9					
SAT	20	44	1.46	15.0	4.1880												ļ
SUN	21	41	0.03	15.8	1.4960	156	1946						13.6	170			
MON	22	39	0.05	16.7	1.3060	316	3442			11.8	7.0	4.8	4.8	52			
TUE	23	35	0.15	17.4	1.9400	108	1747			11.8	7.0	5.0	11.6	188			
WED	24	37	0.25	17.9	1.4820	112	1384			10.1	7.2	6.3	7.6	94			8
THU	25	37	0.25	18.1	1.4280	152	1810			11.0	7,2	5.0	8.4	100			
FRI	26	36	0.41	18.0	1.6750					11.4	7.1	5.0	-				ļ
SAT	27	. 38	0.14	17.8	1.4730								1				L
	OTAL		7.63		50.1900												
MAX	MUME	44	1.56	20.0	4.1880	464	13803	256	2148	13.7	7.2	6.3		794	8	69	12
MIN	IMUM	28	0.00	12.2	0.9500	108	1384	256	2148	10.1	6.8	4.2		52	8	69	4
Control of the Contro	RAGE	37	0.273	16.5	1.7925	268	3779	256	2148	11.8	7.0	5.1	12.3	193	8	69	8

97	Coppe
95	NH3
	NH3

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

Weekly TSS BOD	1	Weekly Coliform			
Aver	mg/l	lbs	mg/l	lbs	Geo Mean
WEEK1	19	439	N/A	N/A	12
WEEK2	12	101	8	69	4
WEEK3	11	160	N/A	N/A	8
WEEK4	9	121	N/A	N/A	8
AVG	13	205	8	69	8