

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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	11	01		2004	11	30

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 00010 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	13.7	(04)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	4.2	*****	6.3	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/WEEK	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	MEASUREMENT	*****	*****	****	*****	256.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	69.2	*****	(26)	*****	8.3	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	69.2	69.2	(26)	*****	30	60	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	69.0 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	
pH 00400 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	6.8	*****	7.2	(12)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	MEASUREMENT	*****	*****	****	*****	268.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

I 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 gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Scott Jeffers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER
DATE
2004 YEAR 12 MO 8 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from **10/31/2004** through **11/27/2004**.
Faxed copy of Toxicity results attached; full report to follow.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

AK-002321-3
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DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2004	11	01	2004 11 30

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 00530 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	439.5	*****	(26)	*****	18.7	*****	(19)	0	5/7	GRAB
	MEASUREMENT	1035	*****	LBS/DAY	*****	45	*****	MG/L		ONCE/MONTH	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	192.9	794.1	(26)	*****	12.3	27.6	(19)	0	5/7	GRAB
	MEASUREMENT	690	1380	LBS/DAY	*****	30	60	MG/L		ONCE/MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	COMP 21
	MEASUREMENT	REPORT	REPORT	LBS/DAY	*****	REPORT	REPORT	MG/L		SEMI-ANNUAL	
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	12.0	*****	(13)	0	1/7	COMP 24
	MEASUREMENT	*****	*****	****	*****	800	*****	#/ML100		ONCE/WEEK	
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	7.5	12.0	(13)	0	1/7	COMP 24
	MEASUREMENT	*****	*****	****	*****	400	1200	#/ML100		ONCE/WEEK	
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.7925	4.1880	(03)	*****	*****	*****	****	0	7/7	GRAB
	MEASUREMENT	2.76	6.0	MGD	*****	*****	*****	****		CONTINUOUS	
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	96.8	*****	*****	(23)	0	1/30	COMP 24
	MEASUREMENT	*****	*****	****	85 MIN.	*****	*****	%		ONCE/MONTH	
	REQUIREMENT	*****	*****	****	% REMOVAL	*****	*****	PERCENT			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393
AREA CODE
PHONE NUMBER
DATE
2004 12 8
YEAR MO DAY

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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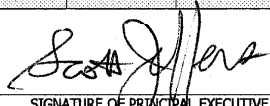
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2004	11	01		2004	11	30

PARAMETER	MEASUREMENT	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 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	95.4	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	% PERCENT		ONCE/MONTH	GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/QUARTER	GRAB
TOXICITY M.galloprovincialis TKG3P 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's= 6.67	IC25 TU's= <6.67	(2F)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ACCUITE TOXICITY		ONCE/QUARTER	COMP 24
TOXICITY S.purpuratus and D.excentricus TKF3N 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's= 6.67	IC25 TU's= <6.67	(2F)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ACCUITE TOXICITY		ONCE/QUARTER	COMP 24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I 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 gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							907	TELEPHONE		
Scott Jeffers Wastewater Utilities Superintendent								AREA CODE	586-0393		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							2004	12	8	
								YEAR	MO	DAY	

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

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MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2004	11	01		2004	11	30

PARAMETER	SAMPLE MEASUREMENT	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, 44.5 C 31816 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	(26)	*****	N/A	N/A	(13)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	400 MO GEO	1200 DAILY MAX	#/ ML100		ONCE/MO MAY-OCT	GRAB
	MEASUREMENT	*****	*****	****	*****	*****	*****	****		AND 1/180	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV- APRIL	
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907
AREA CODE **586-0393**
PHONE NUMBER
DATE
2004 **12** **8**
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
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JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

November 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	31	39	0.07	16.8	1.6390	172	2351					NO SAMPLE		FROZEN LINE			
MON	1	40	0.93	15.8	3.5670	464	13803			13.7	6.8	5.9	16.8	500			
TUE	2	37	0.17	14.8	2.2090	NO SAMPLE				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	4	35	0.13	12.7	1.6090	358	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			
TUJF	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	127			
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					11.5	7.0	4.9					
SAT	20	44	1.46	15.0	4.1880												
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					
SAT	27	38	0.14	17.8	1.4730												
TOTAL			7.63		50.1900												
MAXIMUM		44	1.56	20.0	4.1880	464	13803	256	2148	13.7	7.2	6.3	27.6	794	8	69	12
MINIMUM		28	0.00	12.2	0.9500	108	1384	256	2148	10.1	6.8	4.2	4.8	52	8	69	4
AVERAGE		37	0.273	16.5	1.7925	268	3779	256	2148	11.8	7.0	5.1	12.3	193	8	69	8

% REMOVAL	
B.O.D.	97
S.S.	95

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

Tox. TUc	6.67
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Weekly TSS/BOD	TSS		BOD		Weekly Coliform-Geo. Mean
	mg/l	lbs	mg/l	lbs	
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