

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

**AK-002321-3**  
PERMIT NUMBER

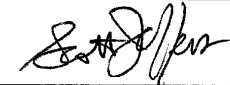
**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	2	01		2005	2	28

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 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	10.8	(04)	0	5/7	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	3.6	*****	7.8	(19)	0	1/7	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT		*****	*****	****	2.0	*****	17.0	MG/L		ONCE/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW		*****	*****	****	*****	15.5	*****	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15.5	*****	(19)	0	1/30	COMP 24
pH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.9	*****	7.4	(12)	0	5/7	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT		*****	*****	****	*****	170.0	*****	(19)	0	1/30	COMP 24

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
907 AREA CODE 586-0393  
PHONE NUMBER  
DATE  
2005 YEAR 3 MO 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
The reporting period was from 01/30/2005 through 02/26/2005.

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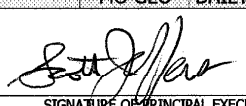
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MONITORING PERIOD			
YR	MO	DAY	TO
2005	2	01	2005 2 28

PARAMETER	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	SAMPLE MEASUREMENT <b>934.2</b> PERMIT REQUIREMENT <b>1035 WKLY AVG</b>	*****	*****	(26)	*****	<b>64.8</b>	*****	(19)	<b>1</b>	5/7	GRAB	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT <b>597.8</b> PERMIT REQUIREMENT <b>690 MO AVG</b>	<b>1802.8</b>	<b>1380 DAILY MAX</b>	(26)	*****	<b>36.9</b>	<b>99.0</b>	(19)	<b>5</b>	5/7	GRAB	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT <b>14.3</b> PERMIT REQUIREMENT <b>REPORT MO AVG</b>	<b>14.3</b>	<b>REPORT DAILY MAX</b>	(26)	*****	<b>5.7</b>	<b>5.7</b>	(19)	<b>0</b>	1/180	COMP 24	
TOXICITY M.galloprovincialis TKG3P 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	*****	NEOC TU's= IC25 TU's=	N/A N/A	(2F)	<b>0</b>	1/90	COMP 24	
TOXICITY S.purpuratus and D.excentricus TKF3N 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	*****	NEOC TU's= IC25 TU's=	N/A N/A	(2F)	<b>0</b>	1/90	COMP 24	
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	*****	<b>237</b>	*****	(13)	<b>0</b>	1/7	COMP 24	
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	*****	<b>800 WKLY GEO</b>	*****	#/ ML100	<b>0</b>	ONCE/ WEEK	COMP 24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Scott Jeffers Wastewater Utilities Superintendent</b>	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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE <b>907 586-0393</b>		PHONE NUMBER DATE		2005 3 10 YEAR MO DAY	
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 01/30/2005 through 02/26/2005.</b>												

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**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Scott Jeffers WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
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2005	2	01		2005	2	28

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	1.6960	3.7110	(03)	*****	*****	*****	****	0	7/7	
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	MEASUREMENT	*****	*****	****	88.5	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	*****	%		ONCE/MONTH	COMP 24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	MEASUREMENT	*****	*****	****	78.3	*****	*****	(23)	1	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	%		ONCE/MONTH	GRAB

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Wastewater Utilities Superintendent

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TELEPHONE  
**907 586-0393**  
AREA CODE PHONE NUMBER  
DATE  
2005 3 10  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
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**ATT:** Scott Jeffers WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	2	01		2005	2	28

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	(26)	*****	3.3	3.3	(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	*****	*****	****	*****	*****	*****	****			

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**907 586-0393**

AREA CODE  
**907**

PHONE NUMBER  
**586-0393**

DATE  
**2005 3 10**  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
*(Reference all attachments here)*  
**The reporting period was from 01/30/2005 through 02/26/2005.**

## JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

February 2005

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	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days
SUN	30	37	0.57	15.9	2.8640	N/S						74.5	1779					0.0	
MON	31	38	0.13	15.8	3.1070	164	4250			9.8	7.0	4.4	N/S					0.0	
TUE	1	31	0.79	15.5	1.3200	96	1057			8.6	7.3	3.6	99.0	1090				0.0	
WED	2	30	0.15	15.2	1.2460	N/S				7.8	7.1	5.0	47.0	488				0.0	
THU	3	27	0.28	15.0	1.1770	162	1590	135	1325	10.8	7.1	3.6	38.6	379	16	157		0.0	
FRI	4	18	0.00	15.1	1.0380					9.8	7.0	5.6					86.7	0.0	
SAT	5	13	0.00	15.9	1.0790													0.0	
SUN	6	11	0.00	17.1	1.1130	244	2265						23.5	218				0.0	
MON	7	28	0.27	18.3	1.6780	192	2687			10.2	6.9	4.9	26.0	364				0.0	
TUE	8	36	0.79	19.2	3.7110	206	6376			10.6	7.1	5.3	58.3	1803				0.0	
WED	9	37	0.35	19.6	2.8700	100	2401			6.7	7.0	5.3	40.6	972			36.7	0.0	
THU	10	38	0.27	19.3	2.5090	124	2595			7.9	7.0	5.0	33.8	707			5.7	14.3	
FRI	11	35	0.17	18.7	1.5690					9.2	7.0	7.8						0.0	
SAT	12	28	0.17	18.5	1.1880													0.0	
SUN	13	22	0.00	17.8	1.1310	180	1509						36.3	342				0.0	
MON	14	26	0.01	16.8	1.0980	188	1722			10.4	7.0	5.9	28.2	258				0.0	
TUE	15	32	0.08	15.5	1.3770	188	2159			9.7	7.1	4.8	32.0	367				0.0	
WED	16	37	0.08	14.3	1.5770	192	2525			9.8	7.0	5.9	31.5	414			237	0.0	
THU	17	35	0.05	13.4	1.2840	N/S				9.8	7.1	4.5	20.8	223				0.0	
FRI	18	31	0.00	13.1	0.9730					10.7	7.4	5.8						0.0	
SAT	19	27	0.00	13.6	1.0120													0.0	
SUN	20	32	0.00	14.5	0.8810	184	1352						13.2	97				0.0	
MON	21	34	0.09	15.4	1.5750	174	2286			9.9	7.1	5.0	18.4	242				0.0	
TUE	22	35	0.86	16.2	2.8640	200	4777			10.1	7.1	4.0	22.5	537			10	0.0	
WED	23	36	0.78	16.7	2.5490	146	3104			8.7	7.0	5.1	38.0	808				0.0	
THU	24	37	0.13	17.0	1.6280	N/S				9.7	7.0	6.0	19.8	289				0.0	
FRI	25	36	0.02	16.9	1.1850					9.2	7.0	5.7						0.0	
SAT	26	37	0.21	16.9	1.8770													0.0	
TOTAL			6.25		47.4890														
MAXIMUM		38	0.86	19.6	3.7110	244	6376	135	1325	10.8	7.4	7.8	99.0	1803	16	157	237	5.7	14.3
MINIMUM		11	0.00	13.1	0.8810	96	1057	135	1325	6.7	6.9	3.6	13.2	97	16	157	10	5.7	
AVERAGE		31	0.223	16.3	1.6960	170	2666	135	1325	9.5	7.1	5.2	36.9	588	16	157	52	5.7	

% REMOVAL	
B.O.D.	69
S.S.	78

Copper	N/A	ug/L
NH3	5.7	mg/L
NH3	14	lbs

Tox. TUc	N/A
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Weekly TSS/BOD AVER	TSS		BOD		Weekly Coliform (Occ. Mean)
	mg/l	lbs	mg/l	lbs	
WEEK1	65	934	16	157	87
WEEK2	36	813			37
WEEK3	30	321			237
WEEK4	22	391			10
AVG	38	615	16	157	93
MAX	65	934	16	157	237