

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

MAJOR
(SUB 01)
F - FINAL
EFFLUENT

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	3	1		2005	3	31

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	MEASUREMENT	*****	*****	****	*****	*****	11.9	(04)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		5/7	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0	MEASUREMENT	*****	*****	****	3.3	*****	6.6	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0	*****	17.0	DAILY MIN. DAILY MAX	MG/L	ONCE/WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	MEASUREMENT	*****	*****	****	*****	109.0	*****	(19)	0	1/30	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	MEASUREMENT	132.1	*****	(26)	*****	9.1	*****	(19)	0	1/30	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035	*****	LBS/DAY	*****	45	*****	MG/L		ONCE/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	MEASUREMENT	132.1	1380	(26)	*****	9.1	9.1	(19)	0	1/30	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690	1380	LBS/DAY	*****	30	60	MG/L		ONCE/MONTH	COMP 24
pH	MEASUREMENT	*****	*****	****	6.8	*****	7.3	(12)	0	5/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	8.5	SU		WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	MEASUREMENT	*****	*****	****	*****	190	*****	(19)	0	1/30	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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Scott Jeffers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE 586-0393
PHONE NUMBER
DATE
2005 YEAR 4 MO 8 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The reporting period was from 02/27/2005 through 04/02/2005. On March 3/24/2005 no effluent test results due to lab error, test invalid.

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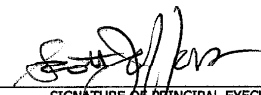
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2005	3	1		2005	3	31

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 00530 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	540.6	*****	(26)	*****	33.6	*****	(19)	0	5/7	
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	324.0	815.7	(26)	*****	24.7	41.2	(19)	0	5/7	
	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI-ANNUAL	COMP 24
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	1/90	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/QUARTER	GRAB
TOXICITY M.galloprovincialis TKG3P 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	NEOC TU's= IC25 TU's=	N/A N/A	(2F)	0	1/90	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ACCUTE TOXICITY		ONCE/QUARTER	COMP 24
TOXICITY S.purpuratus or D.excentricus TKF3N 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	NEOC TU's= IC25 TU's=	N/A N/A	(2F)	0	1/90	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ACCUTE TOXICITY		ONCE/QUARTER	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	*****	*****	****	*****	40	*****	(13)	0	1/7	
	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/ML100		ONCE/WEEK	COMP 24

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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 31016 1 0 0	MEASUREMENT	*****	*****	****	*****	9	40	(13)	0	1/7	
	PERMIT REQUIREMENT	*****	*****	****	*****	400 MO GEO	1200 DAILY MAX	#/ ML100		ONCE/ WEEK	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0	MEASUREMENT	1.3538	2.3740	(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	MEASUREMENT	*****	*****	****	91.7	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	*****	%		ONCE/ MONTH	COMP 24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	MEASUREMENT	*****	*****	****	87.0	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	%		ONCE/ MONTH	GRAB

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2005 4 8
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PERMIT NUMBER

REC-1
DISCHARGE NUMBER

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YR	MO	DAY	TO	YEAR	MO	DAY
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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, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MAX	#/ML100		ONCE/MO MAY-OCT	
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		AND 1/180	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV- APR	
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

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COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)
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JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

March 2005

EPA REPORT

DAY	DATE	WEATHER			INFLUENT				EFFLUENT										
		TFMP °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 /180 days	Ammonia as N lbs/day /180 days
SUN	27	40	0.01	17.0	1.7520							33.0	482.2						
MON	28	39	0.56	16.9	2.3070					10.2	7.0	5.6	38.5	740.8					
TUE	1	40	0.21	16.6	1.7910					9.8	7.3	5.3	29.5	440.6					
WED	2	42	0.16	16.1	1.7410	190	2759	109	1583	10.1	7.0	5.2	18.4	267.2	9	132			
THU	3	39	0.12	15.3	1.9860					9.8	7.2	6.3	28.4	437.3			40		
FRI	4	39	0.44	14.5	1.9390					11.9	7.1	6.0							
SAT	5	41	0.04	14.3	1.2020														
SUN	6	38	0.21	15.0	1.4440							22.6	272.2						
MON	7	39	0.08	16.3	1.4900					9.9	7.1	5.1	31.6	392.7					
TUE	8	42	0.29	17.6	1.7150					9.8	7.1	4.7	35.0	500.6					
WED	9	42	0.33	18.5	2.2930					9.4	7.0	5.6	37.8	721.9			3		
THU	10	40	0.83	18.8	2.3740					9.3	7.0	5.2	41.2	815.7					
FRI	11	41	0.20	18.9	1.5220					9.0	7.1	5.8							
SAT	12	42	0.07	19.0	1.3590														
SUN	13	43	0.01	18.6	1.2640							17.4	183.4						
MON	14	39	0.00	17.7	1.1700					10.1	7.0	5.6	10.0	97.6					
TUE	15	36	0.00	16.5	1.0390					9.7	7.1	5.6	12.6	109.2					
WED	16	34	0.00	15.1	0.9710					9.8	7.1	5.2	11.8	95.6			10		
THU	17	34	0.00	13.7	0.8770					7.9	7.1	5.9	12.2	89.2					
FRI	18	33	0.00	12.5	0.8280					10.0	7.1	5.1							
SAT	19	29	0.00	12.1	0.8390														
SUN	20	27	0.00	12.6	0.8940							19.3	143.5						
MON	21	32	0.00	13.6	0.8440					10.3	7.2	4.9	15.2	107.0					
TUE	22	40	0.01	14.7	0.9510					10.7	7.1	4.2	20.4	161.8					
WED	23	35	0.00	15.6	0.9180					10.6	7.1	3.3	22.0	188.4			13		
THU	24	34	0.00	16.2	0.9580					10.3	7.0	4.0							
FRI	25	35	0.00	16.6	0.8710					10.8	7.0	4.5							
SAT	26	43	0.01	17.2	1.1720														
SUN	27	40	0.15	17.7	1.2540							22.5	234.8						
MON	28	35	0.22	17.8	1.2800					10.4	7.0	3.9	24.6	252.6					
TUE	29	37	0.18	17.6	1.0590					10.0	7.0	4.8	28.0	247.3					
WED	30	38	0.05	17.1	1.6030					10.0	7.0	6.6	30.5	407.8			3		
THU	31	39	0.46	16.2	1.5150					9.8	7.0	5.0	31.4	396.7					
FRI	1	34	0.01	15.1	1.0520					10.0	6.8	4.6							
SAT	2	37	0.12	14.1	1.1080														
TOTAL			4.77		47.3820														
MAXIMUM		43	0.83	19.00	2.3740	190	2759	109	1583	11.9	7.3	6.6	41.2	815.7	9.1	132.1	40		
MINIMUM		27	0.00	12.10	0.8280	190	2759	109	1583	7.9	6.8	3.3	10.0	89.2	9.1	132.1	3		
AVERAGE		38	0.14	16.09	1.3538	190	2759	109	1583	10.0	7.1	5.1	24.7	324.0	9.1	132.1	9		

COMMENTS:

% REMOVAL	
B.O.D.	91.7
S.S.	87.0

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

IOX. IUc	N/A
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Weekly SSB	S.S.		BOD		Weekly Coliform Geom. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	29.2	473.6	9.1	132.1	40
WEEK2	33.6	540.6			3
WEEK3	12.8	115.0			10
WEEK4	19.2	145.2			13
WEEK5	27.4	309.0			3
AVG	24.4	316.8	9.1	132.1	14
MAX	33.6	540.6	9.1	132.1	40