


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

AK-002321-3 PERMIT NUMBER
 001 A DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
 JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
 FACILITY:
 JUNEAU-DOUGLAS TREATMENT PLANT
 LOCATION:
 JUNEAU, ALASKA 99801
 ATT:
 Scott Jeffers WW Utilities Superintendent

MONITORING PERIOD
 YR 2005 MO 4 DAY 1 TO YR 2005 MO 4 DAY 30

PARAMETER	QUANTITY OR LOADING			UNITS	FROM	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	PERMIT REQUIREMENT			MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG, CENTIGRADE	*****	*****	*****	****		15.8	REPORT DAILY MAX	(04)	0	5/7 WEEK DAYS	
EFFLUENT GROSS VALUE	*****	*****	*****	****		3.7	6.7	(19)	0	1/7 ONCE/ WEEK	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	*****	****		2.0 DAILY MIN.	17.0 DAILY MAX	(19)	0	1/30 ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	****		*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****		154.0	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 G 0 0 RAW SEW/INFLUENT	*****	*****	*****	****		*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	105.2	*****	*****	(26)		9.6	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 W 0 0 SEE COMMENTS BELOW	1035 WKLY AVG	*****	*****	LBS/DAY		45	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	105.2	105.2	*****	(26)		9.6	9.6	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 1 0 0 EFFLUENT GROSS VALUE	690 MO AVG	1380 DAILY MAX	*****	LBS/DAY		30 MO AVG	60 DAILY MAX	(19)	0	1/30 ONCE/ MONTH	COMP 24
pH	*****	*****	*****	****		6.2	7.1	(12)	0	5/7 WEEK DAYS	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	****		6.0 MIN.	8.5 MAXIMUM	SU	0	1/30 ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	****		*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00530 G 0 0 RAW SEW/INFLUENT	*****	*****	*****	****		243	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
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.										
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 										
TYPED OR PRINTED	TELEPHONE 586-0393 AREA CODE PHONE NUMBER DATE										
COMMENT AND EXPLANATION OF ANY VIOLATIONS	The reporting period was from 04/03/2005 through 04/30/2005.										

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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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	YEAR	MO	DAY
2005	4	1	2005	4	30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	335.0	*****	(26)	*****	24.3	(19)	0		
00530 W 0 0	1035	*****	LBS/DAY	*****	45	MG/L		5/7	ONCE/MONTH
SEE COMMENTS BELOW	208.5	*****	(26)	*****	20.2	(19)	0		GRAB
SOLIDS, TOTAL SUSPENDED	690	1380	LBS/DAY	*****	30	MG/L		5/7	ONCE/MONTH
00530 1 0 0	N/A	N/A	(26)	*****	N/A	(19)	0		GRAB
EFFLUENT GROSS VALUE	REPORT	REPORT	LBS/DAY	*****	REPORT	MG/L		1/180	SEMI-ANNUAL
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	****	*****	REPORT	MG/L	0		COMP 24
00610 1 0 0	*****	*****	****	*****	MO AVG	(2F)		1/90	ONCE/QUARTER
EFFLUENT GROSS VALUE	*****	*****	****	*****	NEOC TU'S=	(2F)	0		COMP 24
TOXICITY M.galiloprovincialis	*****	*****	****	*****	IC25 TU'S=	(2F)		1/90	ONCE/QUARTER
TKG3P 1 0 0	*****	*****	****	*****	*****	(13)	0		COMP 24
EFFLUENT GROSS VALUE	*****	*****	****	*****	16.7	(13)		1/7	ONCE/WEEK
TOXICITY S.purpuratus or D.excentricus	*****	*****	****	*****	800	#/ML100		1/7	ONCE/WEEK
TKF3N 1 0 0	*****	*****	****	*****	WKLY GEO	(13)	0		COMP 24
EFFLUENT GROSS VALUE	*****	*****	****	*****	4.6	(13)		1/7	ONCE/WEEK
COLIFORM, FECAL MF	*****	*****	****	*****	400	#/ML100		1/7	ONCE/WEEK
M-FC BROTH, 44.5 C	*****	*****	****	*****	MO GEO	(13)		1/7	ONCE/WEEK
31616 W 0 0	*****	*****	****	*****	1200	#/ML100		1/7	ONCE/WEEK
SEE COMMENTS BELOW	*****	*****	****	*****	MO GEO	(13)		1/7	ONCE/WEEK
COLIFORM, FECAL MF	*****	*****	****	*****	16.7	(13)		1/7	ONCE/WEEK
M-FC BROTH, 44.5 C	*****	*****	****	*****	400	#/ML100		1/7	ONCE/WEEK
31616 1 0 0	*****	*****	****	*****	MO GEO	(13)		1/7	ONCE/WEEK
EFFLUENT GROSS VALUE	*****	*****	****	*****	1200	#/ML100		1/7	ONCE/WEEK
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.								
Scott Jeffers Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED	2005 YEAR 5 MO 6 DAY								
COMMENT AND EXPLANATION OF ANY VIOLATIONS	The reporting period was from 04/03/2005 through 04/30/2005.								

907 AREA CODE
586-0393 TELEPHONE
DATE

(Reference all attachments here)

The reporting period was from 04/03/2005 through 04/30/2005.

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

MAJOR (SUB 01)
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)

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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
2005	4	1	
YEAR	MO	DAY	TO
2005	4		30

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MINIMUM	MAXIMUM			
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0	1.171	2.431	(03)	*****	*****	*****	****	0	7/7	GRAB
EFFLUENT GROSS VALUE	2.76	6.0	MGD	*****	*****	*****	****	0	CONTINUOUS	GRAB
BOD, 5-DAY PERCENT REMOVAL	*****	*****	****	*****	*****	*****	(23)	0	1/30	COMP 24
81010 K 0 0	*****	*****	****	*****	*****	*****	%	0	ONCE/MONTH	GRAB
PERCENT REMOVAL	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	GRAB
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	****	*****	*****	*****	(23)	0	1/30	
81011 K 0 0	*****	*****	****	*****	*****	*****	%	0	ONCE/MONTH	GRAB
PERCENT REMOVAL	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	GRAB
81011 K 0 0	*****	*****	****	*****	*****	*****	REPORT DAILY MAX	0	ONCE/MONTH	GRAB
PERCENT REMOVAL	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	GRAB

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.

TYPED OR PRINTED
Scott Jeffers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
586-0393

AREA CODE 907
PHONE NUMBER

DATE
2005 YEAR 5 MO 6 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)

The reporting period was from 04/03/2005 through 04/30/2005.

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

00434/981209 1904

PAGE 3 OF 3

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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

REC-1
 DISCHARGE NUMBER

MONITORING PERIOD
 YR 2005 MO 4 DAY 1 TO DAY 30
 YEAR 2005 MO 4 DAY 30

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0	MEASUREMENT	*****	*****	(26)	*****	N/A	*****	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	Report DAILY MAX	*****	ONCE/MO MAY-OCT	AND 1/180	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	2 TIMES NOV-APR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
 Wastewater Utilities Superintendent
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER
 DATE
 2005 YEAR 5 MO 6 DAY

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

Juneau, Alaska

April 2005

EPA REPORT

DAY	DATE	WEATHER				INFLUENT					EFFLUENT							
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TIDE FEET	S.S. mg/L	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	3	37	0.12	13.8	1,226.0						16.4	168						
MON	4	36	0.08	14.6	1,147.0				10.4	7.0	4.6	142						
TUE	5	43	0.01	15.6	1,193.0				7.5	7.1	6.7	145						
WED	6	42	0.01	16.6	1,308.0	243	2651	1680	9.9	7.0	4.8	203	9.64	105	2.0			
THU	7	42	0.00	17.6	0.874.0				11.1	7.0	4.1	140						
FRI	8	40	0.00	18.5	1,113.0				11.0	6.9	4.0							
SAT	9	42	0.11	18.9	1,475.0													
SUN	10	43	0.16	18.8	1,295.0						26.6	287						
MON	11	40	0.06	18.2	1,264.0				10.8	7.1	5.3	232	#					
TUE	12	43	0.01	17.3	1,039.0				12.7	6.9	5.8	217						
WED	13	44	0.02	16.1	0.939.0				11.8	7.0	6.0	160			16.7			
THU	14	40	0.02	14.8	0.915.0				12.9	7.0	6.1	180						
FRI	15	39	0.00	13.5	0.861.0				12.7	7.0	6.1							
SAT	16	42	0.00	12.3	0.836.0													
SUN	17	46	0.00	11.8	0.871.0													
MON	18	39	0.42	12.5	2,431.0				12.7	7.0	4.0	35.2	174					
TUE	19	44	1.31	13.7	2,093.0				12.6	6.8	5.6	N/S	714					
WED	20	47	0.13	13.7	1,685.0				12.6	6.8	5.6	27.3	383					
THU	21	46	0.32	14.9	0.779.0				11.7	6.8	5.1	10.8	70			2		
FRI	22	46	0.00	16.0	1,515.0				12.6	6.8	5.8							
SAT	23	50	0.00	17.0	1,089.0													
SUN	24	51	0.00	17.8	1,117.0													
MON	25	52	0.00	18.2	1,151.0													
TUE	26	51	0.00	18.3	1,030.0				10.9	7.0	5.8	17.2	165					
WED	27	55	0.00	18.0	1,005.0				14.5	6.4	3.9	15.2	131					
THU	28	59	0.00	17.4	0.879.0				15.8	6.2	4.0	13.4	112			7		
FRI	29	55	0.00	16.3	0.879.0				15.0	6.4	3.7	17.8	130					
SAT	30	54	0.00	15.1	0.765.0				15.4	6.5	3.9							
TOTAL			2.78		32,774.0													
MAXIMUM		59	1.31	18.9	2,431.0	243	2651	154	1680	15.8	7.1	35.2	714	10	105	17	N/A	N/A
MINIMUM		36	0.00	11.8	0.765.0	243	2651	154	1680	7.5	6.2	3.7	10.8	10	105	2	N/A	N/A
AVERAGE		45	0.099	16.0	1,170.5	243	2651	154	1680	12.2	6.8	20.2	209	10	105	5	N/A	N/A

Weekly TSS/BOD		TSS		BOD		Weekly Coliform	
Average	mg/l	lbs	mg/l	lbs	mg/l	lbs	Geo-Mean
WEEK1	17	159	10	105	2		
WEEK2	24	218			17		
WEEK3	24	335			2		
WEEK4	17	147			7		
MAX	24	335	10	105	17		

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

% REMOVAL	
B.O.D.	94
S.S.	92

Tox. Tu _c	N/A
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