

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

MONITORING PERIOD
YR MO DAY TO
2005 5 1

001 A
DISCHARGE NUMBER

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER DEG, CENTIGRADE	PERMIT	*****	*****	****	*****	*****	REPORT	16.5	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	REPORT	DAILY MAX	DEG. C	0	WEEK DAYS	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	DAILY MIN.	2.0	MG/L	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	DAILY MAX	17.0	MG/L	0	WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT	190.0	(19)	0	1/30	COMP 24
00310 G 0 0	PERMIT	*****	*****	****	*****	*****	REPORT	MO AVG	MG/L	0	ONCE/MONTH	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	57.8	*****	(26)	*****	*****	8.1	*****	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT	1035	*****	(26)	*****	*****	45	*****	MG/L	0	ONCE/MONTH	COMP 24
SEE COMMENTS BELOW	PERMIT	WKLY AVG	*****	LBS/DAY	*****	*****	WKLY AVG	*****	MG/L	0	ONCE/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	57.8	*****	(26)	*****	*****	8.1	*****	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT	690	*****	LBS/DAY	*****	*****	30	*****	MG/L	0	ONCE/MONTH	COMP 24
00310 1 0 0	PERMIT	MO AVG	*****	(26)	*****	*****	MO AVG	*****	MG/L	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	6.0	*****	(12)	0	5/7	GRAB
pH	PERMIT	*****	*****	****	*****	*****	6.0	*****	MIN.	0	WEEK DAYS	GRAB
00400 1 0 0	PERMIT	*****	*****	****	*****	*****	255	*****	SU	0	1/30	COMP 24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT	MO AVG	MG/L	0	ONCE/MONTH	COMP 24
00630 G 0 0	PERMIT	*****	*****	****	*****	*****	*****	*****	MG/L	0	ONCE/MONTH	COMP 24
RAW SEW/INFLUENT	PERMIT	*****	*****	****	*****	*****	*****	*****	MG/L	0	ONCE/MONTH	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 information submitted, 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

907 AREA CODE
586-0393 TELEPHONE
2005 YEAR
6 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 05/01/2005 through 05/28/2005.
Reference all attachments here)

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001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	DAY
2005	5	1	31

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	123.8	*****	*****	(26)	16.7	*****	*****	0	5/7	GRAB
SUSPENDED	PERMIT REQUIREMENT	1035	*****	*****	(26)	45	*****	*****	0	ONCE/MONTH	GRAB
00530 W 0 0	SAMPLE MEASUREMENT	99.3	*****	*****	(26)	13.0	*****	*****	0	ONCE/MONTH	GRAB
SOLIDS, TOTAL	PERMIT REQUIREMENT	690	*****	*****	(26)	30	*****	*****	0	ONCE/MONTH	GRAB
SUSPENDED	SAMPLE MEASUREMENT	N/A	*****	*****	(26)	N/A	*****	*****	0	1/180	SEMI-ANNUAL
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1380	*****	*****	(26)	790	*****	*****	0	ONCE/WEEK	COMP 24
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****	*****	(13)	800	*****	*****	0	ONCE/WEEK	COMP 24
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	(13)	37	*****	*****	0	ONCE/WEEK	COMP 24
00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	(13)	790	*****	*****	0	ONCE/WEEK	COMP 24
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****	*****	(13)	400	*****	*****	0	CONTINUOUS	GRAB
M-F-C BROTH, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	(13)	790	*****	*****	0	ONCE/WEEK	COMP 24
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	*****	(13)	37	*****	*****	0	ONCE/WEEK	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	(13)	790	*****	*****	0	ONCE/WEEK	COMP 24
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****	*****	(13)	400	*****	*****	0	ONCE/WEEK	COMP 24
M-F-C BROTH, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	(13)	790	*****	*****	0	ONCE/WEEK	COMP 24
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	(13)	37	*****	*****	0	ONCE/WEEK	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.8938	*****	*****	(03)	790	*****	*****	0	ONCE/WEEK	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	(03)	400	*****	*****	0	ONCE/WEEK	COMP 24
50050 1 0 0	SAMPLE MEASUREMENT	2.76	*****	*****	MGD	790	*****	*****	0	ONCE/WEEK	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.0	*****	*****	MGD	790	*****	*****	0	ONCE/WEEK	COMP 24
BOD, 5-DAY PERCENT	SAMPLE MEASUREMENT	*****	*****	*****	MGD	790	*****	*****	0	ONCE/WEEK	COMP 24
REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	MGD	790	*****	*****	0	ONCE/WEEK	COMP 24
81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	MGD	790	*****	*****	0	ONCE/WEEK	COMP 24
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	MGD	790	*****	*****	0	ONCE/WEEK	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										
COMMENT AND EXPLANATION OF ANY VIOLATIONS											
The reporting period was from 05/01/2005 through 05/28/2005.											

