

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

Form Approved.  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS/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  
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2005	6	1	2005
YEAR	MO	DAY	YEAR
2005	6	30	2005

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT DAILY MAX	UNITS			
TEMPERATURE, WATER	PERMIT	*****	*****	****	*****	*****	18.4	(0+)	0	5/7	GRAB	
DEG, CENTIGRADE	PERMIT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C	0	WEEK DAYS	GRAB	
00010 1 0 0	SAMPLE	*****	*****	****	*****	*****	6.6	(19)	0	1/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	2.0	DAILY MIN.	*****	*****	*****	
OXYGEN, DISSOLVED (DO)	PERMIT	*****	*****	****	*****	*****	21.4	DAILY MAX	(19)	0	ONCE/ WEEK	
00300 1 0 0	SAMPLE	*****	*****	****	*****	*****	6.4	REPORT MO AVG	(19)	0	ONCE/ MONTH	
EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	6.4	WEEKLY AVG	(19)	0	ONCE/ MONTH	
BOD, 5-DAY (20 DEG. C)	PERMIT	*****	*****	****	*****	*****	6.4	DAILY MAX	(19)	0	ONCE/ MONTH	
00310 G 0 0	SAMPLE	*****	*****	****	*****	*****	6.4	REPORT MO AVG	(19)	0	ONCE/ MONTH	
RAW SEW/INFLUENT	PERMIT	*****	*****	****	*****	*****	6.4	WEEKLY AVG	(19)	0	ONCE/ MONTH	
BOD, 5-DAY (20 DEG. C)	PERMIT	*****	*****	****	*****	*****	6.4	DAILY MAX	(19)	0	ONCE/ MONTH	
00310 W 0 0	SAMPLE	*****	*****	****	*****	*****	6.4	REPORT MO AVG	(19)	0	ONCE/ MONTH	
SEE COMMENTS BELOW	PERMIT	*****	*****	****	*****	*****	6.4	WEEKLY AVG	(19)	0	ONCE/ MONTH	
BOD, 5-DAY (20 DEG. C)	PERMIT	*****	*****	****	*****	*****	6.4	DAILY MAX	(19)	0	ONCE/ MONTH	
00310 1 0 0	SAMPLE	*****	*****	****	*****	*****	6.4	REPORT MO AVG	(19)	0	ONCE/ MONTH	
EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	6.4	WEEKLY AVG	(19)	0	ONCE/ MONTH	
pH	PERMIT	*****	*****	****	*****	*****	6.2	DAILY MAX	(12)	0	ONCE/ MONTH	
00400 1 0 0	SAMPLE	*****	*****	****	*****	*****	6.2	REPORT MO AVG	(12)	0	ONCE/ MONTH	
EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	6.2	WEEKLY AVG	(12)	0	ONCE/ MONTH	
SOLIDS, TOTAL SUSPENDED	PERMIT	*****	*****	****	*****	*****	6.0	DAILY MAX	(19)	0	ONCE/ MONTH	
00530 G 0 0	SAMPLE	*****	*****	****	*****	*****	6.0	REPORT MO AVG	(19)	0	ONCE/ MONTH	
RAW SEW/INFLUENT	PERMIT	*****	*****	****	*****	*****	6.0	WEEKLY AVG	(19)	0	ONCE/ MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	*****	*****	****	*****	*****	6.0	DAILY MAX	(19)	0	ONCE/ MONTH	
Scott Jeffers Wastewater Utilities Superintendent	PERMIT	*****	*****	****	*****	*****	6.0	REPORT MO AVG	(19)	0	ONCE/ MONTH	

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  
*Scott Jeffers*

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 05/29/2005 through 07/02/2005.

Please see attached letter dated July 7, 2005.

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

PERMITTEE NAME/ADDRESS/Location (if different)  
JUNEAU, CITY AND BOROUGH OF  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT  
LOCATION: JUNEAU, ALASKA 99801  
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2005	6	1	2005

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE  
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Form Approved.  
OMB No. 2040-0004

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				
SOLIDS, TOTAL SUSPENDED	126.2	*****	*****	(26)	*****	12.8	*****	(19)	0	5/7	GRAB	
00530 W 0 0	1035	*****	*****	(26)	*****	45	*****	(19)	0	ONCE/MONTH	GRAB	
SEE COMMENTS BELOW	WKLY AVG	*****	*****	(26)	*****	10.4	*****	(19)	0	5/7	GRAB	
SOLIDS, TOTAL SUSPENDED	90.7	*****	*****	(26)	*****	30	*****	(19)	0	ONCE/MONTH	GRAB	
00530 1 0 0	690	*****	*****	(26)	*****	N/A	*****	(19)	0	1/180	COMP 24	
EFFLUENT GROSS VALUE	1380	*****	*****	(26)	*****	N/A	*****	(19)	0	SEMI-ANNUAL	COMP 24	
NITROGEN, AMMONIA TOTAL (AS N)	N/A	*****	*****	(26)	*****	N/A	*****	(19)	0	1/90	GRAB	
00610 1 0 0	N/A	*****	*****	(26)	*****	N/A	*****	(19)	0	ONCE/QUARTER	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	(19)	*****	23	*****	(13)	1	1/7	COMP 24	
COPPER	*****	*****	*****	(13)	*****	4	*****	(13)	0	1/7	COMP 24	
TOTAL RECOVERABLE	*****	*****	*****	(13)	*****	400	*****	(13)	0	1/7	COMP 24	
01119 1 0 0	*****	*****	*****	(13)	*****	23	*****	(13)	0	7/7	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	(13)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
COLIFORM, FECAL MF	*****	*****	*****	(13)	*****	4	*****	(13)	0	ONCE/1/7	COMP 24	
M-FC BROTH, 44.5 C	*****	*****	*****	(13)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
31616 W 0 0	*****	*****	*****	(13)	*****	4	*****	(13)	0	ONCE/1/7	COMP 24	
SEE COMMENTS BELOW	*****	*****	*****	(13)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
COLIFORM, FECAL MF	*****	*****	*****	(13)	*****	4	*****	(13)	0	ONCE/1/7	COMP 24	
M-FC BROTH, 44.5 C	*****	*****	*****	(13)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
31616 1 0 0	*****	*****	*****	(13)	*****	4	*****	(13)	0	ONCE/1/7	COMP 24	
EFFLUENT GROSS VALUE	*****	*****	*****	(13)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	1.0373	*****	*****	(03)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
50050 1 0 0	*****	*****	*****	(13)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
EFFLUENT GROSS VALUE	2.76	*****	*****	(13)	*****	400	*****	(13)	0	ONCE/1/7	COMP 24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****	0	7/7	GRAB	
Scott Jeffers Wastewater Utilities Superintendent	*****	*****	*****	*****	*****	*****	*****	*****	0	7/7	GRAB	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	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.											
PLEASE SEE ATTACHED LETTER DATED JULY 7, 2005.	Please see attached letter dated July 7, 2005.											
REPORTING PERIOD	The reporting period was from 05/29/2005 through 07/02/2005.											
AREA CODE	907	TELEPHONE	586-0393	YEAR	2005	MO	7	DAY	8			



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

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(SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE  
NOTE: Read instructions before completing this form.

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PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
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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 YEAR MO DAY  
2005 6 1 2005 6 30

REC-1  
DISCHARGE NUMBER

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT DAILY MAX				
COLIFORM, FECAL MF	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	(13)	0	1/30	GRAB
M-FC BROTH, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****			ONCE/MO MAY-OCT AND 1/180	
31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****			2 TIMES NOV-APR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers  
Wastewater Utilities Superintendent

COMMENT AND EXPLANATION OF ANY VIOLATIONS: 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.

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907 AREA CODE, 586-0393 TELEPHONE  
2005 YEAR, 7 MO, 8 DAY

The reporting period was from 05/29/2005 through 07/02/2005.

Please see attached letter dated July 7, 2005.

DAY	DATE	WEATHER			INFILTRANT			EFFLUENT			FECAL Coliform /100 ml	Ammonia as N mg/l /180 days	Ammonia as N lbs/day /180 days					
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	J.D. TLE EFFL MGD	S.S. LBS	B.O.D. MGL	B.O.D. LBS	TEMP °C	pH				D.O. MGL	S.S. MGL	S.S. LBS	B.O.D. MGL	B.O.D. LBS
SUN	29	56	0.20	15.3	0.8120	245	1659		15.0	6.3	4.9	11.0	74.5					
MON	30	53	0.14	14.8	2.0430	253	4311		15.6	6.2	5.3	10.0	184.0					
TUE	31	51	0.00	15.4	1.0350	338	2918		15.8	6.8	5.5	8.6	61.8			2		
WED	1	54	0.00	16.1	0.8610	255	1831	214	15.3	6.9	4.6	10.6	82.9					
THU	2	53	0.00	16.7	0.9380	NIS			15.6	6.6	4.4							
FRI	3	54	0.00	17.1	1.1950													
SAT	4	53	0.90	14.3	1.0890													
SUN	5	53	0.00	17.3	0.9360	200	1561					8.4	66.6					
MON	6	60	0.00	17.3	0.9010	268	2014		16.2	6.4	5.2	8.0	60.1					
TUE	7	58	0.00	17.1	0.9930	328	2716		16.2	6.3	5.3	13.6	112.6					
WED	8	60	0.00	16.8	1.0630	223	1977		17.1	6.8	5.2	7.0	62.1			3		
THU	9	60	0.00	16.3	0.8690	260	1884		16.8	6.8	5.3	5.0	36.2					
FRI	10	59	0.00	15.7	0.8390				16.8	6.6	5.9							
SAT	11	56	0.00	15.0	0.7940													
SUN	12	55	0.00	14.1	0.9640	195	1568					7.4	59.5					
MON	13	58	0.16	13.2	0.8090	315	2125		17.5	6.7	5.0	12.8	86.4					
TUE	14	55	0.01	13.3	1.0390	437	3787		17.6	6.6	5.1	17.2	149.0					
WED	15	52	0.15	13.7	0.8570	213	1522		17.7	6.8	5.4	11.4	81.5					
THU	16	57	0.00	14.4	0.7920	NIS			16.3	6.7	5.6	15.4	101.7			23		
FRI	17	63	0.00	15.2	0.8120				17.2	6.7	5.3							
SAT	18	63	0.00	16.1	0.7680				17.6	6.7	5.0							
SUN	19	59	0.06	17.0	0.8960	215	1607					12.0	89.7					
MON	20	54	0.29	14.1	1.2780	345	3677		18.4	6.5	5.0	11.0	117.2					
TUE	21	50	0.59	17.9	1.5470	183	2361		17.1	6.5	5.3	12.8	165.1					
WED	22	53	0.00	18.6	1.1170	165	1537		16.8	6.8	5.7	15.0	139.7					
THU	23	53	0.09	18.9	1.0680	298	2650		17.8	6.7	5.7	13.4	119.4					
FRI	24	57	0.00	18.8	1.0010				16.8	6.3	3.6							
SAT	25	59	0.00	18.1	0.8700													
SUN	26	60	0.00	17.1	0.8920	266	1979					10.0	74.4					
MON	27	61	0.09	16.0	1.1340	223	2104		17.6	6.3	6.6	9.4	88.9					
TUE	28	57	0.44	15.9	1.3310	243	2692		18.0	7.0	3.8	6.0	66.6					
WED	29	56	0.19	15.8	1.0880	218	1937		17.4	6.7	3.7	4.8	42.8			2		
THU	30	58	0.00	15.7	0.9770	260	2119		18.3	7.0	3.6	7.3	59.1					
FRI	1	56	0.35	15.8	1.4750													
SAT	2	54	0.14	15.9	1.2440													
TOTAL					36.3070													
MAXIMUM					18.90	2.0430	437	4311	214	1537	18.4	7.0	6.6	17.2	184.0	6.4	46.0	23
MINIMUM					50	0.00	165	1522	214	1537	15.0	6.2	3.6	4.8	36.2	6.4	46.0	2
AVERAGE					16.02	1.0373	258	2284	214	1537	16.9	6.6	5.0	10.4	90.7	6.4	46.0	4

COMMENTS:

%REMOVAL	
B.O.D.	97.0
S.S.	96.0

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

Weekly S.S. BOD Aved	SS lbs	BOD mg/l	BOD lbs	Weekly Coliform GeoMean
WEEK1	10.2	97.9	6.4	2
WEEK2	8.4	67.3		3
WEEK3	12.8	95.6		23
WEEK4	12.8	126.2		
WEEK5	7.5	66.3		2
MAX	12.8	126.2	6.4	23

Tox Tle	N/A
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