

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
ATTN: Scott Jeffers Ww Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FROM 2005

MO 7

DAY 1

TO

YEAR 2005

MO 7

DAY 31

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	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	WEEK DAYS	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
RAW SEW/INFLEUNT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	86.1	*****	(26)	*****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	86.1	*****	(26)	*****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	WEEK DAYS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	1/30	COMP 24
RAW SEW/INFLEUNT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	0	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.

Signature of Principal Executive Officer or Authorized Agent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 07/03/2005 through 07/30/2005.
(Reference all attachments here)

907 AREA CODE
586-0393 TELEPHONE NUMBER
2005 YEAR
8 MO
3 DAY

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LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

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001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2005	7	1	2005
YEAR	MO	DAY	YEAR
2005	7	31	2005

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	MEASUREMENT	254.3	*****	(26)	*****	18.8	*****	(19)	0	5/7	GRAB	
00530 W 0 0	PERMIT REQUIREMENT	1035	*****	LBS/DAY	*****	45	*****	MG/L	0	ONCE/MONTH	GRAB	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	169.9	494.4	(26)	*****	13.0	29.3	(19)	0	5/7	GRAB	
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	690	1380	LBS/DAY	*****	30	60	MG/L	0	ONCE/MONTH	GRAB	
00530 1 0 0	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	SEMI-ANNUAL	
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	00610 1 0 0	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	1/90	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	(19)	0	1/90	GRAB	
COPPER	PERMIT REQUIREMENT	01119 1 0 0	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	ONCE/QUARTER	GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	76	*****	(13)	0	1/7	COMP 24	
COLIFORM, FECAL MF	PERMIT REQUIREMENT	M-F-C BROTH, 44.5 C	*****	*****	*****	800	*****	#/ML100	0	ONCE/WEEK	COMP 24	
31616 W 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	76	(13)	0	1/7	COMP 24	
COLIFORM, FECAL MF	PERMIT REQUIREMENT	M-F-C BROTH, 44.5 C	*****	*****	*****	400	1200	#/ML100	0	ONCE/WEEK	COMP 24	
31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	ML100	0	7/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50050 1 0 0	*****	*****	*****	2.76	6.0	MGD	0	CONTINUOUS	GRAB	
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.3640	3.2640	(03)	*****	*****	*****	*****	0	7/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50050 1 0 0	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB	
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											
TELEPHONE	907 586-0393											
AREA CODE	586-0393											
PHONE NUMBER	8 3											
DATE	2005 8 3											

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 07/03/2005 through 07/30/2005. (Reference all attachments here)

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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
2005	7	1
MONITORING PERIOD		
YEAR	MO	DAY
2005	7	31

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM		AVERAGE	MAXIMUM	REPORT DAILY MAX				
BOD, 5-DAY PERCENT REMOVAL	*****	*****	****	97.6	*****	*****	(23)	0	1/30	
81010 K 0 0 PERCENT REMOVAL	*****	*****	****	85 MIN. % REMOVAL	*****	*****	%		ONCE/MONTH	COMP 24
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	****	94.7	*****	*****	(23)	0	1/30	
81011 K 0 0 PERCENT REMOVAL	*****	*****	****	85 MIN. % REMOVAL	*****	*****	%		ONCE/MONTH	GRAB

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: 907 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 2005 8 3
YEAR: 2005
MO: 8
DAY: 3

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

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ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER


MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2005	7	1		2005	7	31

REC-1
DISCHARGE NUMBER

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	REPORT DAILY MAX	#/ ML100				
COLIFORM, FECAL MF				(26)							0	1/30	GRAB
M-FC BROTH, 44.5 C												ONCE/MO MAY-OCT AND 1/180	
EFFLUENT GROSS VALUE												2 TIMES NOV-APR	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	*****	*****			
	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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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

COMMENT AND EXPLANATION OF ANY VIOLATIONS
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EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

July 2005

DAY	DATE	WEATHER			INFLUENT				EFFLUENT											
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	J-D TITL EHL 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 /130 days	Ammonia as N lbs/day /130 days	
SUN	3	57	0.16	13.1	1.3790	193	2214			16.7	6.7	6.6	13.4	154						
MON	4	58	0.27	16.1	1.1230	198	1850			16.7	6.7	6.6	10.4	97						
TUE	5	56	0.03	16.3	1.2830	335	3585			17.0	6.4	3.6	9.6	103						
WED	6	60	0.01	16.4	1.0830	253	2281	391	3532	17.2	7.0	2.9	13.0	117	9.53	86				
THU	7	58	0.00	16.5	2.0080	333	5568			17.4	6.9	2.6	8.6	144			14.0			
FRI	8	57	0.00	16.3	1.0010					17.3	6.7	3.1								
SAT	9	58	0.11	16.0	0.9240															
SUN	10	54	0.70	15.4	0.9310	N/S							8.8	68						
MON	11	58	0.01	14.7	0.9790	230	1878			18.2	7.0	3.6	6.8	56						
TUE	12	58	0.00	14.4	1.0470	280	2445			17.7	7.0	3.4	13.6	119						
WED	13	55	0.09	14.3	0.8810	388	2851			17.8	7.0	3.0	6.8	50			14.0			
THU	14	55	0.11	14.4	1.1150	304	2827			17.6	6.9	2.6	11.0	102						
FRI	15	60	0.19	14.5	0.8110					17.9	6.8	3.4								
SAT	16	58	0.01	14.9	1.3550															
SUN	17	56	0.65	15.6	1.5350	194	2484						14.4	184						
MON	18	56	0.25	16.6	1.1890	183	1815			16.6	6.6	6.1	12.8	127						
TUE	19	58	0.00	13.8	1.2750	300	3190			17.0	7.0	4.0	17.0	181						
WED	20	58	0.00	17.7	2.0510	248	4242			17.4	6.6	4.7	20.6	352			14			
THU	21	55	0.61	18.6	1.1140	194	1802			17.3	6.7	3.9	29.3	272						
FRI	22	59	0.03	19.2	1.1510					17.1	6.5	5.3								
SAT	23	57	0.00	18.2	1.1280															
SUN	24	59	0.00	18.5	1.0890	258	2343						11.8	107						
MON	25	56	0.07	17.4	1.0580	210	1853			17.2	6.6	6.0	5.0	44						
TUE	26	56	0.51	16.9	2.7960	218	5083			17.8	6.3	6.3	21.2	494						
WED	27	57	1.13	16.2	3.2640	213	5785			17.0	6.6	3.2	17.6	479			76			
THU	28	55	0.18	15.4	2.1380	116	2068			16.8	6.5	3.5	8.3	147						
FRI	29	55	0.07	14.7	1.3090					16.2	6.6	3.7								
SAT	30	55	0.05	14.5	1.1760															
TOTAL			5.24		39.1930															
MAXIMUM		60	1.13	19.2	3.2640	388	5785	391	3532	18.2	7.0	6.6	29.3	494	10	86	76	N/A	N/A	
MINIMUM		54	0.00	13.1	0.8110	116	1802	391	3532	16.2	6.3	2.6	5.0	44	10	86	14	N/A	N/A	
AVERAGE		57	0.187	16.0	1.3640	245	2956	391	3532	17.3	6.7	4.1	13.0	170	10	86	21	N/A	N/A	

%REMOVAL	
B.O.D.	98
S.S.	95

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

Weekly S.S./BOD Aver	TSS mg/l	TSS lbs	BOD mg/l	BOD lbs	Weekly Coliform Geo. Mean
WEEK1	11	123	10	86	14
WEEK2	9	79			14
WEEK3	19	223			14
WEEK4	13	254			76
MAX	19	254	10	86	76