

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

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

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

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD			
YR	MO	DAY	TO
2005	9	1	2005
YEAR	MO	DAY	YEAR
2005	9	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				
TEMPERATURE, WATER DEG. CENTIGRADE	PERMIT MEASUREMENT	*****	*****	****	*****	*****	17.3	(04)	0	5/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5.4	DEG. C	0	WEEK DAVIS	GRAB	
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	5.4	(19)	0	1/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	17.0	MG/L	0	ONCE/ WEEK	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	162.0	(19)	0	1/30	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	12.9	MG/L	0	ONCE/ MONTH	COMP 24	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	206.1	*****	(26)	*****	*****	12.9	(19)	0	1/30	ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	45	MG/L	0	ONCE/ MONTH	COMP 24	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	206.1	*****	(26)	*****	*****	12.9	(19)	0	1/30	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690	*****	*****	*****	*****	30	MG/L	0	ONCE/ MONTH	COMP 24	
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	7.0	(12)	0	5/7	WEEK DAVIS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	8.5	MG/L	0	ONCE/ MONTH	COMP 24	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	184	SU	0	1/30	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	184	(19)	0	ONCE/ MONTH	COMP 24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE 586-0393 TELEPHONE
PHONE NUMBER DATE

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.

Reference all attachments here)

2005 YEAR 10 MO 789 DAY

The reporting period was from 09/04/2005 through 10/01/2005.

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MONITORING PERIOD			
YR	MO	DAY	TO
2005	9	1	2005
YEAR	MO	DAY	YEAR
2005	9	9	2005

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	471.7	*****	(26)	*****	17.2	*****	(19)	0	5/7	GRAB
00630 W 0 0	PERMIT REQUIREMENT	1035	*****		45	*****					
SEE COMMENTS BELOW	PERMIT REQUIREMENT	WPLY AVG	*****		WPLY AVG	*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	281.3	*****	(26)	*****	13.6	*****	(19)	0	5/7	GRAB
00530 1 0 0	PERMIT REQUIREMENT	690	*****		30	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	*****		MO AVG	*****					
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.4	*****	(26)	*****	0.15	*****	(19)	0	1/180	COMP 24
00610 1 0 0	PERMIT REQUIREMENT	*****	*****		N/A	*****					
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	*****	(19)	0	1/90	GRAB
COPPER	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	*****				
01119 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	32	*****	(13)	0	1/7	GRAB
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****	****	*****	32	*****				
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	32	*****				
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	32	*****				
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	32	*****				
COLIFORM, FECAL MF	SAMPLE MEASUREMENT	*****	*****	****	*****	19	*****	(13)	0	1/7	GRAB
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	19	*****				
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	19	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	19	*****				
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.0070	*****	(03)	*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24
Scott Jeffers Wastewater Utilities Superintendent	PERMIT REQUIREMENT	*****	*****	****	*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24
TYPED OR PRINTED	PERMIT REQUIREMENT	*****	*****	****	*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT REQUIREMENT	*****	*****	****	*****	400	*****	#/ML100	0	ONCE/WEEK	COMP 24
The reporting period was from 09/04/2005 through 10/01/2005. (Reference all attachments here)											
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										2005	
[Signature]										10	
TELEPHONE										7	
907 AREA CODE										7	
586-0393 PHONE NUMBER										7	
DATE										7	
2005 YEAR										7	

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

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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

REC-1
DISCHARGE NUMBER

MONITORING PERIOD			
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2005	9	1	2005
YEAR	MO	DAY	YEAR
2005	9	30	2005

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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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 M-FC BROTH, 44.5 C 31616 1 0 0	MEASUREMENT	*****	*****	(26)	*****	*****	76.0	(13)	0	1/30	ONCE/MO MAY-OCT	GRAB
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	*****	*****	ML100			2 TIMES NOV-APR AND 1/180	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
MEASUREMENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
MEASUREMENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
MEASUREMENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
MEASUREMENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
MEASUREMENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				
MEASUREMENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS
TYPED OR PRINTED
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 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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EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

September 2005

DAY	DATE	WEATHER			INFLUENT					EFFLUENT										
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	I.D. TIDE EFF. 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	4	56	0.01	16.8	0.9200	202	1550					6.8	52							
MON	5	53	0.27	16.8	2.0570	263	4512			17.3	6.4	4.2	11.2	192						
TUE	6	53	0.66	16.9	3.7210	174	5400			15.5	6.7	4.2	19.4	602						
WED	7	54	0.81	16.7	1.9160	142	2269	162	2589	15.3	6.8	5.2	10.8	173	12.90	206	30	0.15	2.4	
THU	8	53	0.06	16.4	1.2980	158	1710			15.6	6.8	4.4	5.2	56						
FRI	9	52	0.00	15.9	1.0970					15.8	6.6	4.5								
SAT	10	51	0.11	15.2	1.1430															
SUN	11	54	0.03	14.4	0.9390	234	1833							49						
MON	12	54	0.31	14.1	1.5430	300	3861			17.3	6.5	4.2	12.0	154						
TUE	13	53	0.16	14.7	1.1150	168	1562			16.1	6.5	4.8	12.6	117						
WED	14	56	0.00	15.9	1.1000	204	1871			15.9	6.4	4.0	14.8	136					18	
THU	15	54	0.00	15.3	1.1020	170	1562			16.4	6.5	4.9	10.4	96						
FRI	16	51	0.28	17.3	1.8180					17.3	6.3	4.4								
SAT	17	51	0.83	18.4	2.4700															
SUN	18	51	0.92	19.3	5.0280	437	18325							927						
MON	19	53	1.16	19.6	3.3670	119	3342			14.6	6.8	4.8	27.3	765						
TUE	20	49	0.44	19.3	2.5940	110	2380			15.7	7.0	4.8	16.0	346					8	
WED	21	50	0.47	18.5	1.7260	170	2447			14.6	6.8	4.8	11.4	164						
THU	22	48	0.25	17.2	2.0850	128	2226			14.3	6.8	4.4	9.0	157						
FRI	23	50	0.47	15.7	2.0510					14.6	6.8	5.0								
SAT	24	51	0.27	14.2	2.0790															
SUN	25	48	0.08	12.9	1.4580	122	1483							117						
MON	26	48	0.10	12.5	1.1630	184	1785			14.5	6.9	4.9	11.4	111						
TUE	27	46	0.50	13.0	2.3690	150	2964			15.0	6.9	5.4	12.4	245						
WED	28	50	0.67	14.0	3.8560	86	2766			13.7	6.8	4.1	19.0	611					32	
THU	29	48	0.70	14.9	2.6560	158	3500			12.5	6.8	4.3	25.2	558						
FRI	30	48	0.11	15.2	2.1290					13.5	6.5	4.4								
SAT	1	45	0.01	16.2	1.3970															
TOTAL			9.68		56.1970															
MAXIMUM		56	1.16	19.6	5.0280	437	18325	162	2589	17.3	7.0	5.4	27.3	927	13	206	32	0.15	2.40	
MINIMUM		45	0.00	12.5	0.9200	86	1483	162	2589	12.5	6.3	4.0	5.2	49	13	206	8	0.15	2.40	
AVERAGE		51	0.346	16.0	2.0070	184	3367	162	2589	15.3	6.7	4.6	13.6	281	13	206	19	0.15	2.40	

% REMOVAL	
B.O.D.	92.0
S.S.	92.6

	Copper	NH3	NH3
	N/A	0.15	2.4
	ug/L	mg/L	lbs

Weekly	Weekly	Weekly	Weekly
TSS/BOD	TSS	BOD	Coliform
Aver	mg/l	lbs	Geo. Mean
WEEK1	11	215	13
WEEK2	11	110	206
WEEK3	17	472	
WEEK4	16	328	
MAX	17	472	206