

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
ATT: Scott Jeffers WW Utilities Superintendent

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


AK-002321-3
PERMIT NUMBER

MONITORING PERIOD
YR MO DAY TO YEAR MO DAY
2005 10 1 2005 10 31

DISCHARGE NUMBER 001 A

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 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	14.4	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	DAILY MAX	6.8	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY 00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MIN.	2.0	(19)	0	1/30	GRAB
RAW SEW/INFLUENT BOD, 5-DAY 00310 W 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT MO AVG	115.0	(19)	0	1/30	COMP 24
SEE COMMENTS BELOW BOD, 5-DAY 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO AVG	9.6	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE pH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	WEEKLY AVG	9.6	(19)	0	1/30	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO AVG	159	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO AVG	159	(19)	0	1/30	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

Signature: 

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE 907
PHONE NUMBER 586-0393
DATE 2005
MO 11
DAY 10

TELEPHONE

PERMITS/TYPE OF VIOLATIONS (Reference all attachments here)

The reporting period was from 10/02/2005 through 10/29/2005.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00434/981209 1904 PAGE 1 OF 3

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AK-002321-3
PERMIT NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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MONITORING PERIOD			
FROM	TO	YEAR	MO
2005	2005	10	10

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
SOLIDS, TOTAL SUSPENDED	384.6	*****	(26)	*****	17.6	*****	(19)	0	5/7	GRAB
SEE COMMENTS BELOW	1035	*****		*****	45	*****				
PERMIT REQUIREMENT	W/KLY AVG			*****	W/KLY AVG					
SOLIDS, TOTAL SUSPENDED	195.8	*****	(26)	*****	11.9	*****	(19)	0	5/7	GRAB
SEE COMMENTS BELOW	690	*****		*****	30	*****				
PERMIT REQUIREMENT	MO AVG			*****	MO AVG					
EFFLUENT GROSS VALUE	N/A	*****	(26)	*****	N/A	*****	(19)	0	1/180	SEMI-ANNUAL
SEE COMMENTS BELOW	*****	*****		*****	800	*****				
PERMIT REQUIREMENT	REPORT MO AVG			*****	REPORT MO AVG					
COLIFORM, FECAL MF	*****	*****	****	*****	28	*****	(13)	0	1/7	ONCE/ WEEK
SEE COMMENTS BELOW	*****	*****		*****	8	*****	(13)	0	1/7	ONCE/ WEEK
PERMIT REQUIREMENT	REPORT MO AVG			*****	REPORT MO AVG					
COLIFORM, FECAL MF	*****	*****	****	*****	400	*****	#/ ML100	0	1/7	ONCE/ WEEK
SEE COMMENTS BELOW	*****	*****		*****	400	*****	#/ ML100	0	1/7	ONCE/ WEEK
PERMIT REQUIREMENT	REPORT MO AVG			*****	REPORT MO AVG					
EFFLUENT GROSS VALUE	1.6883	*****	(03)	*****	*****	*****	****	0	7/7	CONTINUOUS
SEE COMMENTS BELOW	*****	*****		*****	*****	*****	****	0	7/7	CONTINUOUS
PERMIT REQUIREMENT	SAMPLE			*****	SAMPLE					
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	2.76	*****	MGD	*****	91.7	*****	(23)	0	1/30	ONCE/ MONTH
SEE COMMENTS BELOW	*****	*****		*****	*****	*****	****	0	1/30	ONCE/ MONTH
PERMIT REQUIREMENT	REPORT MO AVG			*****	REPORT MO AVG					
BOD, 5-DAY PERCENT REMOVAL	*****	*****	****	*****	*****	*****	****	0	1/30	ONCE/ MONTH
SEE COMMENTS BELOW	*****	*****		*****	*****	*****	****	0	1/30	ONCE/ MONTH
PERMIT REQUIREMENT	SAMPLE			*****	SAMPLE					
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									
907	TELEPHONE									
AREA CODE	586-0393									
PHONE NUMBER	DATE									
2005	11									
YEAR	10									
DAY										

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 10/02/2005 through 10/29/2005.
Reference all attachments here)
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REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.
00434/981209 1904
PAGE 2 OF 3

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AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	DAY
2005	10	10	31

PARAMETER	SAMPLE	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-FEC BROTH, 44.5 C 31616 1 0 0	MEASUREMENT	*****	*****	(26)	*****	*****	*****	*****	*****	15.0	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/MO MAY-OCT AND 1/180	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	2 TIMES NOV-APR	
	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
11 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 10/02/2005 through 10/29/2005.
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(Reference all attachments here)

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

October 2005

DAY	DATE	WEATHER			INFLUENT						EFFLUENT						
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	J-D Ttl Effl MGD	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 /150 days
SUN	2	43	0.00	16.9	1.3370	142	1583		13.6	6.7	5.1	11.8	132				
MON	3	41	0.00	17.5	1.2610	148	1566		13.7	6.6	4.0	12.4	122				
TUE	4	40	0.01	17.8	1.1790	188	1849		14.0	6.5	4.7	18.8	300				
WED	5	48	1.19	17.9	1.9150	185	2955	115	1837	14.0	6.5	20.4	248				28.0
THU	6	49	0.22	17.7	1.4570	188	2284		13.8	6.4	4.1						
FRI	7	46	0.01	17.2	1.2200												
SAT	8	47	0.07	16.4	1.4020												
SUN	9	47	1.02	15.4	3.9370	152	4991		13.5	6.4	4.7	26.4	867				
MON	10	47	1.10	14.4	1.7100	98	1398		12.8	6.3	5.2	18.4	395				
TUE	11	45	0.51	13.9	2.5710	95	2037		14.2	6.5	5.2	17.0	286				14.0
WED	12	46	0.47	14.4	2.0180	90	1515		12.8	6.5	6.2	9.2	130				
THU	13	44	0.15	15.6	1.6980	189	2676		14.4	6.7	6.8						
FRI	14	41	0.01	16.8	1.1010												
SAT	15	37	0.00	18.1	1.2280												
SUN	16	39	0.01	19.2	1.2640	154	1623		12.7	6.7	5.0	11.4	142				
MON	17	37	0.00	19.8	1.4890	390	4843		12.2	6.4	5.1	10.8	179				
TUE	18	42	0.60	19.8	1.9850	170	2814		12.3	6.5	5.9	5.6	64				5
WED	19	42	0.06	19.3	1.3620	82	931		12.6	6.8	5.9	8.0	104				
THU	20	39	0.00	18.3	1.5630				12.8	6.4	4.5						
FRI	21	42	0.37	17.0	2.3470												
SAT	22	45	1.23	15.6	2.6240												
SUN	23	44	0.78	14.1	2.5930												
MON	24	42	0.63	12.9	1.6220	117	1583		12.2	6.5	5.5	8.4	114				
TUE	25	37	0.43	12.3	1.5910	110	1460		12.0	6.5	5.6	7.6	101				
WED	26	38	0.00	12.5	1.1440	186	1775		12.1	6.5	5.4	4.0	38				2
THU	27	34	0.00	13.4	1.0900	178	1618		12.1	6.5	5.6	2.8	25				
FRI	28	38	0.00	14.5	1.0270				11.8	6.2	4.1						
SAT	29	40	0.22	15.6	1.5380												
TOTAL			9.09		47.2730		39492		1837				3915			153	
MAXIMUM		49	1.23	19.8	3.9370	390	4991	115	1837	14.4	6.8	26.4	867	10	153	N/A	N/A
MINIMUM		34	0.00	12.3	1.0270	82	931	115	1837	11.8	6.2	2.8	25	10	153	N/A	N/A
AVERAGE		42	0.325	16.2	1.6883	159	2194	115	1837	13.0	6.5	5.2	11.9	196	153	8	N/A

REMOVAL	
B.O.D.	92
S.S.	93

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

Weekly S.S. BOD Aver	Weekly S.S. lbs	Weekly BOD mg/l	Weekly BOD lbs	Weekly Coliform	Weekly Ammonia as N mg/L	Weekly Ammonia as N lbs/day
WEEK1	14	175	10	153	28	14
WEEK2	18	385			5	2
WEEK3	9	112				
WEEK4	7	111				
MAX	18	385	10	153	28	