

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

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

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

001A
DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2005	2005	12	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	PERMIT MEASUREMENT	*****	*****	****	*****	*****	12.3	(04)	0	5/7	GRAB
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C	0	WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	3.8	*****	6.5	(19)	0	1/7	GRAB
OXYGEN, DISSOLVED (DO)	PERMIT MEASUREMENT	*****	*****	****	2.0	*****	17.0	MG/L	0	ONCE/ WEEK	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	DAILY MIN.	*****	DAILY MAX	MG/L	0	ONCE/ WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	105.0	*****	*****	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****	MG/L	0	1/30	COMP 24
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	238.5	*****	(26)	11.3	*****	*****	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT MEASUREMENT	1035	*****	(26)	*****	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24
00310 W 0 0	PERMIT REQUIREMENT	WKLY AVG	*****	LBS/DAY	45	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	238.5	*****	(26)	11.3	*****	11.3	(19)	0	1/30	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT MEASUREMENT	690	1380	LBS/DAY	*****	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24
00310 1 0 0	PERMIT REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.2	*****	7.1	(12)	0	5/7	GRAB
pH	PERMIT MEASUREMENT	*****	*****	****	6.0	*****	8.5	MG/L	0	WEEK DAYS	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MIN.	*****	MAXIMUM	SU	0	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	164	*****	*****	(19)	0	1/30	COMP 24
SOLIDS, TOTAL SUSPENDED	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24
00630 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	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 and implemented under my direction or supervision to assure that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the and imprisonment for knowing violations.										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Signature of Scott Jeffers										
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENT AND EXPLANATION OF ANY VIOLATIONS	The reporting period was from 12/04/2005 through 12/31/2005. (Reference all attachments here)										
AREA CODE	907	PHONE NUMBER	586-0393	DATE	1/30	MO	1	DAY	4		

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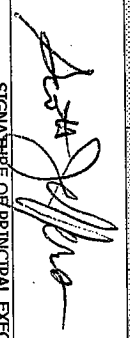
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2005	12	1	2005
YEAR	MO	DAY	DAY
2005	12	12	31

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE											
		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM	UNITS															
SOLIDS, TOTAL	SAMPLE	263.0	*****	*****	(26)	*****	16.7	*****	*****	*****	0	5/7	GRAB											
SUSPENDED	PERMIT REQUIREMENT	1035	*****	*****	(26)	*****	45	*****	*****	*****	0	ONCE/MONTH	GRAB											
00530 W 0 0	SAMPLE	148.9	*****	*****	(26)	*****	10.0	*****	*****	*****	0	5/7	GRAB											
SEE COMMENTS BELOW	PERMIT REQUIREMENT	690	*****	*****	(26)	*****	30	*****	*****	*****	0	ONCE/MONTH	GRAB											
SOLIDS, TOTAL	SAMPLE	148.9	*****	*****	(26)	*****	10.0	*****	*****	*****	0	5/7	GRAB											
SUSPENDED	PERMIT REQUIREMENT	1380	*****	*****	(26)	*****	60	*****	*****	*****	0	ONCE/MONTH	GRAB											
00530 1 0 0	SAMPLE	N/A	*****	*****	(26)	*****	N/A	*****	*****	*****	0	1/180	COMP 24											
NITROGEN, AMMONIA	PERMIT REQUIREMENT	N/A	*****	*****	(26)	*****	N/A	*****	*****	*****	0	SEMI-ANNUAL	COMP 24											
TOTAL (AS N)	SAMPLE	N/A	*****	*****	(26)	*****	N/A	*****	*****	*****	0	1/90	GRAB											
00610 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	*****	(19)	*****	REPORT MO AVG	*****	*****	*****	0	ONCE/QUARTER	GRAB											
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	(19)	*****	26	*****	*****	*****	0	1/90	GRAB											
COPPER	PERMIT REQUIREMENT	*****	*****	*****	(19)	*****	800	*****	*****	*****	0	ONCE/WEEK	COMP 24											
TOTAL RECOVERABLE	SAMPLE	*****	*****	*****	(13)	*****	3	*****	*****	*****	0	1/7	COMP 24											
01119 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	(13)	*****	400	*****	*****	*****	0	ONCE/WEEK	COMP 24											
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	(13)	*****	26	*****	*****	*****	0	1/7	GRAB											
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****	*****	(13)	*****	3	*****	*****	*****	0	ONCE/WEEK	COMP 24											
M-F-C BROTH, 44.5 C	SAMPLE	*****	*****	*****	(13)	*****	3	*****	*****	*****	0	1/7	GRAB											
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	*****	(13)	*****	400	*****	*****	*****	0	ONCE/WEEK	COMP 24											
SEE COMMENTS BELOW	SAMPLE	*****	*****	*****	(13)	*****	3	*****	*****	*****	0	1/7	GRAB											
COLIFORM, FECAL MF	PERMIT REQUIREMENT	*****	*****	*****	(13)	*****	400	*****	*****	*****	0	ONCE/WEEK	COMP 24											
M-F-C BROTH, 44.5 C	SAMPLE	*****	*****	*****	(13)	*****	3	*****	*****	*****	0	1/7	GRAB											
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	(13)	*****	400	*****	*****	*****	0	ONCE/WEEK	COMP 24											
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	(13)	*****	3	*****	*****	*****	0	1/7	GRAB											
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	(03)	*****	1.4942	*****	*****	*****	0	7/7	GRAB											
50050 1 0 0	SAMPLE	*****	*****	*****	(03)	*****	1.4942	*****	*****	*****	0	7/7	GRAB											
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	(03)	*****	1.4942	*****	*****	*****	0	7/7	GRAB											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	2.76	6.0	*****	MGD	*****	2.76	*****	*****	*****	0	7/7	GRAB											
Scott Jeffers	PERMIT REQUIREMENT	*****	*****	*****	MGD	*****	2.76	*****	*****	*****	0	7/7	GRAB											
Wastewater Utilities Superintendent	SAMPLE	*****	*****	*****	MGD	*****	2.76	*****	*****	*****	0	7/7	GRAB											
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.																								
TYPED OR PRINTED																								
COMMENT AND EXPLANATION OF ANY VIOLATIONS																								
The reporting period was from 12/04/2005 through 12/31/2005. (Reference all attachments here)																								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT																								
																								
<table border="1"> <tr> <td>907</td> <td>586-0393</td> <td>2006</td> <td>1</td> <td>4</td> </tr> <tr> <td>AREA CODE</td> <td>PHONE NUMBER</td> <td>YEAR</td> <td>MO</td> <td>DAY</td> </tr> </table>															907	586-0393	2006	1	4	AREA CODE	PHONE NUMBER	YEAR	MO	DAY
907	586-0393	2006	1	4																				
AREA CODE	PHONE NUMBER	YEAR	MO	DAY																				

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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

REC-1
DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2005	12	1	
YEAR	MO	DAY	YEAR
2005	12	31	2005

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM				
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	(26)	*****	*****	<1.0	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****	REPORT DAILY MAX	#/ML100		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

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 12/04/2005 through 12/31/2005.
(Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2006 YEAR
1 MO
4 DAY

EPA Form 3320-1 (03-99) Previous editions may be used.
REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.
00-434/981209 1904
PAGE 1 OF 1

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

December 2005

DAY	DATE	TEMP °F	WEATHER			INFLUENT			EFFLUENT			FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days	
			RAIN INCHES	FALL TIDE FEET	HIGH TIDE FEET	J-D TITL EFL. MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C				pH
SUN	4	20	0.01		18.5	1.0500	196	1716				17.8	156		
MON	5	17	0.00		17.6	0.8610	224	1608				11.2	80		
TUE	6	28	0.16		16.3	1.0090	196	1649				13.4	113		
WED	7	36	0.27		15.2	2.5310	152	3208	105	2216	10.3	3.8	17.6	372	239
THU	8	39	2.07		15.4	3.0470	114	2897			9.7	3.8	23.4	595	
FRI	9	39	0.38		15.8	2.3370					9.4	4.4			
SAT	10	39	0.09		16.5	1.7880									
SUN	11	40	0.90		17.1	3.3210	95	2631				16.8	465		
MON	12	41	0.56		17.7	1.8650	104	1618			9.5	4.5	14.6	227	
TUE	13	35	0.00		18.1	1.3620	134	1522			10.0	6.6	7.8	89	
WED	14	36	0.07		18.2	1.8460	131	2017			10.5	5.3	8.0	123	
THU	15	40	0.53		18.2	1.4330	124	1482			10.6	6.5	6.0	72	
FRI	16	41	0.00		17.9	1.1430					11.4	7.1	6.5		
SAT	17	36	0.00		17.5	1.0420									
SUN	18	31	0.00		16.9	1.0740	203	1818				6.0	54		
MON	19	27	0.00		16.1	1.0030	218	1824				7.6	64		
TUE	20	29	0.14		15.1	1.9660	223	3656			11.5	5.1	7.6	171	
WED	21	40	0.53		14.2	1.4380	40	480			10.1	6.5	10.4	94	
THU	22	42	0.01		14.0	1.2680	203	2147			10.4	6.4	7.8	94	
FRI	23	41	0.29		13.9	1.0890					11.0	6.3	4.7	59	1.0
SAT	24	39	0.05		14.1	1.0350					10.2	6.4	5.2		
SUN	25	38	0.19		14.4	0.9810	164	1342				3.8	31		
MON	26	33	0.00		15.0	0.9990	254	2116			12.3	6.3	4.8	40	
TUE	27	35	0.12		15.8	1.2490	196	2042			10.6	6.5	6.0	62	
WED	28	40	0.07		16.7	1.3870	143	1654			10.7	6.4	3.2	37	2.0
THU	29	40	0.07		17.7	1.1910	168	1669			10.6	6.4	4.9	75	
FRI	30	27	0.00		18.6	1.2440					10.4	6.5	4.7		
SAT	31	27	0.00		19.2	1.2790									
TOTAL			6.51			41.8380									
MAXIMUM		42	2.07		19.2	3.3210	254	3656	105	2216	12.3	6.5	23.4	595	239
MINIMUM		17	0.00		13.9	0.8610	40	480	105	2216	9.4	3.8	3.2	31	239
AVERAGE		35	0.233		16.5	1.4942	164	1955	105	2216	10.5	6.4	10.0	149	239

% REMOVAL	
B.O.D.	89
S.S.	94

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

Weekly SS/BOD Aver	Weekly SS		Weekly BOD		Weekly Coliform (Geo. Mean)
	mg/L	lbs	mg/L	lbs	
WEEK1	17	263	11	239	26
WEEK2	11	195			2
WEEK3	7	88			1
WEEK4	5	49			2
MAX	17	263	11	239	26