

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

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
ATT: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2008	7	1	
YR	MO	DAY	TO
2008	7	31	

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
TEMPERATURE, WATER DEG, CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	17.7	(04)	0	5/7	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	3.8	(19)	0	1/7	
OXYGEN, DISSOLVED (DO) 00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	17.0	MG/L	0	ONCE/ WEEK	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	DAILY MIN.				
	PERMIT REQUIREMENT	*****	*****	****	*****	193.0	(19)	0	1/30	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	REPORT MO AVG	MG/L	0	ONCE/ MONTH	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	10.5	(19)	0	1/30	
	SAMPLE MEASUREMENT	95.8	*****	(26)	*****	45	MG/L	0	ONCE/ MONTH	
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	WKLY AVG	MG/L	0	ONCE/ MONTH	COMP 24
	SAMPLE MEASUREMENT	1035	*****	(26)	*****	10.5	(19)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	*****	30	MG/L	0	ONCE/ MONTH	
EFFLUENT GROSS VALUE pH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	MO AVG	MG/L	0	ONCE/ MONTH	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	DAILY MAX				
	SAMPLE MEASUREMENT	690	1380	(26)	*****	6.2	(12)	0	5/7	
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	6.0	SU	0	WEEK DAYS	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	MIN.				
	PERMIT REQUIREMENT	*****	*****	****	*****	241	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent	SAMPLE MEASUREMENT	*****	*****	****	*****	REPORT MO AVG	MG/L	0	ONCE/ MONTH	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****				

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: *Thomas E. Carlson*
Juneau-Douglas Wastewater Treatment Plant Supervisor
for Scott Jeffers

907 AREA CODE
586-0393 TELEPHONE
2008 YEAR
8 MO
6 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)
The reporting period was from 06/29/2008 through 08/02/2008.
EPA Form 3320-1 (03-99) Previous editions may be used.

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

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

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DISCHARGE NUMBER

MONITORING PERIOD		YEAR	MO	DAY	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
YR	MO	DAY	TO	2008	7	1	31

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE				
SOLIDS, TOTAL SUSPENDED	158.8	*****	*****	14.4	(19)	0	5/7	
00530 W 0 0	1035	*****	*****	45	MG/L		ONCE/MONTH	GRAB
SEE COMMENTS BELOW	WKLY AVG	*****	*****	WKLY AVG				
SOLIDS, TOTAL SUSPENDED	124.1	297.2	*****	11.5	(19)	0	5/7	
00530 1 0 0	690	1380	*****	30	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	MO AVG	DAILY MAX	*****	MO AVG				
NITROGEN, AMMONIA	N/A	N/A	*****	N/A	(19)	0	1/180	
TOTAL (AS N)	REPORT	REPORT	*****	REPORT			SEMI-ANNUAL	COMP 24
00610 1 0 0	MO AVG	DAILY MAX	*****	MO AVG	MG/L	0	1/7	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	(13)			
COLIFORM, FECAL MF	*****	*****	*****	*****	#/ML100		ONCE/WEEK	
M-FC BROTH, 44.5 C	*****	*****	*****	*****				
31616 W 0 0	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****				
COLIFORM, FECAL MF	*****	*****	*****	*****	(13)	0	1/7	COMP 24
M-FC BROTH, 44.5 C	*****	*****	*****	*****	#/ML100		ONCE/WEEK	
31616 1 0 0	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	1.3226	3.5320	*****	400	#/ML100	0	1/7	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	MO AVG	DAILY MAX	*****	MO GEO				
50050 1 0 0	2.76	6.0	*****	400		0	7/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	(23)			
BOD, 5-DAY PERCENT REMOVAL	*****	*****	*****	*****	PERCENT	0	1/30	COMP 24
81010 K 0 0	*****	*****	*****	*****				
PERCENT REMOVAL	*****	*****	*****	*****				
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	Catherine E. Carlson Juneau-Douglas Wastewater Treatment Plant Supervisor for Scott Jeffers SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
TYPED OR PRINTED	907 TELEPHONE AREA CODE 586-0393 PHONE NUMBER DATE 2008 YEAR 8 MO 5 DAY							

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