

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

MAJOR
(SUB 01)

Form Approved
OMB No. 2040-0004

F - FINAL
EFFLUENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form.

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: JUNEAU, ALASKA 99801
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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	9	1		2003	9	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	17.1	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	DEG. C	0	WEEK DAYS	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	4.0	*****	7.4	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	2.0 Daily Min.	*****	17.0 DAILY MAX	MG/L	0	ONCE/WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	112.4	*****	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L	0	ONCE/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	89.3	*****	(26)	*****	6.9	*****	(19)	0	1/30	COMP 24
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L	0	ONCE/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	89.3	89.3	(26)	*****	6.9	6.9	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L	0	ONCE/MONTH	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.0	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MIN.	*****	8.5 MAXIMUM	SU	0	WEEK DAYS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	233	*****	(19)	0	1/30	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L	0	ONCE/MONTH	COMP 24

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. 1001 AND 2385 C. & 1316. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TPI PHONE
907 AREA CODE 588-0393

DATE
2003 10 8

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)

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PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035	*****	(26)	*****	45	*****	(19)	0	1/30	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	248.4	1920.2	(26)	*****	12.3	56.5	(19)	1	1/30	COMP 24
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	PERMIT REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	0	ONCE/MONTH	
EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	N/A	N/A	*****	*****	N/A	N/A	(19)	0	1/180	COMP 24
EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	SEMI-ANNUAL	
EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	*****	(13)	0	1/7	GRAB
EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	800	*****	#/100ML	0	ONE / WEEK	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	2.1328	5.5420	(3)	*****	12	30	(13)	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	PERMIT REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	400	1200	#/100ML	0	ONE / WEEK	GRAB
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	*****	0	7/7	CONTINUOUS RECORDED
	PERMIT REQUIREMENT	*****	*****	*****	*****	94	*****	(23)	0	1/30	CALCTD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****	PERCENT	0	ONCE/MONTH	

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(Signatures under these statutes may include fines up to \$10,000 and or imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
TYPED OR PRINTED		(907) 586-0393	2003 10 8			
COMMENT AND EXPLANATION OF ANY VIOLATIONS Please see attached	(REFERENCE ALL ATTACHMENTS HERE)	AREA CODE	PHONE NUMBER	YEAR	MO	DAY

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

MAJOR (SUD 01)
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LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

(2-18)
AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FROM			MONITORING PERIOD			TO		
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
2003	9	1	2003	9	30			

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	(23)	0	1/30	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PERCENT		ONCE/MONTH	CALCTD
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	MN % RMV	N/A	N/A	(28)	0	1/90	COMP 24
COPPER	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L		ONCE/QUARTER	
TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	(73)	0	1/90	
01119 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MAXIMUM	*****	TUc		ONCE/QUARTER	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	*****	*****	(73)	0	1/90	
TOXICITY, M.galloprovincialis	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	TUc		ONCE/QUARTER	COMP 24
TKG3P 1 0 0	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	*****	*****	(73)	0	1/90	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	TUc		ONCE/QUARTER	COMP 24
TOXICITY, D.excentricus	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	*****	*****				
TKF3N 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers Wastewater Utilities Superintendent
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE: (907) 586-0393
 DATE: 2003 10 8
 AREA CODE: 907
 PHONE NUMBER: 586-0393
 YEAR: 2003
 MO: 10
 DAY: 8

COMMENT AND EXPLANATION OF ANY VIOLATIONS: (REFERENCE ALL ATTACHMENTS HERE)

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ATT: Scott Jeffers WW Utilities Superintendent

(2-18)
AK-002321-3
PERMIT NUMBER

REC 1
DISCHARGE NUMBER

FROM			MONITORING PERIOD			TO		
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
2003	9	1	200	9	30			

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	*****	(23)	0	1/30	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT		ONCE/MONTH MAY-OCT	GRAB
										AND 1/80	
										2 TIMES NOV-APRIL	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers, Wastewater Utilities Superintendent
 SIGNATURE: [Signature]
 TELEPHONE: (907) 586-0393
 DATE: 2003 10 8

COMMENT AND EXPLANATION OF ANY VIOLATIONS: (REFERENCE ALL ATTACHMENTS HERE)

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

SEPTEMBER 2003

DAY	DATE	WEATHER			INFLUENT						EFFLUENT						
		TEMP °F	RAIN FALL IN/CHG	HIGH TIDE FEET	J-D TTL EFFL 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
SUN	31			18.0	1.6250	42	569					10	138				
MON	1	52	1.22	17.5	3.3500					17.1	6.6	18	447				
TUE	2	57	0.26	16.7	1.8680	128	1994			14.3	6.9	12	187				
WED	3	53	0.26	15.6	1.5450	108	1392	81	1040	14.9	6.8	3.5	14	178	6.9	89.3	30
THU	4	58	0.00	14.9	1.2070					15.5	6.6		19	187			
FRI	5	55	0.19	14.8	1.2350					16.6	7.0						
SAT	6		0.18	15.5	1.2340												
SUN	7		0.47	16.4	4.0750	230	7817					57	1920				
MON	8	51	0.70	15.6	3.3580	84	2338			16.3	6.7						
TUE	9	53	0.02	16.5	2.0250					14.5	6.7	8	135				
WED	10	51	0.49	17.6	2.0280	98	1658			14.6	6.7	5.3	6	101			
THU	11	52	0.11	17.6	1.9470	150	2436	64	1039	15.2	6.7	6	104				5
FRI	12	53	0.37	17.3	1.9850					14.9	6.6						
SAT	13		1.36	17.0	3.8230												
SUN	14		0.22	16.4	1.9570	194	3166					11	183				
MON	15	51	0.01	15.6	1.3520	216	2436			14.6	6.5	4	50				
TUE	16	50	0.00	14.8	1.1450	452	4316			13.3	6.8	8	73				
WED	17	40	0.01	13.8	1.2900	680	7316	181	1947	14.9	6.6	4.0	0	66			5
THU	18	45	0.28	12.9	1.2020	186	1865			15.1	6.7	8	84				
FRI	19	47	0.20	12.4	1.6930					14.4	6.5						
SAT	20		0.57	12.8	1.5790												
SUN	21		0.31	13.8	1.4080	450	5284					9	106				
MON	22	46	0.01	15.2	1.1060	530	5221			14.0	6.7	6.4	6	62			
TUE	23	42	0.27	15.1	2.1420	204	3844			14.6	6.6	9	161				
WED	24	49	0.95	16.5	3.1500	102	2680	124	3258	13.6	6.6	6.1	15	399			30
THU	25	51	0.28	17.8	2.2130	108	1993			13.1	6.8	7.4	6	118			
FRI	26	51	0.25	18.9	2.5730					13.4	7.0	7.3					
SAT	27		1.20	19.5	5.5420												
TOTAL			10.15		59.7190												
MAXIMUM		57	1.36	19.5	5.5420	680	7817	181	3258	17.1	7.0	7.4	57	1920	6.9	89.3	30
MINIMUM		40	0.00	12.4	1.1450	42	569	64	1039	13.1	6.5	3.5	4	50	6.9	89.3	5
AVERAGE		50.3	0.38	15.9	2.1328	233	3301	112	1821	14.7	6.7	5.7	12	248	6.9	89.3	12

COMMENTS:

9/01/03 & 9/09/03 no Inf Sx - Sampler malfunction
 9/9/03 no Eff Sx, Sampler hose went over the weir due to high flows.

% REMOVAL	
B.O.D.	94
S.S.	95

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

Tox. TU _s	N/A
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Weekly	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
Ave.					
WEEK1	14	227	6.9	89.3	30
WEEK2	19	565	6.9		5
WEEK3	8	95	6.9		5
WEEK4	9	169	6.9		30
Max	19	565	6.9	89.3	30