

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: 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

FROM		MONITORING PERIOD			TO		
YR	MO	DAY	YEAR	MO	DAY		
2003	10	1	2003	10	31		

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			
TEMPERATURE, WATER DEG, CENTIGRADE 00010 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	15.5	(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	MEASUREMENT	*****	*****	*****	5	*****	10	(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	MEASUREMENT	*****	*****	*****	*****	100.5	*****	(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	MEASUREMENT	26.7	*****	(26)	*****	3.3	*****	(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	MEASUREMENT	26.7	26.7	(26)	*****	3.3	3.3	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	60 DAILY MAX	MG/L	0	ONCE/MONTH	COMP 24
pH	MEASUREMENT	*****	*****	*****	6.5	*****	7.3	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE 00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MIN.	*****	8.5 MAXIMUM	SU	0	WEEK DAYS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	MEASUREMENT	*****	*****	*****	*****	260	*****	(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 33 U.S.C. 3605.

(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		TELEPHONE 907 586-0393	DATE 2003 11
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE PHONE NUMBER	YEAR MO DAY

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

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

MAJOR (SUB 01)
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NOTE: Read instructions before completing this form.

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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YR	MO	DAY
	2003	10	1		2003	10	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED		73.4	*****	(26)	*****	5.5	*****	(19)	0	1/30	
00530 W 0 0		1035	*****		*****	45	*****			ONCE/MONTH	COMP 24
SEE COMMENTS BELOW		WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L	0		
SOLIDS, TOTAL SUSPENDED		53.7	140.0	(26)	*****	4.8	*****	(19)	0	1/30	
00530 1 0 0		690	1380		*****	30	60			ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE		MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	0		
NITROGEN, AMMONIA TOTAL (AS N)		N/A	N/A	*****	*****	N/A	N/A	(19)	0	1/180	
00610 1 0 0		REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L	0	SEMI-ANNUAL	COMP 24
EFFLUENT GROSS VALUE		MO AVG	DAILY MAX	*****	*****	MO AVG	DAILY MAX	MG/L	0		
COLIFORM, FECAL MF, M-FC BROTH, 44.5C		*****	*****	*****	*****	*****	*****	(13)	0	1/7	
31616 W 0 0		*****	*****	*****	*****	800	*****			ONE / WEEK	GRAB
SEE COMMENTS BELOW		*****	*****	*****	*****	WKLY GEO	*****	#/100ML	0		
COLIFORM, FECAL MF, M-FC BROTH, 44.5C		*****	*****	*****	*****	4	26	(13)	0	1/7	
31616 1 0 0		*****	*****	*****	*****	400	1200			ONE / WEEK	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	MO GEO	DAILY MAX	#/100ML	0		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		1.2358	3.5260	(3)	*****	*****	*****	*****	0	///	
50050 1 0 0		2.76	6.0		*****	*****	*****	*****	0	CONTINUOUS	RECORDED
EFFLUENT GROSS VALUE		MO AVG	DAILY MAX	MGD	*****	*****	*****	*****	0		
BOD, 5-DAY PERCENT REMOVAL		*****	*****	*****	97	*****	*****	(23)	0	1/30	
81010 K 0 0		*****	*****	*****	85	*****	*****			ONCE/MONTH	CALCTD
PERCENT REMOVAL		*****	*****	*****	MN % RMV	*****	*****	PERCENT	0		

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(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: *Scott Jeffers*

TELEPHONE: (907) 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393

DATE: 2003 11 17

TYPED OR PRINTED: _____

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

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

OCTOBER 2003

EPA REPORT

DAY	DATE	WEATHER			INFLUENT						EFFLUENT						
		TEMP °F	RAIN FALL INCHES	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	28		0.08	19.6	1.8120	170	2569					6.6	99.7				
MON	29	51	0.00	19.1	1.4110	141	1659			13.2	6.7	7.6	3.6	42.4			
TUE	30	54	0.00	18.1	1.1580	288	2781			13.4	7.2	8.3	4.8	46.4			
WED	1	49	0.00	16.7	1.0860	397	3596	130	1177	14.2	6.5	6.5	4.4	39.9		2.0	
THU	2	48	0.00	15.3	1.3230	850	9379			14.7	6.7	7.0	2.0	22.1			
FRI	3	49	0.01	14.2	0.8400					14.4	6.6						
SAT	4		0.18	14.2	0.8380												
SUN	5		0.19	14.9	1.3050	344	3744					6.0	65.3				
MON	6	50	0.22	15.7	1.3870	376	4349			15.3	6.6		6.0	69.4			
TUE	7	51	0.24	16.4	1.3630	274	3115			15.2	6.6		5.6	63.7			
WED	8	47	0.00	17.2	1.1740	277	2712	136	1332	14.8	6.5		3.6	35.2		2.0	
THU	9	47	0.15	17.7	1.2230	230	2346			14.3	6.5		5.2	53.0			
FRI	10	47	0.15	17.8	1.1330					14.2	6.5	8.9					
SAT	11		0.00	17.7	1.0090												
SUN	12		0.01	17.4	0.9990	138	1150					4.2	35.0				
MON	13	44	0.22	16.8	1.2210	144	1468			13.8	6.7	5.9	7.5	76.4			
TUE	14	49	0.02	16.1	0.9700	422	3414			13.0	6.9	5.0	5.0	45.3			
WED	15	43	0.00	14.2	0.9610	492	3943	125	1002	13.3	7.1	9.8	4.4	35.3	3.3	26.7	
THU	16	49	0.01	14.2	0.8610	304	2183			13.6	6.7	5.9	5.6	40.2			
FRI	17	47	0.05	13.3	1.0340					13.7	6.5	5.6					
SAT	18		0.10	12.6	1.0480												
SUN	19		0.14	12.6	1.3320	140	1555					4.4	48.9				
MON	20	48	0.01	13.5	1.0040	109	913			15.5	6.0	5.3	3.6	30.1			
TUE	21	49	0.07	14.8	1.2660	160	1689			13.6	6.7	5.5	3.2	33.8			
WED	22	48	0.07	14.8	1.6490	134	1843	45	613	14.1	6.7	5.8	3.8	52.3		8.0	
THU	23	46	0.05	16.1	1.2260	220	2249			13.2	6.7	5.6	4.0	40.0			
FRI	24	45	0.86	19.1	2.8510					13.6	6.7						
SAT	25		0.64	20.1	3.5260												
SUN	26		0.36	20.5	1.9920	276	4493					6.8	140.0				
MON	27	45	0.65	20.4	2.3380	118	2301			13.6	6.8	6.0	6.2	120.9			
TUE	28	45	0.01	19.7	1.4680	96	1175			13.8	7.3	6.0	3.6	44.1			
WED	29	40	0.00	18.4	1.1330	204	1926	67	603	13.0	6.8	6.1	3.4	32.1		26.0	
THU	30	39	0.00	16.8	1.1130	203	1884			12.2	6.7	6.4	3.2	29.7			
FRI	31		0.00	15.1	0.8760					11.6	6.7	5.8					
SAT	1		0.00	14.0	0.6520												
TOTAL			4.50		46.7520												
MAXIMUM		54	0.86	20.50	3.5260	850	9379	136	1332	15.5	7.3	9.8	8.6	140.0	3.3	26.7	
MINIMUM		39	0.00	12.60	0.6360	96	910	45	613	11.6	6.5	5.3	2.0	22.1	3.3	26.7	
AVERAGE		47	0.13	16.43	1.3358	260	2738	101	951	13.8	6.7	6.5	4.8	53.7	3.3	26.7	

COMMENTS:

% REMOVAL	
B.O.D.	96.7
S.S.	98.2

Parameter	Unit	Value
Copper	ug/L	N/A
NH3	mg/L	N/A
NH3	lbs	N/A

Tox. TUs	0.0
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Weekly	TSS, BOD		BOD		Weekly Coliform Geo. Mean
	Aver	mg/l	mg/l	lbs	
WEEK1	4.3	57.3			2.0
WEEK2	5.3	57.3			2.0
WEEK3	5.5	51.3	3.3	26.7	2.0
WEEK4	3.8	41.2			8.0
WEEK5	5.0	73.4			26.0
Max	5.5	73.4	3.3	26.7	26.0