

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

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2004	2	1		2004	2	29

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	*****	*****	*****	*****	*****	13.0	(04)	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 0300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	3.7	*****	7.1	DEG. C (19)	0	1/7	GRAB
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0310 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L (19)	0	ONCE/ WEEK	GRAB
RAW SEW/INFLUENT 3OD, 5-DAY (20 DEG. C) 0310 W 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L (19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0310 G 0 0	PERMIT REQUIREMENT	36.7	*****	(26)	*****	2.0	*****	MG/L (19)	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0310 W 0 0	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L (19)	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0310 G 0 0	PERMIT REQUIREMENT	36.7	36.7	(26)	*****	2.0	2.0	MG/L (19)	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0310 W 0 0	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L (12)	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0400 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.8	*****	7.4	MG/L (19)	0	5/7	GRAB
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0400 W 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MIN.	*****	8.5 MAXIMUM	SU (19)	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE 3OD, 5-DAY (20 DEG. C) 0530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L	0	5/7	GRAB
RAW SEW/INFLUENT 3OD, 5-DAY (20 DEG. C) 0530 W 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	ONCE/ MONTH	COMP 24

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 23 U.S.C. 3319. (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

DATE: 2004 3 9

AREA CODE: 907

PHONE NUMBER: 586-0393

YEAR: 2004

MO: 3

DAY: 9

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

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

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

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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	2	1		2004	2	29

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 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	289.8	*****	(26)	*****	16.9	*****	(19)	0	5/7	COMP 24
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L	0	ONCE/MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	171.2	658.5	(26)	*****	11.3	22.4	(19)	0	5/7	COMP 24
	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	101.5	101.5	(26)	*****	7.5	7.5	(19)	0	1/180	COMP 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	SEMI-ANNUAL	COMP 24
EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	251	*****	(13)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#/100ML	0	ONE / WEEK	GRAB
EFFLUENT GROSS VALUE COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	40	900	(13)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	400 MO GEO	1200 DAILY MAX	#/100ML	0	ONE / WEEK	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	1.6230	4.2000	(3)	*****	*****	*****	*****	0	7/7	RECORDED
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	MGD	*****	*****	*****	*****	0	CONTINUOUS	RECORDED
EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	99	*****	(23)	0	1/30	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MN % RMV	*****	PERCENT	0	ONCE/MONTH	CALCTD

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. 1919. (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 2004 3 9
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)  
F - FINAL EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
Form Approved.  
OMB No. 2040-0004  
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
	2004	2	1		2004	2	29

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, SUSPENDED PERCENT REMOVAL 61011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	(23)	0	1/30	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PERCENT	0	ONCE/MONTH	CALCTD
COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	(28)	0	1/90	COMP 24
TOTAL RECOVERABLE 01119 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L	0	ONCE/QUARTER	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	NOEC	<6.67 TU's	(73)	0	1/90	
TOXICITY, M.galloprovincialis TKG3P 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	IC25	<6.67 TU's	TUc	0	ONCE/QUARTER	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	NOEC	<6.67 TU's	(73)	0	1/90	
TOXICITY, D.excentricus TKF3N 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	IC25	<6.67 TU's	TUc	0	ONCE/QUARTER	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Start 1/02/2004 through 4/30/2005			*****	REPORT MAXIMUM		TUc	0	ONCE/QUARTER	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 45 U.S.C. § 619. (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*  
(REFERENCE ALL ATTACHMENTS HERE)

TELEPHONE: (907) 596-0393  
DATE: 2004 3 9

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

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

MAJOR  
(SUB 01)  
F - FINAL

Form Approved.  
OMB No. 2040-0004

UPSTREAM RECEIVING WATER  
\*\*\* NO DISCHARGE [XXXXXXXXXX] \*\*\*  
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

(2-16)  
AK-002321-3  
PERMIT NUMBER

REC1  
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	2	1		2004	2	29

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		*****	*****	*****	*****	N/A	*****	(13)	0	1/30	
31616 1 0 0						REPORT MO AVG	REPORT DAILY MAX	#/100ML		ONCE/MONTH MAY-SEPT	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****					1/180	
										2 TIMES OCT-APRIL	GRAB

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. § 1319. (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: [Signature]  
TELEPHONE: (907) 686-0393  
DATE: 2004 3 29

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