

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

MAJOR
(SUB 01)
F - FINAL
EFFLUENT

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.

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	01	01		2005	01	31

PARAMETER	X	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		*****	*****	****	*****	*****	11.6	(04)	0	5/7									
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	GRAB								
OXYGEN, DISSOLVED (DO) 00300 1 0 0		*****	*****	****	3.3	*****	8.7	(19)	0	1/7									
EFFLUENT GROSS VALUE		*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/ WEEK	GRAB								
BOD, 5-DAY (20 DEG. C) 00310 0 0 0		*****	*****	****	*****	168.0	*****	(19)	0	1/30									
RAW SEW/INFLUENT		*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/ MONTH	COMP 24								
BOD, 5-DAY (20 DEG. C) 00310 0 0 0		*****	*****	(26)	*****	5.9	*****	(19)	0	1/30									
SEE COMMENTS BELOW		1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/ MONTH	COMP 24								
BOD, 5-DAY (20 DEG. C) 00310 1 0 0		*****	*****	(26)	*****	5.9	5.9	(19)	0	1/30									
EFFLUENT GROSS VALUE		690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/ MONTH	COMP 24								
pH 00400 1 0 0		*****	*****	****	6.5	*****	7.6	(12)	0	5/7									
EFFLUENT GROSS VALUE		*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB								
SOLIDS, TOTAL SUSPENDED 00530 0 0 0		*****	*****	****	*****	196.2	*****	(19)	0	1/30									
RAW SEW/INFLUENT		*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/ MONTH	COMP 24								
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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE									
Scott Jeffers Wastewater Utilities Superintendent										907 AREA CODE	586-0393								
										PHONE NUMBER DATE									
										2005 YEAR	2 9 MO DAY								
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																			
The reporting period was from 01/02/2005 through 01/29/2005.																			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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*** NO DISCHARGE ***

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LOCATION:	JUNEAU, ALASKA 99801
ATT:	Scott Jeffers WW Utilities Superintendent


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YR	MO	DAY	TO	YR	MO	DAY	
2005	01	01		2005	01	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	SAMPLE MEASUREMENT	1146.4	*****	(26)	*****	99.9	*****	(19)	2		
00530 W 0 0	PERMIT	1035	*****		*****	45	*****			5/7	
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	427.6	1715.2	(26)	*****	42.2	140.0	(19)	7		
00530 1 0 0	PERMIT	690	1380		*****	30	60			5/7	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		ONCE/MONTH	GRAB
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(19)	0		
TOTAL (AS N)	PERMIT	REPORT	REPORT		*****	REPORT	REPORT			1/180	
00610 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		SEMI-ANNUAL	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's=	N/A	(2F)	0		
TOXICITY	PERMIT	*****	*****		*****	IC25 TU's=	N/A			1/90	
M.galloprovincialis	REQUIREMENT	*****	*****	****	*****	*****	*****	ACUTE TOXICITY		ONCE/QUARTER	COMP 24
TKG3P 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's=	N/A	(2F)	0		
EFFLUENT GROSS VALUE	PERMIT	*****	*****		*****	IC25 TU's=	N/A			1/90	
TOXICITY	REQUIREMENT	*****	*****	****	*****	*****	*****	ACUTE TOXICITY		ONCE/QUARTER	COMP 24
S.purpuratus and D.excentricus	SAMPLE MEASUREMENT	*****	*****	****	*****	363	*****	(13)	0		
TKF3N 1 0 0	PERMIT	*****	*****		*****	800	*****	#/ML100		1/7	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	WKLY GEO	*****			ONCE/WEEK	COMP 24
COLIFORM, FECAL MF	SAMPLE MEASUREMENT	*****	*****	****	*****	32	363	(13)	0		
M-FC BROTH, 44.5 C	PERMIT	*****	*****		*****	400	1200	#/ML100		1/7	
31616 W 0 0	REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MAX			ONCE/WEEK	COMP 24
SEE COMMENTS BELOW											
COLIFORM, FECAL MF	SAMPLE MEASUREMENT	*****	*****	****	*****	400	1200	#/ML100		1/7	
M-FC BROTH, 44.5 C	PERMIT	*****	*****		*****	MO GEO	DAILY MAX			ONCE/WEEK	COMP 24
31616 1 0 0	REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MAX			ONCE/WEEK	COMP 24
EFFLUENT GROSS VALUE											
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Scott Jeffers Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED	TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE 2005 YEAR 2 MO 9 DAY										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The reporting period was from 01/02/2005 through 01/29/2005.											

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

MAJOR (SUB 01)
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EFFLUENT
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PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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ADDRESS:	155 SOUTH SEWARD, JUNEAU, ALASKA 99801
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LOCATION:	JUNEAU, ALASKA 99801
ATT:	Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	01	01		2005	01	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1254	1.9470	(03)	*****	*****	*****	****	0	7/7	
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	GRAB
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	96	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	*****	% PERCENT		ONCE/MONTH	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	79	*****	*****	(23)	1	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN. % REMOVAL	*****	REPORT DAILY MAX	% PERCENT		ONCE/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE 2005 YEAR 2 MO 9 DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 01/02/2005 through 01/29/2005.

EPA Form 3320-1 (03-99) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 3 OF 3

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MAJOR (SUB 01)
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*** NO DISCHARGE **XXXXX** ***
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ADDRESS: 155 SOUTH SEWARD,
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FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	01	01		2005	01	31

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, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	N/A	N/A	(13)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	400 MO GEO	1200 DAILY MAX	#/ MI 100		ONCE/MO MAY-OCT	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		AND 1/180	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV- APRIL	
	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

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393

AREA CODE
907

PHONE NUMBER
586-0393

DATE
2005 2 9

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The reporting period was from 01/02/2005 through 01/29/2005.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

January 2005

DAY	DATE	WEATHER			INFLUENT					EFFLUENT									
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	3-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	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days
SUN	2	17	0.00	14.6	0.8560	164	1171						5.4	39					
MON	3	31	0.00	14.6	0.9290	100	775			5.6	7.2	6.3	6.4	50					
TUE	4	30	0.03	14.8	1.1770	216	2120			10.2	7.0	4.6	13.6	134					
WED	5	33	0.10	15.3	1.1520	232	2229	168	1614	9.6	6.8	5.6	4.0	38	5.94	57			
THU	6	22	0.00	15.9	0.8870	196	1450			10.6	6.5	5.7	11.8	87			2.0		
FRI	7	22	0.00	16.9	0.9210					11.3	7.1	6.2							
SAT	8	29	0.00	17.9	1.0590														
SUN	9	23	0.00	19.0	1.0310	204	1754						23.6	203					
MON	10	24	0.12	19.7	1.0730	212	1897			11.2	6.8	5.2	26.4	236					
TUE	11	7	0.00	19.9	1.0520	210	1890			9.1	7.0	6.3	22.6	198					
WED	12	3	0.00	19.6	1.0430	200	1740			8.8	7.1	7.2	20.2	176			5.0		
THU	13	10	0.00	18.6	0.9990	192	1600			6.7	7.4	8.7	19.0	158					
FRI	14	17	0.04	17.6	0.9160					9.4	7.1	6.2							
SAT	15	21	0.00	17.2	0.9740														
SUN	16	18	1.01	16.6	0.9180	208	1592						25.8	198					
MON	17	24	0.58	15.9	1.0070	200	1680			9.5	7.1	6.5	25.2	212					
TUE	18	20	0.82	15.2	0.9120	364	2769			10.8	7.1	6.5	53.5	407					
WED	19	21	0.59	14.7	0.9800	198	1602			11.0	7.0	5.3	66.6	482			363		
THU	20	28	0.25	14.7	0.9020	232	1745			11.1	6.9	6.0	29.6	223					
FRI	21	32	0.06	15.0	1.2960					11.6	7.6	4.9							
SAT	22	37	0.15	15.5	1.5870														
SUN	23	34	0.00	16.1	1.1210	176	1645						91.0	851					
MON	24	36	0.11	16.6	1.7580	228	3343			10.5	7.1	3.3	94.0	1378					
TUE	25	33	0.00	16.9	1.2570	164	1719			9.8	7.1	5.6	97.5	1022					
WED	26	33	0.52	17.0	1.4690	172	2107			10.2	7.6	3.7	140.0	1715					
THU	27	33	0.33	16.8	1.1920	52	517			11.0	7.1	4.7	77.0	765			307		
FRI	28	32	0.04	16.3	1.0950					11.3	7.0	3.6							
SAT	29	34	0.07	15.9	1.9470														
TOTAL			4.82		31.5100														
MAXIMUM		37	1.01	19.9	1.9470	364	3343	168	1614	11.6	7.6	8.7	140.0	1715	6	57	363		
MINIMUM		3	0.00	14.6	0.8560	52	517	168	1614	5.6	6.5	3.3	4.0	38	6	57	2		
AVERAGE		25	0.172	16.0	1.1254	190	1766	106	1014	10.0	7.1	5.0	42.2	426	6	57	32		

% REMOVAL	
B.O.D.	96
S.S.	79

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

Tox. TUc	N/A
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Weekly TSS BOD	TSS		BOD		Weekly Coliform Geo-Mean
	Aver.	mg/l	lbs	mg/l	lbs
WEEK1	8	69	6	57	2
WEEK2	22	194			5
WEEK3	38	300			363
WEEK4	100	1146			307
AVG	42	428	6	57	169
MAX	100	1146	6	57	363