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

MATOR **EFFLUENT** Form Approved.
OMB No. 2040-0004

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form. PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: JUNEAU, CITY AND BOROUGH OF AK-002321-3 001 A ADDRESS: 155 SOUTH SEWARD. PERMIT NUMBER JUNEAU, ALASKA 99801 FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT MONITORING PERIOD LOCATION: JUNEAU, ALASKA 99801 YR МО ATT: Scott Jeffers WW Utilities Superintendent FROM 2005 2 01 2005 2 28 PARAMETER **QUANTITY OR LOADING** QUALITY OR CONCENTRATION FREQUENCY OF ANALYSIS SAMPLE TYPE AVERAGE MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS TEMPERATURE WATER SAMPLE 0 10.8 (04) DEG, CENTIGRADE MEASUREMENT ***** ***** **** ***** 5/7 00010 1 0 0 PERMIT REPORT WEEK GRAB ***** **EFFLUENT GROSS VALUE** REQUIREMENT ***** **** ***** ***** DAILY MAX DEG. C DAYS OXYGEN, DISSOLVED SAMPLE 3.6 7.8 (19) 0 ***** ***** (DO) MEASUREMENT ***** 1/7 00300 1 0 0 PERMIT 2.0 17 N GRAB ONCE/ EFFLUENT GROSS VALUE ***** **** ***** REQUIREMENT **** DAILY MIN. **DAILY MAX** MG/L WEEK BOD, 5-DAY SAMPLE 135.0 0 (19)***** ***** (20 DEG. C) MEASUREMENT **** ***** ***** 1/30 00310 G 0 0 PERMIT REPORT COMP 24 ONCE/ RAW SEW/INFLUENT REQUIREMENT ***** **** **** ***** ***** MO AVG MG/L MONTH BOD, 5-DAY SAMPLE 157.1 (26) 15.5 0 (19)(20 DEG. C) MEASUREMENT ***** 1/30 00310 W 0 0 PERMIT 1035 45 ONCE/ COMP 24 SEE COMMENTS BELOW REQUIREMENT WKLY AVG ***** ***** ***** LBS/DAY WKLY AVG MG/L MONTH BOD, 5-DAY SAMPLE 157.1 157.1 (26)15.5 15.5 (19) 0 (20 DEG. C) MEASUREMENT 1/30 00310 1 0 0 PERMIT 690 1380 30 60 ONCE/ COMP 24 **EFFLUENT GROSS VALUE** ***** REQUIREMENT MO AVG DAILY MAX LBS/DAY MO AVG **DAILY MAX** MG/L MONTH SAMPLE 6.9 7.4 (12) MEASUREMENT ***** ***** ***** 5/7 00400 1 0 0 PERMIT 6.0 8.5 WEEK GRAB **EFFLUENT GROSS VALUE** ***** ***** **** **** REQUIREMENT MIN. MAXIMUM SU DAYS SOLIDS, TOTAL SAMPLE 170.0 (19)O ***** ***** SUSPENDED MEASUREMENT **** **** ***** 1/30 00530 G 0 0 PERMIT REPORT COMP 24 ONCE/ RAW SEW/INFLUENT ***** REQUIREMENT ***** MO AVG MONTH MG/L To critiy 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 gatherine 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 penalties of the NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE **586-0393** 907 ARE/ Scott Jeffers Wastewater Utilities Superintendent PHONE NUMBER DATE SIGNATURE OF PRINCIPAL EXECUTIVE

COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 01/30/2005 through 02/26/2005. EPA Form 3320-1 (03-99) Previous editions may be used.

TYPED OR PRINTED

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

(Reference all attachments here)

including the possibility of fine and imprisonment for knowing violations.

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OFFICER OR AUTHORIZED AGENT

2005 YEAR

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

NAME:

ADDRESS:

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F - FINAL FFELUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

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

JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT

AK-002321-3

001 A DISCHARGE NUMBER

FACILITY:	JUNEAU, ALASKA S JUNEAU-DOUGLA		MONITORING PERIOD								
LOCATION:	JUNEAU, ALASKA		YR MO		DAY		YEAR	MO	DAY		
ATT:	Scott Jeffers WW U	FROM	2005	2	01	то	2005	2	28		
PARAMETER	QUANTITY OR LOADING				QU/	ALITY OR CONCENT	RATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	934.2	*****	(26)	*****	64.8	*****	(19)	1	5/7	
00530 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	597.8	1802.8	(26)	*****	36.9	99.0	(19)	5	5/7	
00530 1 0 0	PERMIT	690	1380			30	60			ONCE/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	14.3	14.3	(26)	*****	5.7	5.7	(19)	0	1/180	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI- ANNUAL	COMP 24
TOXICITY M.galloprovinciallis	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's=	,	(2F)	0	1/90	
TKG3P 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	****	*****	*****	*****	ACCUTE TOXICITY		ONCE/ OUARTER	COMP 24
TOXICITY S.purpuratus and D.excentricus	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's=	1	(2F)	0	1/90	
TKF3N 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ACCUTE TOXICITY		ONCE/ QUARTER	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	*****	237	*****	(13)	0	1/7	
31616 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/ ML100		ONCE/ WEEK	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	*****	52	237	(13)	0	1/7	
31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	****	*****	400 MO GEO	1200 DAILY MAX	#/ ML100		ONCE/ WEEK	COMP 24
NAME/TITLE PRUNCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent	I certify under penalty of prepared under my dire to assure that the qualification submitted. Based on my or those persons directly submitted is, to the best	ction or supervision in fed personnel properly inquiry of the person of y responsible for gather of my knowledge and	accordance with the sys gather and evaluate the or persons who manage ring the information, the belief, true, accurate, an	stem designed information the system, information ad complete.		ZU SOLIE	1		907 AREA CODE	TELEPHONE 586-0393 PHONE NUM DATE	BER 10
TYPED OR PRINTED	I am aware that there are including the possibility	significant penalties for of fine and imprisonm	or suomitting taise info ent for knowing violati	ons.		FFICER OF AUTHO		}	ZUU5 YEAR	MO MO	DAY

The reporting period was from 01/30/2005 through 02/26/2005.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) AK-002321-3 PERMIT NUMBER NAME: JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 ADDRESS:

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F FINAL EFFLUENT
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form. 001 A DISCHARGE NUMBER

JUNEAU, ALASKA 99801 ACILITY: JUNEAU-DOUGLAS TREATMENT PLANT			MONITORING PERIOD									
LOCATION:	JUNEAU, ALASKA	FROM	YR	MQ	DAY	то	YEAR	MO	DAY			
ATT:	Scott Jeffers WW Utilities Superintendent			2005	2		01	2005	2	28		
PARAMETER		QUANTITY O	R LOADING		QUAL	ITY OR CONCEN	TRATION	NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		0.744.270.0		
FLOW, IN CONDUIT, OR	SAMPLE	1.6960	3.7110	(03)					0			
THRU TREATMENT PLANT	MEASUREMENT			` `	*****	*****	*****	****		7/7		
50050 1 0 0	PERMIT	2.76	6.0							CONTINUOS	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	****				
BOD, 5-DAY PERCENT	SAMPLE				88.5			(23)	0			
REMOVAL	MEASUREMENT	*****	*****	****	00.0	*****	*****	(==)		1/30		
81010 K 0 0	PERMIT				85 MIN.			%		ONCE/	COMP 24	
PERCENT REMOVAL	REQUIREMENT	*****	*****	****	% REMOVAL	*****	*****	PERCENT		MONTH		
SOLIDS, SUSPENDED	SAMPLE				78.3			(23)	1	1101111		
PERCENT REMOVAL	MEASUREMENT	*****	*****	****	70.0	*****	*****	(23)	-	1/30		
81011 K 0 0	PERMIT				85 MIN.		REPORT	%		ONCE/	GRAB	
PERCENT REMOVAL	REQUIREMENT	*****	*****	****	% REMOVAL	*****	DAILY MAX	3		MONTH		
		-										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this docume	nt and all attachments w	ere		- 01	1	1		TELEPHONE		
Scott Jeffers Wastewater Utilities Superintendent	prepared under my direction or supervision in accordance with the syst to assure that the qualified personnel properly gather and evaluate the i			tem designed nformation the system.	Servellera				907 AREA CODE	586-0393 PHONE NUM DATE	586-0393 PHONE NUMBER	
	I am aware that there are	of my knowledge and significant penalties	belief, true, accurate, and for submitting false infor	d complete.	complete. nation, SIGNATURE OF PRINCIPAL EXECUTIVE				2005	3	10	
TYPED OR PRINTED	including the possibility	of fine and imprison	nent for knowing violation	ms.		ICER OR AUTHO			YEAR	MO	10 DAY	

The reporting period was from 01/3
EPA Form 3320-1 (03-99) Previous editions may be used.

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

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

FACILITY:

JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

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 AK-002321-3

ADDRESS: 155 SOUTH SEWARD, PERMIT NUMBER

NOTE: Read instructions before completing this form.

REC-1

DISCHARGE NUMBER

MONITORING PERIOD

LOCATION: JUNEAU, ALASKA 99801 YR DAY DAY FROM 2005 TO ATT: Scott Jeffers WW Utilities Superintendent 01 2005 2 28 PARAMETER FREQUENCY OF ANALYSIS QUANTITY OR LOADING QUALITY OR CONCENTRATION AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS COLIFORM, FECAL MF SAMPLE ō (26)3.3 3.3 (13)***** M-FC BROTH, 44.5 C MEASUREMENT 1/30 31616 1 0 0 PERMIT 400 1200 #/ ONCE/MO GRAD EFFLUENT GROSS VALUE ***** ***** ***** REQUIREMENT LBS/DAY MO GEO DAILY MAX ML100 MAY-OCT SAMPLE AND ***** ***** **** ***** ***** MEASUREMENT 1/180 PERMIT 2 TIMES ***** ***** **** ***** ***** ***** **** REQUIREMENT NOV- APRIL SAMPLE MEASUREMENT ***** ***** **** ***** ***** ***** PERMIT ***** ***** ***** ***** REQUIREMENT **** ***** **** SAMPLE ***** MEASUREMENT **** ***** ***** ***** PERMIT REQUIREMENT SAMPLE ***** **** ***** **** MEASUREMENT ***** PERMIT ***** REQUIREMENT SAMPLE ***** ***** **** ***** ***** ***** MEASUREMENT PERMIT **** **** **** **** ***** **** REQUIREMENT SAMPLE MEASUREMENT ***** ***** **** ***** ***** ***** **** PERMIT REQUIREMENT ***** ***** **** ***** **** 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, NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE 586-0393 Scott Jeffers Wastewater Utilities Superintendent CODE PHONE NUMBER 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. SIGNATURE OF I am aware that there are significant penalties for submitting false information, PRINCIPAL EXECUTIVE TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS $(Reference\ all\ attachments\ here)$

The reporting period was from 01/30/2005 through 02/26/2005.
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JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA R	EPORT	-		• • • • • • • • • • • • • • • • • • • •				au, Alas							Februa	y 2005			
		٧	VEATHE	₹ .	100	- 11	VFLUEN	IT .						E	FFLUEN	IT.			100
DAY	DATE	TEMP	RAIN FALL INCHES	HIGH TIDE reet	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.	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days
SUN	30	37	0.57	15.9	2.8640	N/S							74.5	1779					0.0
MON	31	38	0.13	15.8	3.1070	164	4250			9.8	7.0	4.4	N/S						0.0
TUE	1	31	0.79	15.5	1.3200	96	1057			8.6	7.3	3,6	99.0	1090					0.0
WED	2	30	0.15	15.2	1.2460	N/S				7.8	7.1	5,0	47.0	488					0.0
THU	3	27	0.28	15.0	1.1770	162	1590	135	1325	10.8	7.1	3.6	38.6	379	16	157			0.0
FRI	4	18	0.00	15.1	1.0380					9.8	7.0	5.6					86.7		0.0
SAT	5	13	0.00	15.9	1.0790														0.0
SUN	6	11	0.00	17.1	1.1130	244	2265						23.5	218					0.0
MON	7	28	0.27	18.3	1.6780	192	2687			10.2	6.9	4.9	26.0	364				,	0.0
TUE	8	36	0.79	19.2	3,7110	206	6376			10.6	7.1	5.3	58.3	1803					0.0
WED	9	37	0.35	10.6	2.8700	100	2401			6.7	7.0	5.3	40.5	972			36.7		0.0
THU	10	38	0.27	19.3	2.5090	124	2595			7.9	7.0	5.0	33.8	707				5.7	14.3
FRI	11	35	0.17	18.7	1.5690					9.2	7.0	7.8							0,0
SAT	12	26	0.17	18.5	1.1880														0.0
SUN	13	22	0.00	17.8	1.1310	160	1509						36.3	342					0.0
MON	14	26	0.01	16.8	1.0980	188	1722			10.4	7.0	5.9	28.2	258					0.0
TUE	15	32	0.08	15.5	1.3770	188	2159			9.7	7.1	4.8	32.0	367					0.0
WED	16	37	0.08	14.3	1.5770	192	2525			9.8	7.0	5.9	31.5	414			237		0.0
THU	17	35	0.05	13.4	1.2840	N/S				9.8	7.1	4.5	20.8	223					0.0
FRI	18	31	0.00	13.1	0.9730					10.7	7.4	5.8							0.0
SAT	19	27	0.00	13.6	1.0120														0.0
SUN	20	32	0.00	14.5	0.8810	184	1352						13.2	97					0.0
MON	21	34	0.09	15.4	1.5750	174	2286			9.9	7.1	5.0	18.4	242					0.0
TUE	22	35	0.86	16.2	2.8640	200	4777			10.1	7.1	4.0	22.5	537			10		0.0
WŁD	23	36	0.78	16.7	2.5490	146	3104			8.7	7.0	5.1	38.0	808					0.0
THU	24	37	0.13	17.0	1.6280	N/S				9.7	7.0	6.0	19.8	269					0.0
FRI	25		0.02	16.9	1.1850					9.2	7.0	5.7							0.0
SAT	26	37	0.21	16.9	1.8770														0.0
TO	TAL		6.25		47.4890														
MAXI	MUM	38	0.86	19.6	3.7110	244	6376	135	1325	10.8	7.4	7.8	99.0	1803	16	157	237	5.7	
MINI	MUM	11	0.00	13.1	0.8810	96	1057	135	1325	6.7	6.9	3.6	13.2	97	16	157	10	5.7	
AVEF	RAGE	31	0.223	16.3	1.6960	170	2666	135	1325	9.5	7.1	5.2	36.9	598	16	157	52	5.7	

OVAL
89
78

Copper	N/A	ug/L
NH3	5.7	mg/L
NH3	14	lbs

Weekly FSS-BOD	and the same of th	Weekly Coliform			
Aver.	mg/l	lbs	mg/l	lbs	Geo. Meati
WEEK1	65	934	16	157	87
WEEK2	36	813			37
WEEK3	30	321			237
WEEK4	22	391			10
AVG	38	615	16	157	93
MAX	65	934	16	157	237

Tox. TUc	N/A