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

155 SOUTH SEWARD,

JUNEAU, CITY AND BOROUGH OF

AK-002321-3
PERMIT NUMBER

NAME: ADDRESS:

MAJOR (SUB 01)

Form Approved.

OMB No. 2040-0004

		NOTE: Read instructions before completing this form.	*** NO DISCHARGE	EFFLUENT	F - FINAL
DISCHARGE NUMBER	001 A	pleting this form.	***	•	

	ā	S		NACTO AGENT	TICEN ON AUTHO		the to how	(Reference all attachments here)	OT THIS BITCH TOTAL	ANY VIOLATIONS  (Reference of left and implicational for knowing violations)	COMMENT AND EXPLANATION OF ANY
10 DAY	<b>₹</b> 0	2005		PAL EXECUTIVE	SIGNATURE OF MANCIPAL EXECUTIVE	SIGN	nation,	or submitting false inform	significant penalties for	I am aware that there are significant penalties for submitting false information,	TYPED OF BETWIED
	200				1 1 11	7	complete.	nelief, true, accurate, and	of my knowledge and b	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.	
MBER	PHONE NUMBER	CODE		11/6	# \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Aca	ne system,	r persons who manage ti	inquiry of the person o	submitted. Based on my inquiry of the person or persons who manage the system,	Wastewater Utilities Superintendent
	586-0393	907 ARFA		,		0	em designed	accordance with the syst	tion or supervision in a	prepared under my direction or supervision in accordance with the system designed to assure that the applicad negrouped property pather and applicate the information	
	TELEPHONE				)		Te	t and all attachments we	law that this documen	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
() ()	HENOM		MG/L	*****	MO AVG	****	* * *	****	*****	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	ONCE/				Tacasa					DEDMIT	ָ ֓֞֞֞֜֞֞֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֡֓֓֓֡֓֡֓֡֓֡֓֡֓֡֓֡
	1/30			****		****	* * *	****	****	MEASUREMENT	SIISPENDED
		0	(19)		255					SAMPLE	SOLIDS, TOTAL
	DAYS		SU	MAXIMUM	****	MIN.	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	WEEK			8.5		6.0				PERMIT	00400 1 0 0
	5/7				****		* * *	****	****	MEASUREMENT	
		0	(12)	6.9		6.0				SAMPLE	рH
	MONTH		MG/L	DAILY MAX	MO AVG	****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	ONCE/			60	30			1380	690	PERMIT	00310 1 0 0
	1/30					****				MEASUREMENT	(20 DEG. C)
		0	(19)	8,1	8.1		(26)	57.8	57.8	SAMPLE	BOD, 5-DAY
	MONTH		MG/L	*****	WKLY AVG	****	LBS/DAY	****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
COMP 24	ONCE/				45				1035	PERMIT	00310 W 0 0
	1/30			****		****		****		MEASUREMENT	(20 DEG. C)
		0	(19)		8,1		(26)		57.8	SAMPLE	BOD, 5-DAY
	MONTH		MG/L	*****	MO AVG	****	**	****	*****	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	ONCE/				REPORT					PERMIT	00310 G 0 0
	1/30			****		****	* * *	****	****	MEASUREMENT	(20 DEG. C)
		0	(19)		190.0					SAMPLE	BOD, 5-DAY
	WEEK		MG/L	DAILY MAX	****	DAILY MIN.	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	ONCE/			17.0		2.0	3)			PERMIT	00300 1 0 0
	1/7				****		***	****	****	MEASUREMENT	(DO)
		0	(19)	6.4		3.3 3				SAMPLE	OXYGEN, DISSOLVED
	DAYS		DEG. C	×	****	*****	***	*****	*****	REQUIREMENT	ŢĢ
GRAB	NEEK			REPORT						PERMIT	00010 1 0 0
	5/7				****	****	* * *	****	****	MEASUREMENT	DEG CENTIGRADE
		0	(04)	16.5						SAMPLE	TEMPERATURE, WATER
i			SLIND	MAXIMUM .	AVERAGE	MUMINIM	STINU	MAXIMUM	AVERAGE		
SAMPLE	FREQUENCY OF ANALYSIS	NO.		RATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
31	رن ا	2005	TO	þ	5	2005	FROM	nt	Illties Superintende	Scott Jeffers WW Utilities Superintendent	
DAY	MO	YEAR		DAY	МО	ΥR			99801	JUNEAU, ALASKA 99801	
		ERIOD	)RING P	MONITORING PERIOD				ANT	5 TREATMENT PL	JUNEAU-DOUGLAS TREATMENT PLANT	FACILITY:
				_		!			מני 1801	TIINFAIL ALASKA 99801	ADDRESS:

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

00434/981209 1904

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

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

-					Ċ	٣	chments here	(Reference all attachments here)	rh	VIOLATIONS	COMMENT AND EXPLANATION OF ANY VIOLATIONS
DAY	МО	YEAR		OF AUTHORIZED AGENT	OFFICER OF AUTHOR	FIO	ns.	nt for knowing violatio	of fine and imprisonme	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
	PHONE NUMBER DATE	CODE 2005		AL EXECUTIVE	TURNE OF PRINCIP	SIGNA LEST	he system, information complete.	r persons who manage to the information, the elief, true, accurate, and submitting false information.	inquiry of the person or responsible for gatherir of my knowledge and be significant penalties for	to assure that he quanties passanted property gains and reducte the information, submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for pathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are surpfisent penalties for submitting false information.	Scott Jeners Wastewater Utilities Superintendent
	TELEPHONE 586-0393	907			) =	0	en designed	and all attachments we coordance with the syst	certify under penalty of law that this document and all attachments were certify under my direction or supervision in accordance with the system are considered as the system of the sys	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 the control of the control	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	MONTH		PERCENT	*****	*****	REMOVAL	***	*****	*****	REQUIREMENT	PERCENT REMOVAL
COMP 24	ONCE/		%	-		85 MIN. %				PERMIT	81010 K 0 0
	1/30			****	****		* * *	****	****	MEASUREMENT	REMOVAL
		0	(23)			95.7				SAMPLE	BOD, 5-DAY PERCENT
			***	*****	*****	*****	MGD	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	CONTINUOS							6.0	2,76	PERMIT	50050 1 0 0
	7/7		* * *	****	****	****	,			MEASUREMENT	THRU TREATMENT PLANT
		0					(03)	1.1600	0.8938	SAMPLE	FLOW, IN CONDUIT, OR
	WEEK		ML100	DAILY MAX	MO GEO	****	* * *	****	**** ****	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	ONCE/		#/	1200	400					PERMIT	31616 1 0 0
	1/7					****	* * *	** ** **	** ** *	MEASUREMENT	M-FC BROTH, 44.5 C
		0	(13)	790	37					SAMPLE	COLIFORM, FECAL MF
	WEEK		ML100	*****	WKLY GEO	*****	* * *	*****	*****	REQUIREMENT	DMMEN
COMP 24	ONCE/		#/		800					PERMIT	31616 W 0 0
	1/7			****		****	* * *	****	****	MEASUREMENT	M-FC BROTH, 44.5 C
		0	(13)		790					SAMPLE	COLIFORM, FECAL MF
	ANNUAL		MG/L	DAILY MAX	MOAVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	SEMI-			REPORT	REPORT			REPORT	REPORT	PERMIT	00610 1 0 0
	1/180					****				MEASUREMENT	TOTAL (AS N)
		0	(19)	N/N	A/N		(26)	N/A	W/N	SAMPLE	NITROGEN, AMMONIA
	MONTH		MG/L	DAILY MAX	MO AVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	ONCE/			60	30			1380	690	PERMIT	00530 1 0 0
	5/7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			****				MEASUREMENT	SUSPENDED
		0	(19)	23.5	13.0		(26)	190.3	99.3	SAMPLE	SOLIDS, TOTAL
	MONTH:		MG/L	****	WKLY AVG	****	LBS/DAY	*****	WKLY AVG	REQUIREMENT	NENT (
GRAB	ONCE/				45				1035	PERMIT	00530 W 0 0
	5/7		,	****		****		****		MEASUREMENT	SUSPENDED
		0	(19)		16.7		(26)		123.8	SAMPLE	SOLIDS, TOTAL
			STINU	MAXIMUM	AVERAGE	MUMINIM	STINU	MAXIMUM	AVERAGE		
SAMPLE TYPE	OF ANALYSIS	e ș		RATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
31	5	2005	70	1	5	2005	FROM	14	ilities Superintender	Scott Jeffers WW Utilities Superintendent	ATT:
DAY	MO	YEAR		DAY	MO	ΥR		٠	99801	JUNEAU, ALASKA 99801	LOCATION:
		ERIOD	)RING P	MONITORING PERIOD				ANT	S TREATMENT PL	JUNEAU-DOUGLAS TREATMENT PLANT	FACILITY:
	DAOCH INC.	_			NOTIOLIX	LCKUM	<b></b>		9801	HINEAH ALASKA 99801	ADDRESS:
NIMBER	DISCHARGE NUMBER				AK-002321-3	AK-002321			BOROUGH OF	JUNEAU, CITY AND BOROUGH OF	NAME:
		_					_				

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

JUNEAU, CITY AND BOROUGH OF

AK-002321-3

NAME:

FACILITY: ADDRESS:

MAJOR (SUB 01) F - FINAL

Form Approved, OMB No. 2040-0004

7

### NO.DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

001 A

Scott Jeffers
Wastewater Utilities Superintendent PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL SOLIDS, SUSPENDED COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER LOCATION: TYPED OR PRINTED PARAMETER 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 pathering 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, JUNEAU, ALASKA 99801 including the possibility of fine and imprisonment for knowing violations **JUNEAU-DOUGLAS TREATMENT PLANT** JUNEAU, ALASKA 99801 Scott Jeffers WW Utilities Superintendent 155 SOUTH SEWARD, I certify under penalty of law that this document and all attachments were MEASUREMENT REQUIREMENT PERMIT SAMPLE \*\*\*\* \*\*\*\*\* AVERAGE QUANTITY OR LOADING (Reference all attachments here) MAXIMUM \*\*\*\*\* \*\*\*\*\* FROM \*\*\* STINU \*\*\* 85 MIN. % REMOVAL MINIMUM 94.9 2005 놨 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER ON AUTHORIZED AGENT QUALITY OR CONCENTRATION AVERAGE \*\*\*\* \*\*\*\*\* Mo G DAILY MAX REPORT MAXIMUM \*\*\*\*\* DΑY MONITORING PERIOD PERCENT SLING (23) 70 % 2005 YEAR 2005 AREA CODE YEAR ΞŎ. 0 FREQUENCY OF ANALYSIS TELEPHONE **586-0393** ONCE/ MONTH 1/30 PHONE NUMBER 30 ဟ|နွ DISCHARGE NUMBER SAMPLE TYPE GRAB μ DΑΥ

00434/981209 1904

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

NAME: ADDRESS:

JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801

AK-002321-3
PERMIT NUMBER

Form Approved.

OMB No. 2040-0004

:

MAJOR (SUB 01) F - FINAL EFFLUENT \*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form. \*\* REC-1

DISCHARGE NUMBER

						<b>.</b>	ichments here	(Reference all attachments here)	through OF/3	ANY VIOLATIONS  (Reference (Refer	The reporting period was from 05 (01)
DAY	MO	YEAR		OR AUTHORIZED AGENT	OFFICER OR AUTHOR		ons.	nt for knowing violation	including the possibility of fine and imprisonment for knowing violations	including the possibility	TYPED OR PRINTED
11	PHONE NUMBER	code 2005		AL EXECUTIVE	SIGNATURE OF PRINCIP	A SALER	information the system, information d complete, mation,	r persons who manage ng the information, the elief, true, accurate, an submitting false information.	to assure that the quantited personnet property partner and evaluate the informat submitted. Based on my inquiry of the person or persons who manage the syst or those persons directly responsible for gathering the information, the informat submitted is, to the best of my knowledge and belief, true, accurate, and compile and a system of that there are significant penalties for submitting false information,	to assure that the qualified personnel property gainer 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,	Wastewater Utilities Superintendent
	586-0393	907			<u>&gt;</u>	) )	tem designed	cordance with the sys	prepared under my direction or supervision in accordance with the system designed	prepared under my direc	NAME) II ILE PRINCIPAL EXECUTIVE OFFICER
	100 000		**	*****	****	****	7	A A A A A A A	Flow that this document	REQUIREMEN!	NAME TITLE BOTTOTION SYSTEM THE DESIGNA
								-		PERMIT	
			* * *	****	****	****	**	****	****	MEASUREMENT	
										SAMPLE	
			* * * *	*****	*****	*****	* * *	*****	*****	REQUIREMENT	
			* * *	****	****	****	* * *	****	** ** **	MEASUREMENT	, i
		_								SAMPLE	
			* * * *	*****	*****	*****	* * *	*****	*****	REQUIREMENT	
			* * *	** ** **	**** ****	****	* * *	****	****	MEASUREMENT	
	,									SAMPLE	
			* * *	*****	****	****	* * *	*****	*****	REQUIREMENT	
										DERMIT	
			* * *	****	* * * * *	* * * * *	* * * *	* * * * * *	* * * * *	MEASUREMENT	
										CAMPIE	
			* * * *	*****	*****	*****	* * * *	*****	*****	PERMIT REQUIREMENT	
			**	****	****	****	* * *	****	****	MEASUREMENT	
								-		SAMPLE	
	NOV- APR		* * * *	*****	*****	*****	* * * *	*****	*****	REQUIREMENT	
	SHWLL C									PERMIT	
	AND 1/180		* * * *	* * * * * *	* * * * *	* * * * * *	* * * *	* * * * * *	* * * * * *	SAMPLE	
	MAY-OCT			8	*****	****	LBS/DAY	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	ONCE/MO		#/	REPORT						PERMIT	31616 1 0 0
	1/30				****	****	,	****	****	MEASUREMENT	M-FC BROTH, 44.5 C
		0	(13)	<b>&lt;3.3</b>			(26)			SAMPLE	COLIFORM, FECAL MF
7	OF AWALTOIS	,	SIINU	MAXIMUM	AVERAGE	MINIMUM	STINU	MAXIMUM	AVERAGE		
SAMPLE	FREQUENCY	NO.		RATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
31	5	2005	70	μ.	5	2005	FROM	nt	tilities Superintende	Scott Jeffers WW Utilities Superintendent	АТТ:
DAY	MO	YEAR		DAY	МО	YR	 		99801	JUNEAU, ALASKA	LOCATION:
		ERIOD	MONITORING PERIOD	MONITO				ANT	S TREATMENT PL	JUNEAU-DOUGLAS TREATMENT PLANT	FACILITY:

00434/981209 1904

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

**EPA REPORT** MON MON SAT WED MON SUN 크 SUN SAT ZE 로 종 MON 묻 王 DΑY 꿆 꾼 DATE 18 °F ₩ 52 56 57 55 52 55 51 54 57 55 52 55 57 5 55 54 52 56 53 55 ζ<u>.</u> 52 8 엉 52 57 55 48 WEATHER 54 INCHES 0.00 0.00 0.00 0.24 0.05 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.04 0.00 RAIN FALL 0.24 0.00 0.00 0.09 0.00 0.03 0.00 0.00 0.00 0.03 0.56 0.00 0.07 開開 17.7 17.2 18.6 14.3 15.1 15.6 18.0 14.1 13.1 12.3 12.6 13.7 14.7 15.8 17.5 18.3 18.2 16.8 18.6 16.7 NGD J.D , 0.9710 25,0250 0.8540 0.6770 1.1590 N/S 1.1600 N/R 0.8950 0.9250 0.7890 0.7390 0.8380 0.9120 0.8330 0.9480 0.9560 0.9430 0.8590 0.6330 0.9030 0.8190 0.8520 0.6330 0.8780 0.9740 0.8080 0.7720 0.8500 1.0080 1.1600 1.0320 1.0380 N/S mg/L ŞŞ 275 213 253 310 203 218 267 200 310 297 255 200 285 Juneau, Alaska SBT SS 2381 2381 1730 2178 2127 1248 1875 1545 2031 2154 2115 1889 1248 1398 B.O.D. mg/L 190 190 в.О.D, LBS 1353 1353 1353 1353 °C TEMP 14.2 14.2 14.3 15.6 14.3 14.1 13.9 14.6 13.6 16.5 16.1 16.5 15.2 15.4 15.8 16.5 16.3 15.9 9.5 8.9 9.8 8.9 무 6.3 6.5 6.2 6.4 6.0 6.2 6.5 6.5 6.4 6.6 6.9 6.2 6.3 6.2 6.2 6.5 6.0 6.9 mg/L D.O. 4.4 N/S 4.5 1 4.5 6,3 6.2 6,4 4.3 4.4 4.3 4.7 5.1 3.8 4.5 5.0 4.9 5.6 5.7 6.3 4.9 6.4 3.3 4.1 N/S N/S mg/L s.s 7.0 23.5 16.0 17.2 23.5 9.4 11.4 15.8 16.0 16.0 11.4 13.8 20.4 9.2 9.0 8.8 9.0 8.0 7.0 s,s SBI 190 99 55 145 145 97 88 55 63 57 98 76 98 B.O.D. mg/L May 2005 8.12 ထေတြ ω B,O.D. LBS 58 58 58 FECAL Coliform /100 ml 42.0 790 790  $\frac{\omega}{\omega}$ 37 18 Ammonia Ammonia as N. mg/l. as N. lbs/day 1/180 days 1/180 days N N NA N N NA

S.S.	B.O.D.	% REV
95	96	IAVO

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

Neekly					Weekly
TSS ÉOD		rss 🕠	Bo	BOD	Collorm
Aver	mg/l	lbs	mg/l	lbs	Geo Mean
WEEK1	17	124	8	58	3
WEEK2	15	117			42
WEEK3	10	73			790
VEEK4	9	80			18
MAX	17	124	8	85	790