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

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

NAME: ADDRESS: FACILITY: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

> AK-002321-3 PERMIT NUMBER MAJOR (SUB 01) F - FINAL EFFLUENT Š

> > Form Approved. **OMB No. 2040-0004**

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		OTE: Read instructions before completing this form.	* NO DISCHARGE
DISCHARGE NUMBER	001 A	pleting this form.	***

		700 1001	20 40 4 7004			AV NOT BE LICED	T-AO WHICH MA	(REDI ACES EDA FORM TAN WHICH MAY NOT BE LICED)		/ be used.	EPA Form 3320-1 (03-99) Previous editions may be used
				•		. (2	ugh 07/02/20	15/29/2005 thro	The reporting period was from 05/29/2005 through 07/02/2005
2	-	Ī				٠ ١	letter dated]	Please see attached letter dated July 7, 2005	_	VIOLATIONS	COMMENT AND EXPLANATION OF ANY VIOLATIONS
DAY 8	7	2005 YFAR		OF(PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT	SNATURE OF PRINCIPA OFFICER OR AUTHOR	SIGNATURE	nation, 1s.	submitting false inform it for knowing violation	significant penalties for of fine and imprisonmer	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
MBER	PHONE NUMBER	CODE		9	A Selev	(Stat	ne system, information complete.	persons who manage the information, the life, true, accurate, and	inquiry of the person or responsible for gatherin if my knowledge and be	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.	Wastewater Utilities Superintendent
	TELEPHONE 586-0393	907			ク =	3	are am designed	and all attachments we cordance with the systems of a column the conditions of the c	law that this document tion or supervision in ac	I cettity under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assume that the multifed personnel unwantly action and ambients the information of the property or the modern of the property of the control unwantly or the c	Scott Jeffers
	MONTH		MG/L	*****	MO AVG	*****	***	*****	*****	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	ONCE/				REPORT					PERMIT	00530 G 0 0
	1/30		,	****		****	* * *	****	** ** *	MEASUREMENT	SUSPENDED
		0	(19)		258					SAMPLE	SOLIDS, TOTAL
	DAYS		SU	MAXIMUM	****	MIN.	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	WEEK		5000001	8.5		6.0				PERMIT	00400 1 0 0
	5/7	(1	****		* * *	****	****	MEASUREMENT	
		0	(12)	7.0		6.2				SAMPLE	Hq
	HENOM:		MG/∟	DAILY MAX	MO AVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	ONCE/		Oct. 107	60	30			1380	690	PERMIT	00310 1 0 0
	1/30	,				**** ****	,			MEASUREMENT	(20 DEG. C)
		0	(19)	6,4	6,4		(26)	46.0	46.0	SAMPLE	BOD, 5-DAY
	MONTH		MG/L	*****	WKLY AVG	**** **	LBS/DAY	*****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
COMP 24	ONCE/		ouds or		45				1035	PERMIT	00310 W 0 0
	1/30			****		****		****		MEASUREMENT	(20 DEG. C)
		0	(19)		6.4		(26)		46.0	SAMPLE	BOD, 5-DAY
: :	MONTH (2003)		MG/L	*****	MO AVG	****	* * *	*****	****	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	ONCE/		((00.1		REPORT					PERMIT	00310 G 0 0
	1/30	(****]	****	* * *	*** ****	** ** **	MEASUREMENT	(20 DEG. C)
		0	(19)		214.0					SAMPLE	BOD, 5-DAY
<u>C</u>	WEEK		ୁ ଜୁ/୮	DAILY MAX	****	DAILY MIN.	* * *	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAR	ONCE/			170		2.0				PERMIT	00300 1 0 0
	1/7			:	****		* * *	****	****	MEASUREMENT	(DO)
		0	(19)			3,6				SAMPLE	OXYGEN, DISSOLVED
	DAYS		DEG, C	×	*****	*****	* * *	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	WEEK			REPORT						PERMIT	00010 1 0 0
	5/7	(,	!	****	****	* * *	****	****	MEASUREMENT	DEG, CENTIGRADE
		0	(04)	18.4						SAMPLE	TEMPERATURE, WATER
	OF ANALTOIS	, n	STINU	MAXIMUM	AVERAGE	MUMINIM	STINU	MAXIMUM	AVERAGE		
SAMPLE	FREQUENCY	NO.		RATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
30	6	2005	o J	1	6	2005	FROM	Pit I	illties Superintende	Scott Jeffers WW Utilities Superintendent	ATT:
DAY	МО	YEAR		DAY	MO	ΥR			99801	JUNEAU, ALASKA	LOCATION:
		ERIOD	RING P	MONITORING PERIOD				ANT	S TREATMENT PL	JUNEAU-DOUGLAS TREATMENT PLANT	FACILITY:

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

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

JUNEAU, ALASKA 99801

155 SOUTH SEWARD,

JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

AK-002321-3 EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

PERMIT NUMBER

DISCHARGE NUMBER 001 A

DAY

30

FLOW, IN CONDUIT, OR M-FC BROTH, 44.5 C COLIFORM, FECAL MF SEE COMMENTS BELOW M-FC BROTH, 44.5 C COLIFORM, FECAL MF NITROGEN, AMMONIA **EFFLUENT GROSS VALUE** Scott Jeffers Wastewater Utilities Superintendent **EFFLUENT GROSS VALUE** 01119 1 0 0 **EFFLUENT GROSS VALUE** SEE COMMENTS BELOW THRU TREATMENT PLANT **EFFLUENT GROSS VALUE** 00530 W 0 0 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER EFFLUENT GROSS VALUE 50050 1 0 0 TOTAL RECOVERABLE 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. Scott Jeffers WW Utilities Superintendent **JUNEAU-DOUGLAS TREATMENT PLANT** including the possibility of fine and imprisonment for knowing violations. JUNEAU, ALASKA 99801 am aware that there are significant penalties for submitting false information, certify under penalty of law that this document and all attachments were REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE PERMIT WKLY AVG MO AVG MO AVG REPORT MO AVG 1,0373 ***** 126,2 ***** ***** **** ***** **** 90.7 1035 AVERAGE QUANTITY OR LOADING 2.76 N/A 690 DAILY MAX DAILY MAX DATLY MAX REPORT 2,0430 ***** ***** **** **** 184.0 MAXIMUM **** ***** ***** **** N/A 1380 6.0 LBS/DAY LBS/DAY LBS/DAY FROM MGD *** ** SLIND *** *** *** *** **** (26)(26)(26)63 ***** ***** MINIMUM ***** ***** **** ***** ***** ***** **** ***** ***** **** ***** ***** 2005 ⋨ SIGNATUR QUALITY OR CONCENTRATION WKLY GEO WKLY AVG MO GEO REPORT REPORT MO AVG MO AVG MO AVG XXXX **** 800 AVERAGE 400 N/A N/A 10,4 12.8 OF PRINCIPAL EXECUTIVE OF AUTHORIZED AGENT 30 8 თჴ 4 DAILY MAX DAILY MAX DAILY MAX DAILY MAX REPORT REPORT **** ***** MAXIMUM **** ***** **** ***** 1200 N/A N/A 17.2 60 DAY 23 MONITORING PERIOD ML100 ML100 MG/L *** #/ MG/L MG/L *** MG/L SLING (13)(19)(19)(19)(13)J (19)2005 YEAR 2005 CO 관**907** YEAR 0 0 0 0 0 0 ΩS _ CONTINUOS FREQUENCY OF ANALYSIS TELEPHONE 586-0393 QUARTER ANNUAL HINOM HINOM ONCE/ ONCE/ ONCE/ ONCE/ SEMI ONCE/ WEEK WEEK 1/1801/90 PHONE NUMBER 5/7 증 1/7 1/7 o | ₹ COMP 24 COMP 24 COMP 24 SAMPLE GRAB

GRAB

GRAB

GRAB

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TOTAL (AS N)

SUSPENDED SOLIDS, TOTAL

SUSPENDED SOLIDS, TOTAL AT: LOCATION: FACILITY: ADDRESS:

COMMENT AND EXPLANATION OF ANY VIOLATIONS

Please see attached letter dated July 7, 2005

00434/981209 1904

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: LOCATION: NAME: ADDRESS: JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT
JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, AK-002321-3 PERMIT NUMBER MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form. MONITORING PERIOD DISCHARGE NUMBER 001 A

DAY	MO	YEAR		OR AUTHORIZED AGENT		OFF		knowing violations.	fine and imprisonment for	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
σ	7	2005		AL EXECUTIVE		SIGNATURE	ite.	true, accurate, and comple nitting false information,	my knowledge and belief, gnificant penalties for subi	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,	
BER	PHONE NUMBER	CODE		7	#\////pra	drag	ne system, information	persons who manage the information, the	inquiry of the person or responsible for patheri	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	Wastewater Utilities Superintendent
	586-0393	907	· 1 · · 1 · · ·		2	J	em designed	and all attachments we coordance with the system of the sy	r law that this document ction or supervision in a ed personnel properly o	1. certaly under penalty or law trait this document and all attachments were prepared under my direction or supervision in accordance which the system designed to assure that the analytical personnel property eather and applicate the information	Scott Jeffers
GRAB	ONCE/ MONTH		% PERCENT	REPORT DAILY MAX	****	85 MIN. % REMOVAL	* * *	****	*****	PERMIT REQUIREMENT	PERCENT REMOVAL
	1/30	0	(23)	**** **	**** ****	96.0	* * *	* * * * * *	****	SAMPLE MEASUREMENT	PERCENT REMOVAL
COMP 24	MONTH		% PERCENT	*****	*****	85 MIN. % REMOVAL	* * *	*****	****	PERMIT REQUIREMENT	PERCENT REMOVAL
	1/30	0	(23)	* * * * *	* * * * *	97.0	* * *	* * * * *	****	SAMPLE MEASUREMENT	REMOVAL
TYPE	OF ANALYSIS	EX	STINU	MAXIMUM	AVERAGE	MUMINIM	STINU	MAXIMUM	AVERAGE	X	
SAMPLE	FREQUENCY	NO.		RATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
30	6	2005	궁	-	6	2005	FROM	nt	tilities Superintende	Scott Jeffers WW Utilities Superintendent	ATT:
DAY	MO	YEAR		DAY	МО	Ϋ́R			99801	JUNEAU, ALASKA 99801	LOCATION:

The reporting period was from 05/29/2005 through 07/02/2005.

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

(REPLACES E

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

Please see attached letter dated July 7, 2005.

00434/981209 1904

PAGE 3 OF 3

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

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 MAJOR (SUB 01) F - FINAL EFFLUEN' *** NO NOTE: F

> > Form Approved, OMB No. 2040-0004

: Read instructions before completing this form.	Read instru
***	O DISCHARGE
	ENT.
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OMB NO. 2040-0004	L)

DISCHARGE NUMBER REC-1

	JOHENO, ALADION JOOL	1000							,		
FACILITY:		S TREATMENT PL	ANT				MONITO	MONITORING PERIOD	RIOD		
LOCALION:	JUNEAU, ALASKA	TORKE		5	JONE TR	3	DAY	i >	YEAR	MO	DAY
All:	Scorr Jellers WW Julines Superintendent	Jillies Superintenue		1701	2002	c)	5	2002	0	25
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	NOITA		NO.	FREQUENCY	SAMPLE
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M-FC BROTH, 44.5 C	MEASUREMENT	* * * * * * * * * * * * * * * * * * *	****	* * *	****	****	<2.0		,	1/30	
31616 1 0 0	PERMIT						DEDODT	\$ ~		ONIGE/MO	20,0
ร	REQUIREMENT	****	*****	* * *	*****	****	DATI Y MAX	ML100		MAY-OCT	GKAD
	SAMPLE							E		AND	
	MEASUREMENT	****	****	* * *	*****	*** ***	****	* * *		1/180	
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	PERMIT							0000000			
	REQUIREMENT	*****	XXXXX	**	*****	****	*****	* * *			
NAME/II ILE 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	tion or supervision in a	and all attachments we coordance with the system	re em designed		<i>)</i> ≥		_	907	TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	to assure that the qualified personnel properly gather and evaluate the information withmitted. Based on my intuitive of the neeron or neerons who menore the suctem withmitted.	ed personnel properly as	ather and evaluate the ir	aformation	0		٢		AREA	DECOME NUMBER	
Masterater Culties Superintellit	summunca. Desca on my inquiry or the pasons of pasons with intimble the system, or those persons directly responsible for pathering the information, the information submitted is, to the best of my knowledge and belief the accurate and complete.	responsible for gathering of my knowledge and he	persons who manage using the information, the information, the information and	information	A	Saller of	Y		CODE	DATE I	
TYPED OR BRINTED	I am aware that there are significant penalties for submitting false information, including the mossibility of fine and imprisonment for browning violations.	significant penalties for	r submitting false inform	nation,	SIGNATURE		PRINCIPAL EXECUTIVE		2005	7	8
COMMENT AND EXPLANATION OF ANY VIOLATIONS	VIOLATIONS		Please see attached letter dated July 7, 2005	letter dated	July 7, 2005.	9	NOTIFICATED AGENT	.	Ü	Š	DAT

The reporting period was from 05/29/2005 through 07/02/2005. EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EI

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

00434/981209 1904

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

June 2005

AVE	WIW Co.	MAX	TC	SAT	FR	Ħ	WED	TUE	MON	SUN	SAT	핆	Ħ	WED	TUE	MON	SUN	SAT	됬	뒫	WED	III.	MON	SUN	SAT	FRI	UHT	WED	TUE	MON	SUN	SAT	FRI	띰	WED	JUE	MON	SUN	DAY		
VERAGE	NIMUM	VIAXIMUM	TOTAL	2	-1	30	. 29	28	27	26	25	24	23	22	21	20	19	18	17	16	5	14	13	12	11	10	9	8	7	6	5	4	3	2	. 1	31	30	29	DATE		SON SECTION OF THE SE
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0.11	0.00	0.90	3.80	0.14	0.35	0.00	0.19	0.44	0.09	0.00	0.00	0.00	0.09	0.00	0.59	0.29	0.06	0.00	0.00	0.00	0.15	0.01	0.16	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.90	0.00	0.00	0.00	0.00	0.14	0.20	P FALL INCHES		
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1.0373	0.7680	2.0430	36,3070	1.2440	1.4750	0.9770	1.0680	1.3310	1.1340	0.8920	0.8700	1.0010	1,0680	1.1170	1.5470	1.2780	0.8960	0.7680	0.8120	0.7920	0.8570	1.0390	0.8090	0.9640	0.7940	0.8390	0.8690	1.0630	0.9930	0.9010	0.9360	1,0890	1,1950	0.9380	0.8610	1.0350	2.0430	0.8120	MGD MGD	j in	Section and the section of
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2284	1522	4311				2119	1937	2692	2104	1979			2650	1537	2361	3677	1607				1522	3787	2125	1568			1884	1977	2716	2014	1561				1831	2918	4311	1659	LBS u	NT CEN	TOTAL
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1537	1537	1537																																	1537				188 8 0 0)))	の名のはなると
16.9	15.0	18.4				18.3	17.4	18.0	17.6			16.8	17.8	16.8	17.1	18,4		17.6	17.2	16.3	17.7	17.6	17.5			16.8	16.8	17.1	16.2	16.2			15.6	16.3	15.8	15.6	15.0		eC TEMP		と できる できる
6.6	6.2	7.0				7.0	6.7	7.0	6.3			6.3	6.7	6.8	6.5	6.5		6.7	6.7	6.7	6.8	6.6	6.7			6.6	6.8	6.8	6.3	6.4			6.6	6.9	6.8	6.2	6.3		ΡΗ		· 医医生物医疗
5.0	3.6	6.6				3.6	3.7	3,8	6.6			3.6	5.7	5.7	5.3	5.0		5.0	5.3	5.6	5.4	5.1	5.0			5.9	5.3	5.2	5.3	5.2			4.4	4.6	5.5	5.3	4.9		mg/L		美術院的
10.4	4.8	17.2				7.3	4.8	6.0	9.4	10.0			13.4	15.0	12.8	11.0	12.0			15.4	11.4	17.2	12.8	7.4			5.0	7.0	13.6	8.0	8.4			10.6	8.6	10.0	10.8	۳	mg/L		Service and the
90.7	36.2	184.0				59.1	42.8	66.6	88.9	74.4			119.4	139.7	165.1	117.2	89.7			101.7	81.5	149.0	86.4	59.5			36.2	62.1	112.6	60.1	65.6			82.9	61.8	86.3	184.0	74.5	LBS	127	行が変えて
6.4	6.4	6.4																								_									6				mg/L		T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.
46.0	46.0	46.0																																	46.0				TBS C)) -	100 CO 100 CO
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																																							as N mg/l 1/180 days	All Parts	TOTAL PARTIES
									ı																														as N mg/l as N lbs/day 1/180 days 1/180 days		大きの方法を大き

COMMENTS:

Tox. Tuc

N/A

%/REW@VAL B.O.D. 97.0 S.S. 96.0

Copper NH3

N/A N/A

10.2 8.4

6.4

46.0

97.9 67.3 95.6 126.2 66.3

23

WEEK3 12.8 WEEK4 12.8 WEEK5 7.5

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23

ug/L