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

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

001 A
DISCHARGE NUMBER

QUALITY OR CONCENTRATION

8 8

MONITORING PERIOD
DAY YEA

Т

YEAR 2005

∞ ₹

31 31

AVERAGE

MAXIMUM

SLINO

ΩŞ

FREQUENCY OF ANALYSIS

SAMPLE TYPE

18.9

(04)

0

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O	ms.	ent for knowing violatio	of fine and imprisonme	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED	TYPE
NETE	d complete.	r submitting false infor	of my knowledge and b	submitted is, to the best of my knowledge and belief, true, accurate, and compl I am aware that there are significant penalties for submitting false information		
d	he system, information	r persons who manage to ng 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 pathering the information, the information	Wastewater Utilities Superintendent	Wastewater Ut
	nformation	accordance with the syst ather and evaluate the in	ction or supervision in a ed personnel properly a	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information		Scott Jeffers
)	ere	certify under penalty of law that this document and all attachments were	f law that this document	I certify under penalty of	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	NAME/TITLE PRINCI
*****	***	****	*****	REQUIREMENT	FLUENT	RAW SEW/INFLUENT
				PERMIT	0	00530 G 0
****	* * *	****	*****	MEASUREMENT		SUSPENDED
				SAMPLE	AL	SOLIDS, TOTAL
MIN.	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE	EFFLUENT G
6.0				PERMIT	0	00400 1 0
	***	****	*****	MEASUREMENT		
6.2				SAMPLE		말
*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE	EFFLUENT G
		1380	690	PERMIT	0	00310 1 0
****				MEASUREMENT	(20 DEG. C)	(2
	(26)	101.2	101,2	SAMPLE		BOD, 5-DAY
*****	LBS/DAY	*****	WKLY AVG	REQUIREMENT	NTS BELOW	SEE COMMENTS BELOW
			1035	PERMIT	0	00310 W 0
****		****		MEASUREMENT	(20 DEG. C)	(2
	(26)		101.2	SAMPLE		BOD, 5-DAY
*****	***	*****	*****	REQUIREMENT	FLUENT	RAW SEW/INFLUENT
				PERMIT	0	00310 G 0
**** ***	* * *	****	****	MEASUREMENT	(20 DEG. C)	(2)
-				SAMPLE		BOD, 5-DAY
DAILY MIN	* * *	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE	EFFLUENT G
2.0				PERMIT	0	00300 1 0
	* * *	****	****	MEASUREMENT	(DO)	
3.1				SAMPLE	SOLVED	OXYGEN, DISSOLVED
*****	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE	EFFLUENT G
				PERMIT	0	00010 1 0
****	***	****	****	MEASUREMENT	RADE	DEG, CENTIGRADE
				SAMPLE	RE, WATER	TEMPERATURE, WATER
MINIMUM	UNITS	MAXIMUM	AVERAGE			
Q)		LOADING	QUANTITY OR LOADING		PARAMETER	7
2005	HKOM!	int	tilities Superintende	Scott Jeffers WW Utilities Superintendent		ATT:
YR)		99801	JUNEAU, ALASKA 99801		LOCATION:
		LANT	S TREATMENT PI	JUNEAU-DOUGLAS TREATMENT PLANT		FACILITY:
PERMI			D,	155 SOUTH SEWARD,		ADDRESS:
AK-00			BOROUGH OF	JUNEAU, CITY AND BOROUGH OF		NAME:

WKLY AVG

MG/L

ONCE/ MONTH

COMP 24

1/30

8.7

8.7

(19)

0

45

MO AVG

DAILY MAX

MG/L

MONTH MONTH

COMP 24

1/30

7.2

(12)

0

30

DAILY MAX

MG/L

(19)

0

17.0

ONCE/

GRAB

1/7

WEEK

REPORT

DATLY MAX DEG. C **6.7** (19)

0

DAYS

GRAB

5/7

203.0 *****

REPORT MO AVG

MG/L

HINOM

ONCE/

COMP 24

1/30

(19)

0

8.7

(Reference all attachments here)

SIGNATURE OF PRINCEPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2005 YEAR

30

D A

907

TELEPHONE 586-0393 MONTH

PHONE NUMBER

ONCE/

COMP 24

1/30

REPORT MO AVG

MG/L

MAXIMUM

SU

WEEK DAYS

GRAB

5/7

8.5 5

237

(19)

0

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

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COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

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

FACILITY: LOCATION: ADDRESS: NAME: JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, AK-002321-3

PERMIT NUMBER

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

Form Approved.

OMB No. 2040-0004

NOTE: Read instructions before completing this form.

DISCHARGE NUMBER 001 A

						٣	chments here	(Keference all attachments here)		SNOFIVIOIA	COMMENT AND EXPLANATION OF ANY VIOLATIONS	COMMENT AT
DAY	MO	YEAR		IZED AGENT	OFFICER OR AUTHORIZED AGENT		ns.	nt for knowing violatio	of fine and imprisonmen	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED	TVI
- !	>	2001				, (complete.	slief, true, accurate, and	if my knowledge and be	submitted is, to the best o		
BER	PHONE NUMBER	CODE		1	が大人が	4	ne system,	persons who manage t	nquiry of the person or esponsible for gatherin	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	Wastewater L
	586-0393	907		•	?	0	nformation	cordance with the syst	ion or supervision in action or supervision in action in	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information to assure that the qualified personnel properly gather and evaluate the information		Scott Jeffers
	HTNOM		PERCENT	****	*****	REMOVAL	**	*****	**************************************	REQUIREMENT	NAME THE DRIVED BY RECEIVED BY THE CHARLES	NAME/THE PRINTED EXECUT
COMP 24	ONCE/		%			85 MIN. %				PERMIT		81010 K
	1/30		7	****	****		* * *	** ** **	****	MEASUREMENT		_<
		0	(23)		-	95.7				SAMPLE	PERCENT	BOD, 5-DAY PERCENT
			* * *	*****	*****	****	MGD	DATLY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE	EFFLUENT
GRAB	CONTINUOS							6,0	2.76	PERMIT	0	50050 1
	7/7	c	* * * *	* * * * *	* * * * *	**** ***	(0.5)	00211.2	++++0	MEASUREMENT	TMENT PLANT	THRU TREA
	WEEK	0	MLTOO	DATET MAX	NO BEO		03	2 4260	1 4110	SAMPLE	FLOW IN CONDUIT OR	FLOW IN CO
COMP 24	UNCE/		#/		CED CM	**** ****	* * * *	*** ****	****	REQUIREMENT		EFFLUENT
	1/7			1000	200	****	**)	77777	PERMIT	n, 44.5 C	31616 1 0 0
		0	(13)	16	4		+	++++	++++	SAMPLE	FECAL MF	M EC BROTH 11 F C
	WEEK		ML100	*****	WKLY GEO	*****	***	*****	*****	REQUIREMENT	SEE COMMENTS BELOW	SEE COMM
COMP 24	ONCE/		#		800					PERMIT	0	31616 W
	1/7			****		****	* * *	****	****	MEASUREMENT	H, 44.5 C	M-FC BROTH, 44.5 C
		0	(13)		16					SAMPLE	FECAL MF	COLIFORM, FECAL MF
1	ANNUAL		MG/L	DAILY MAX	MO AVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE	EFFLUENT
COMP 24	SEMT-			REPORT	REPORT			REPORT	REPORT	PERMIT	0	00610 1
	1/180		,	1		****	,	,		MEASUREMENT	3	TOTAL (AS I
		0	(19)	N/A	X		(26)	N/A	N/A	SAMPLE	AMMONIA	NITROGEN, AMMONIA
i i	MONTH		MG/L	DAILY MAX	ରି	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE	EFFLUENT
GRAB	ONCF/		200	60	30			1380	690	PERMIT	0	00530 1
-	5/7	•	(10)	;		****	1	1		MEASUREMENT	Ü	SUSPENDED
		0	(19)	24.0	11.4		(26)	480.6	147.1	SAMPLE	TAL	SOLIDS, TOTAL
į	MONTH		MG/L	****	WKLY AVG	****	LBS/DAY	*****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW	SEE COMM
GRAR	ONCF/				45				1035	PERMIT	0 0	00530 W
	5/7	((1,5)	****	į	****	1	***		MEASUREMENT	8	SUSPENDED
		O	(19)		13.1		(26)		188,5	SAMPLE	TAL	SOLIDS, TOTAL
177	OF AWAL I SIS	ŗ	STIND	MAXIMUM	AVERAGE	MINIMUM	STINU	MAXIMUM	AVERAGE			
SAMPLE	FREQUENCY	NO.		RATION	QUALITY OR CONCENTRATION	QUA		LOADING	QUANTITY OR LOADING		PARAMETER	
31	8	2005		۳	8	2005	FROM	nt	ilities Superintende	Scott Jeffers WW Utilities Superintendent		ATT:
DAY	МО	YEAR		DAY	МО	Æ			99801	JUNEAU, ALASKA 99801		LOCATION
		ERIOD	RING P	MONITORING PERIOD				ANT	9801 5 TREATMENT PL	JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT		FACILITY:

The reporting period was from 07/31/2005 through 09/03/2005.

00434/981209 1904

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

Scott Jeffers
Wastewater Utilities Superintendent SOLIDS, SUSPENDED COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCEPAL EXECUTIVE OFFICER PERCENT REMOVAL PERCENT REMOVAL 81011 K PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) AT: ADDRESS: LOCATION: FACILITY: 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, including the possibility of fine and imprisonment for knowing violations. JUNEAU-DOUGLAS TREATMENT PLANT I certify under penalty of law that this document and all attachments were Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT PERMIT SAMPLE AVERAGE **** ***** **QUANTITY OR LOADING** (Reference all attachments here) MAXIMUM **** ***** FROM SLINO *** *** 85 MIN. % REMOVAL MINIMUM 95.2 2005 Æ AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINGI QUALITY OR CONCENTRATION <u>OFFICER OR AUTHORIZED AGENT</u> ***** AVERAGE ***** ∞ ≷ MAJOR (SUB 01) F - FINAL AL EXECUTIVE EFFLUENT
*** NO DISCHARGE DAILY MAX NOTE: Read instructions before completing this form. REPORT MAXIMUM ***** DAY MONITORING PERIOD PERCENT SLIND (23) ಠ % Form Approved.

OMB No. 2040-0004 2005 00 A PO TEAR. Ξō 0 FREQUENCY OF ANALYSIS *** TELEPHONE **586-0393** HINOM ONCE/ PHONE NUMBER 1/30 ð œ ₹ DISCHARGE NUMBER 001 A SAMPLE TYPE GRAB $\sum_{i=1}^{n} \infty$ 3 DAY

00434/981209 1904

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

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

FACILITY: LOCATION

JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801

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

AK-002321-3 PERMIT NUMBER

Scott Jeffers WW Utilities Superintendent

FROM

2005 |≾

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DAY

70

2005

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DAY بي

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FREQUENCY OF ANALYSIS

SAMPLE TYPE

YEAR

MONITORING PERIOD

QUALITY OR CONCENTRATION

AVERAGE

MAXIMUM

SLING

MINIMUM

AVERAGE

MAXIMUM

SLINO

(13)

0

ML100 #/

ONCE/MO

GRAB

1/30

MAY-OCT

*** **

QUANTITY OR LOADING

ARAMETER

ADDRESS: NAME:

EFFLUENT GROSS VALUE

M-FC BROTH, 44.5 C COLIFORM, FECAL MF

31616 1 0

COMMENT AND EXPLANATION OF ANY VIOLATIONS 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. prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information am aware that there are significant penalties for submitting false information, I certify under penalty of law that this document and all attachments were ncluding the possibility of fine and imprisonment for knowing violations MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT ***** ***** **** ***** ***** ***** ***** **** ***** ***** **** ***** ***** **** (Reference all attachments here) ***** ***** **** ***** ***** ***** ***** ***** ***** **** **** ***** ***** ***** *** *** *** ** *** *** *** ** *** *** *** *** **** **** *** *** **** ***** ***** ***** ***** ***** ***** ***** ***** **** **** ***** ***** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ***** ***** ***** ***** ***** **** ***** **** ***** ***** ***** ***** **** DAILY MAX REPORT **** ***** ***** ***** **** **** ***** **** ***** ***** ***** 14.0 *****

NOV- APR

2 TIMES

1/180AND

CODE AREA

PHONE NUMBER

30

₹∞

TELEPHONE 586-0393

MAJOR (SUB 01) F - FINAL

EFFLUENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form.

**

DISCHARGE NUMBER

PAGE 1 OF 1

The reporting period was from 07/31/2005 through 09/03/2005.

Scott Jeffers
Wastewater Utilities Superintendent

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

COMMENTS:
0811/05 No Influent sample, sampler mailfunction. EPA REPORT TUE SAT THU WED NON 왕물물 MON SUN THE MON WED TOTAL MAXIMUM MINIMUM SAT FR SAT SAT SUN SA R HE SUN MON MON DAY DATE AWEL 57 53 49 WEATHER ទូ ខូ ទូ ទូ 5 5 5 5 දි දි 8 2 57 59 8 8 සු ස 8 2 65 စ္ပ 8 59 2 3 NCHES FALL RAIN 0.03 1.06 0.19 0.00 0.46 0.00 0,16 0.00 0.33 0.33 0.68 0.00 0.01 0.00 0.00 0.00 0.01 0.54 6.66 0.05 0.40 0.00 15.78 13.20 16.0 14.7 14.2 17.6 16.1 13.6 13.2 17.2 18.2 19.3 18.7 19.3 18.7 15.1 16.4 16.6 14.5 13.7 14.5 14,5 14.8 15.5 15.2 15.6 15.9 16.6 16.5 16.2 15.7 13.3 15.1 Tox. TUc MGD J-D S.S. % REMOVAL 2.1260 2.0790 0.9510 0.9200 0.8490 1.4130 2.0330 1.0610 1.3210 2.4010 1.7270 1.3190 1.5910 1.2358 0.8100 0.9030 0.9450 1.0710 2.4260 1.8730 1.1820 1.8200 1.4480 1.7990 1.1360 1,2030 1.3920 1.3200 1.1320 1.5380 1.7990 1.1720 1.0160 1.2310 N/A N/S SS mg/L 95.7 95.2 237 118 196 218 348 150 280 205 294 246 118 246 286 348 266 314 242 303 212 142 262 83 265 Juneau, Alaska LBS 4291 1723 2805 1919 3323 3780 2092 1768 3234 3543 2363 4250 2630 2670 3339 3691 4291 2145 2254 1938 3069 2873 2884 2821 2721 1723 2009 Copper NH3 품3 BOD. mg/L 203 203 80D N/A N/A LBS 2357 2357 2357 2357 mg/L lbs ug/L e TEMP 15.2 16.9 16.0 15.2 16.7 16.4 17.4 16.4 18.0 17.4 18.0 18.9 18.3 17.8 17.1 17.5 18.9 18.4 18.0 16.1 16.3 17.8 16.3 뫄 6.2 7.2 6.6 6.8 6.6 6.9 6.6 6.8 6.5 6.8 6.2 6.6 6.5 6.7 6.8 6.7 6.9 7.2 WEEK4 WEEK5 WEEK2 WEEK1 13.1 mg/L 0 4.1 <u>3</u>.1 6.7 4.0 4.0 ω. 3.5 4.0 3.8 3.6 3.6 3.4 6.7 3,5 3.5 5.3 4.0 ი. ა 4. 8. 4.2 3.4 11.9 11.5 11.3 mg/ 9.2 mg/L SS 5.7 11.4 9.6 10.4 24.0 11.2 9.2 8.4 12.3 13.0 15.2 17.6 5.7 TSS 8.2 8.9 9.4 168.7 188.5 106.2 137.4 188.5 134.8 S ğ LBS 480.6 48.1 147.1 98.9 165.0 312.1 63.5 189.9 159.5 152.5 121.0 480.6 130.0 313.6 185.9 180.7 98.2 92.4 62.7 48.1 62.9 144.0 117.9 91.9 74.6 102.5 121.1 BOD | August 2005 mg/L mg/) 8.7 8.7 8.7 8.7 8.7 8.O.D. 101.2 101.2 LBS bs 101.2 101.2 101.2 Weekly Collform Geo Mea FECAL Colform /100 ml 16 ယ 6 16 6 Ammonia as N mg/l 1/180 days Ammonia as N. lbs/day 1/180 days