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

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

JUNEAU, CITY AND BOROUGH OF

AK-002321-3
PERMIT NUMBER MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

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

[₹] 06	2006 YEAR	AL EXECUTIVE	SIGNATURE OF WRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	d complete. / mation,	pelief, true, accurate, an or submitting false infor ent for knowing violation	of my knowledge and b significant penalties for of fine and imprisonme	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, including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
CODE)	20/1/pag	John John John John John John John John	information the system, information	zather and evaluate the ir persons who manage ing the information, the	ed personnel properly a inquiry of the person or responsible for gatherin	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.	Scott Jeffers Wastewater Utilities Superintendent
90					rere tem designed	and all attachments was accordance with the sys	tion or supervision in a	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	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	MG/L	******	MO AVG	****	***	****	****	REQUIREMENT	RAW SEW/INFLUENT
			REPORT					PERMIT	00530 G 0 0
		** ** **		**** **	* * *	****	****	MEASUREMENT	SUSPENDED
0	(19)		209					SAMPLE	SOLIDS, TOTAL
	SU	MAXIMUM	*****	MIN.	* * *	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
		8.5		6.0		- :		PERMIT	00400 1 0 0
			** ** **		* * *	****	****	MEASUREMENT	
0	(12)	7.1	*	6.1				SAMPLE	PH
	MG/L	MAX	<u>6</u>	****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
		60	30			1380	690	PERMIT	00310 1 0 0
				**** ***				MEASUREMENT	(20 DEG. C)
0	(19)	3.0	3.0		(26)	27.8	27.8	SAMPLE	BOD, 5-DAY
	MG/L	*****	WKLY AVG	****	LBS/DAY	*****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
			45				1035	PERMIT	00310 W 0 0
	<u> </u>	** ** **		****		****		MEASUREMENT	(20 DEG. C)
0	(19)		3.0		(26)		27,8	SAMPLE	BOD, 5-DAY
	MG/L	******	MO AVG	*****	***	*****	*****	REQUIREMENT	RAW SEW/INFLUENT
			REPORT					PERMIT	00310 G 0 0
		** ** **		****	* * *	****	****	MEASUREMENT	(20 DEG. C)
0	(19)		101.0					SAMPLE	BOD, 5-DAY
	MG/L	DAILY MAX №	****	DAILY MIN.	***	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
		17.0		2.0				PERMIT	00300 1 0 0
			****		* * *	****	****	MEASUREMENT	(DO)
0	(19)	5,8		3.9			_	SAMPLE	OXYGEN, DISSOLVED
	DEG. C	×	*****	****	***	*****	****	REQUIREMENT	ENT G
		REPORT						PERMIT	00010 1 0 0
			****	****	* * *	****	****	MEASUREMENT	DEG, CENTIGRADE
0	(04)	11.6						SAMPLE	TEMPERATURE, WATER
	STINU	MAXIMUM U	AVERAGE	MINIMUM	UNITS	MAXIMUM	AVERAGE		
E N		ATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
2006		F	1	2006	FROM	nt	lities Superintender	Scott Jeffers WW Utilities Superintendent	АПТ:
浜		DAY YEAR	MO	ΥR			99801	JUNEAU, ALASKA 99801	LOCATION:
ĕ	ING PERIC	MONITORI				ANT	TREATMENT PL	JUNEAU-DOUGLAS TREATMENT PLANT	FACILITY:
			NOTION	PENNET NOMBER			3801	TIINEAII AIASKA 99801	AUDRESS:
			NI IMRED	DEDMIT N			ABD	JONEAU, CLI I AND I	NAME:

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99) Previous editions may be used. The reporting period was from 01/01/2006 through 01/28/2006.

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

(Reference all attachments here)

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

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

JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

NAME: ADDRESS:

AK-002321-3 PERMIT NUMBER MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form. MONITORING PERIOD
DAY
YE DISCHARGE NUMBER 001 A

ADDRESS:	155 SOUTH SEWARD,	,			PERMIT NOMBE	NOMBEK					100
	JUNEAU, ALASKA 99801	9801						7	7105		
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	S TREATMENT PL	ANT		Ś		MONTIORING PERTOD	KLING PE	KIOD	5	DAV
LOCATION:	JUNEAU, ALASKA 99801	99801		1	7000	<u> </u>	JAT 1	₫ > 	2000	4 3	2 5
ATT:	Scott Jeffers WW Utilities Superintendent	lities Superintender	nt	TROM	2000	<u></u>	 -	5	2000	ŀ	J.
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	STINU	MINIMM	AVERAGE	MAXIMUM	STINU			
SOLIDS, TOTAL	SAMPLE	86.2	,	(26)		9,3		(19)	0		
SUSPENDED	MEASUREMENT		****		****		****			5/7	
00530 W 0 0	PERMIT	1035				45				ONCE/	GRAB
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	****	LBS/DAY	****	WKLY AVG	*****	MG/L		MONTH	
SOLIDS, TOTAL	SAMPLE	77.8	128.0	(26)		8.0	11,4	(19)	0	k	
SUSPENDED	MEASUREMENT				****					5/7	
00530 1 0 0	PERMIT	690	1380			30	60			ONCE/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DATLY MAX	LBS/DAY	****	MO AVG	DAILY MAX	MG/L		MONTH	
NITROGEN, AMMONIA	SAMPLE	N/A	N/A	(26)		N/A	N/A	(19)	0	· • • •	
TOTAL (AS N)	MEASUREMENT				** ** **					1/180	
00610 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			SEMI-	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	****	IMO AVG	DAILY MAX	MG/L))	ANNUAL	
COLIFORM, FECAL MF	SAMPLE		•			15		(13)	c	· Ī	
M-FC BROTH, 44.5 C	MEASUREMENT	****	****	* * *	****		****			1/7	
31616 W 0 0	PERMIT					800		#/		ONCE/	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	*****	**** ****	***	****	WKLY GEO	*****	ML100		WEEK	
COLIFORM, FECAL MF	SAMPLE					2	15	(13)	0	· i	
M-FC BROTH, 44.5 C	MEASUREMENT	*** **	****	* * *	** ** **					1/7	
31616 1 0 0	PERMIT					400		#/		ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	****	****	* *	*****	MO GEO	DAILY MAX	ML100		WEEK	
FLOW, IN CONDUIT, OR	SAMPLE	1.1781	1.9190	(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	DATLY MAX	MGD	****	****	*****	* * *			
BOD, 5-DAY PERCENT	SAMPLE				97.0			(23)	0		
REMOVAL	MEASUREMENT	****	****	* * *		****	****			1/30	
81010 K 0 0	PERMIT				85 MIN. %			%		ONCE/	COMP 24
PERCENT REMOVAL	REQUIREMENT	*****	******	**	REMOVAL	***	, , , , , , , , ,	PERCENT		MONE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	certify under penalty of law that this document and all attachments were	t and all attachments w	ere		フ	<u>)</u>		907	FELEPHONE	
Scott Jeffers	prepared unter my unercuou or supervision in accountance with the system results to assure that the qualified personnel properly gather and evaluate the information when the Resed on my incurity of the nerson or nersons who manage the system withmitted. Based on my incurry of the nerson or nersons who manage the system withmitted.	ed personnel properly a ed personnel properly a	gather and evaluate the i	information	Po	***	1600		AREA	PHONE NUM	BER
	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.	responsible for gatheri of my knowledge and b	ng the information, the belief, true, accurate, an	information d complete.	7	89	111			DATE	
TVDED OD BRIVILED	I am aware that there are significant penalties for submitting talse information,	significant penalties to	or submitting false infor ent for knowing violation	mation,	SIGN	SIGNATURE OF PRINCE	OF PRINCIPAL EXECUTIVE		ZUU6 YEAR	MO	DAY
CIELD ON LIMITIED	HIGHWALL MAY DOUGHAST OF MANY MANY MANY MANY MANY MANY MANY MANY	C4 344 C				1					

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(Reference all attachments here)

The state of the state of

00434/981209 1904

NAME:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE-MONITORING REPORT (DMR) SOLIDS, SUSPENDED PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) PERCENT REMOVAL PERCENT REMOVAL 81011 K 0 0 ADDRESS: FACILITY: LOCATION: Scott Jeffers Wastewater Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARAMETER JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF Scott Jeffers WW Utilities Superintendent 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 certify under penalty of law that this document and all attachments were MEASUREMENT REQUIREMENT PERMIT SAMPLE AVERAGE QUANTITY OR LOADING **** ***** MAXIMUM ***** ***** FROM *** SLIND *** 85 MIN. % REMOVAL MINIMUM 96.2 2006 궂 AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION AVERAGE **** ***** 중 MAJOR (SUB 01) F - FINAL *** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MAX REPORT MAXIMUM **** DAY MONITORING PERIOD PERCENT SIIND (23) 70 8 Form Approved. OMB No. 2040-0004 2006 YEAR AREA CODE 핂 0 FREQUENCY OF ANALYSIS ** TELEPHONE 586-0393 HINOM ONCE/ 1/30 ₹ DISCHARGE NUMBER PHONE NUMBER 001 A SAMPLE TYPE **GRAB** <u>ဌ</u> DAY

EPA Form 3320-1 (03-99) Previous editions may be used. The reporting period was from 01/01/2006 through 01/28/2006. COMMENT AND EXPLANATION OF ANY VIOLATIONS

TYPED OR PRINTED

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

(Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2006 YEAR

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<u>₩</u>

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00434/981209 1904

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 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. Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF certify under penalty of law that this document and all attachments were am aware that there are significant penalties for submitting false information, noluding the possibility of fine and imprisonment for knowing violations. **** ***** ***** AVERAGE QUANTITY OR LOADING ***** ***** **** ***** **** ***** ***** **** **** ***** **** ***** **** ***** MAXIMUM **** **** **** **** **** **** **** ***** ***** ***** ***** FROM *** *** *** *** *** *** STIND *** *** *** *** *** *** *** *** MINIMUM ***** ***** ***** ***** ***** **** ***** 2006 ***** ***** ***** ***** ***** ***** **** ⋨ AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION ***** AVERAGE ***** **** **** **** **** ***** ***** **** ***** **** **** ***** ₹ 0 MAJOR (SUB 01) F - FINAL EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form. DAILY MAX ML100 REPORT MAXIMUM **** ***** ***** **** ***** **** ***** **^1.0** **** ***** ***** **** ***** MONITORING PERIOD
DAY YE #/ *** ** *** *** SLIND **** *** *** *** *** *** *** *** *** (13)70 Form Approved.

OMB No. 2040-0004 2006 2006 YEAR 9**9** CORE **907** YEAR E õ 0 FREQUENCY OF ANALYSIS ONCE/MO NOV- APR 586-0393 MAY-OCT 2 TIMES AND ELEPHONE 1/180 PHONE NUMBER 1/30 ₹ DISCHARGE NUMBER SAMPLE TYPE GRAB DAY 2

EFFLUENT GROSS VALUE

REQUIREMENT

PERMIT

MEASUREMENT

REQUIREMENT

PERMIT

SAMPLE

MEASUREMENT

PERMIT

MEASUREMENT

PRMIT

REQUIREMENT

SAMPLE

REQUIREMENT

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MEASUREMENT

M-FC BROTH, 44.5 C COLIFORM, FECAL MF

MEASUREMENT

SAMPLE

LOCATION: FACILITY: ADDRESS:

PARAMETER

The reporting period was from 01/01/2006 through 01/28/2006.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

Scott Jeffers Wastewater Utilities Superintendent

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

REQUIREMENT

MEASUREMENT

SAMPLE

REQUIREMENT

PERMIT

MEASUREMENT

SAMPLE

REQUIREMENT

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

(Reference all attachments here)

00434/981209 1904

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

January 2006

AVE	MIN	MΑ	J. S. S. J.	SAT	FRI	THU	WED	TUE	MON	SUN	SAT	됬	HT	WED	TUE	MON	SUN	SAT	FRI	UHT	WED	E E	MON	SUN	SAT	FR	댇	WED	TUE	MON	SUN		DAY		
AVERAGE	MINIMUM	MAXIMUM	TOTAL	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	ڻ. ت	4	ω	2			DATE		A CONTRACTOR OF STREET
31	21	37		26	26	22	21	27	30	35	36	32	30	28	31	32	28	22	29	32	35	36	37	37	35	37	33	30	33	32	జ		TEMP	W	The state of the s
0.14	0.00	0.65	3.79	0.05	0.05	0.01	0.07	0.52	0.07	0.42	0.53	0.04	0.01	0.09	0.00	0.00	0.01	0.00	0.11	0.18	0.07	0.65	0.21	0.01	0.00	0.26	0.11	0.01	0.09	0.01	0.21	NCHES	FALL	WEATHER	The second second second
16.44	14.30	19.40		18.4	17.1	15.8	14.8	14.3	14.3	14.6	14.8	15.1	15.4	15.5	16.3	16.9	17.2	17.2	17.1	16.7	16.4	16.1	15.9	16.1	16.4	16.8	17.1	17.2	18.2	19.1	19.4		TIDE -		No. of Contract of the Party of
1.1781	0.9010	1.9190	32.9873	1.0750	0.9010	1.0570	0.9770	1.0020	1.0050	1.2270	1.8910	1.0430	0.9860	0.9670	1.0390	1.0600	1.0060	1.0220	1.0550	1.2280	1.3390	1.6690	1.9190	1.2120	0.9873	1.1830	1.3740	1.0640	1.1070	1.2920	1.3000	MGD	TTL EFFL		PERSONAL PROPERTY OF THE PARTY
209	79	302				245	286	224	218	185			293	302	258	194	174			174	154	79	179	183			293	196	216	182	142	mg/L	83		Charleton Strangers
2012	1100	3358				2160	2330	1872	1827	1893			2409	2436	2236	1715	1460			1782	1720	1100	2865	1850			3358	1739	1994	1961	1534	LBS			The Company of the Command of the Co
101	101	101																									-		101	-		mg/L	BOD.		Contract of the Contract of th
932	932	932																											932			LBS	B O D.		The state of the s
10.4	9.5	11.6			10.1	10.0	9.8	9.6	11.3			10.9	10.2	9.5	10.3	11.2			10.0	10.3	10.3	10.2	11.6			10.6	10.7	10.0	10.0	11.1		ී	TEMP		A PARTY OF TOTAL PARTY OF
6.4	6.1	7.1			6.2	6.1	6.2	6.2	6.3			6.1	6.4	6.3	6.7	6.5			6.5	6.4	6.4	6.3	7.1			6.4	6.4	6.5	6.6	6.5		n	Ŧ 		Market Control of the
4.7	3.9	5.8 1			3.9	4.2		4.1	4.4	_	-	4.5	4.1	5.5	4.7	4.3			4.5		Г	5.3	4.6			5.0	5.0	0	5.8	5.1	 - -	mg/L mg/L	0 0 88		SAUTH STATE STATE SAN
8.0 7	3.8 4	11.4 12				8.4 7	11.4 9	7.4 6	6.4 5	10.8 11	-		9.6 7	11.4 9	10.2 8	9.2 8	6.0 5			4.4 4	5.6 6	3.8 5	8.0 12	5.2 5			8.0 9	10.6 9	7.6 7	9.4 10	6.8 7	LBS			Mary markets and the second
77.8	45.1	128.0				74.0	92.9	61.8	53.6	110.5			78.9	91.9	88.4	81.3	50.3			45.1	62:5	52.9	128.0	52.6			91.7	94.1	70.2	101.3	73.7	mg/L	B.O.D.	EFFLUENT	Contract Con
3.0	3.0	3.0					-			_																			3.0			LBS	O BOD	IENT.	
27.8	27.8	27.8										-				-		-		_						-	· 		27.8				D. FECAL Collform		
2	-	15				-	-					_		15													 		2			/100 ml 1/180 days 1/180 days	AL Ammonia as N mg/l	1.00	A CHIEF TO A CONTROL OF THE PARTY OF THE PAR
										 - 		_													ļ. 							days 1/		1,05%	The state of the s
																																180 days	Ammonia as N. Ibs/day		Control of the Contro

COMMENTS:

Tox. Tue

NA

WEEK4

9.3 9.3 9.3

3.0

27.8

5

8.O.D. S.S.

97.0 96.2

Copper NH3

NA NA

mg/L lbs

WEEK2

86.2 68.2 78.2 78.6 86.2

15

mg/l

27.8

lbs