## 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, JUNEAU, ALASKA 99801 AK-002321-3

PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

, B/	МО	YEAR		OK AUTHORIZED AGENT	OFFICER OR AUTHOR	OFF	ms.	nt for knowing violatic	of fine and imprisonme	lincluding the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
	ω	2006		PAL EXECUTIVE	TURE OF PRINCI	SIGNATURE	mation,	r submitting false infon	significant penalties for	I am aware that there are significant penalties for submitting false information,	
DATE	DATE				100	1967	information	ng the information, the	responsible for gatheri	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	
NE NUMBER	PHON	AREA CODE	, <u>-</u>	1	10 M	**************************************	nformation he system,	ather and evaluate the i	ed personnel properly a inquiry of the person or	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,	Scott Jeffers Wastewater Utilities Superintendent
ONE SPA	TELEPHONE	907			) こ	,	ere em designed	and all attachments we coordance with the syst	certify under penalty of law that this document and all attachments were repared under my direction or supervision in accordance with the system	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
	MONTH		MG/L	*****	MO AVG	*****	**	*****	*****	REQUIREMENT	RAW SEW/INFLUENT
E/ COMP 24	ONCE/				REPORT				-	PERMIT	00530 G 0 0
0	1/30			****		****	* * *	**** **	****	MEASUREMENT	SUSPENDED
		0	(19)		209					SAMPLE	SOLIDS, TOTAL
S	DAYS		SU	MAXIMUM	*****	MIN.	* * *	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
×	WEEK			8.5		6.0				PERMIT	00400 1 0 0
	5/7		,		****		* * *	****	****	MEASUREMENT	
		0	(12)	6.6		6.1				SAMPLE	рН
	HTNOM		MG/L	DAILY MAX	MO AVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
E/   COMP 24	ONCE/			- 60	30			1380	690	PERMIT	00310 1 0 0
_	1/30		- THE CONT. 1			****				MEASUREMENT	(20 DEG. C)
		0	(19)	9.9	9.9		(26)	170.3	170.3	SAMPLE	BOD, 5-DAY
<b>H</b>	HTNOM		MG/L	*****	WKLY AVG	****	LBS/DAY	****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
E/   COMP 24	· ONCE/				45				1035	PERMIT	00310 W 0 0
0	1/30			****		****		****		MEASUREMENT	(20 DEG. C)
		. 0	(19)		9.9		(26)		170.3	SAMPLE	BOD, 5-DAY
	MONTH		MG/L	*****	MO AVG	****	***	*****	*****	REQUIREMENT	RAW SEW/INFLUENT
E/   COMP 24	ONCE/				REPORT					PERMIT	00310 G 0 0
0	1/30			****		****	* * *	****	****	MEASUREMENT	(20 DEG. C)
-		0	(19)	,	125.0					SAMPLE	BOD, 5-DAY
<del>*</del>	WEEK		MG/L	DAILY MAX	*****	DAILY MIN.	**	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
(j	ONCE/			17.0		2.0				PERMIT	00300 1 0 0
	1/7				****		* * *	****	****	MEASUREMENT	(DO)
		0	(19)	4.9		4.0				SAMPLE	OXYGEN, DISSOLVED
S	DAYS		DEG. C	DAILY MAX	*****	*****	* * *	****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
<b>~</b>	WEEK			REPORT						PERMIT	00010 1 0 0
	5/7				****	****	* * *	****	****	MEASUREMENT	DEG, CENTIGRADE
		0	(04)	12.5	]					SAMPLE	TEMPERATURE, WATER
			UNITS	MAXIMUM	AVERAGE	MINIMUM	STINU	MAXIMUM	AVERAGE		
YSIS TYPE	FREQUENCY OF ANALYSIS	NO.		RATION	QUALITY OR CONCENTRATION	QUAL	•	LOADING	QUANTITY OR LOADING		PARAMETER
-	2	2006	TO	<b>-</b>	2	2006	FROM	nt	ilities Superintende	Scott Jeffers WW Utilities Superintendent	ATT:
	M	YEAR		DAY	MO	Æ			99801	JUNEAU, ALASKA 99801	LOCATION:
		ERIOD	MONITORING PERIOD	MONIT			:	ANT	S TREATMENT PL	JUNEAU-DOUGLAS TREATMENT PLANT	FACILITY:
									7001	JUNEAU, ALASKA 99801	

ADDRESS: NAME:

(Reference all attachments here)

00434/981209 1904

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

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

FACILITY: ADDRESS: JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, AK-002321-3 PERMIT NUMBER MONITORING PERIOD

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

DISCHARGE NUMBER

						9	chments here	(Keference all attachments here)		VIOLATIONS	COMMENT AND EXPLANATION OF ANY VIOLATIONS
JOAN .	MO	YEAR		RIZED AGENT	P.		135.	ent for knowing violation	of fine and imprisonme	including the possibility of fine and imprisonment for knowing violations	TYPED OR PRINTED
MBER 233	PHONE NUMBER DATE	AREA CODE		DA -	STENATURE OF BRANCH	STORY OF THE STORY	iformation ne system, information complete.	pather and evaluate the in persons who manage the persons who manage the persons who manage the information, the left, true, accurate, and resubmitting false informations.	ed personnel properly a inquiry of the person o responsible for gather of my knowledge and be significant penalties for	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. I am aware that there are significant penalties for submitting false information.	Scott Jeffers Wastewater Utilities Superintendent
	TELEPHONE	907			2	)	em designed	t and all attachments we accordance with the syst	law that this documention 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	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	HTNOM		PERCENT	*****	*****	REMOVAL	***	****	****	REQUIREMENT	PERCENT REMOVAL
COMP 24	ONCE/		%			85 MIN. %				PERMIT	81010 K 0 0
	1/30			****	****		* * *	****	****	MEASUREMENT	REMOVAL
		0	(23)			92.1				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)	2,4040	1,2081	SAMPLE	FLOW, IN CONDUIT, OR
	WEEK		ML100	×	MO GEO	*****	* * *	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	ONCE/		#/	1200	400					PËRMIT	31616 1 0 0
	1/7	/				****	* * *	****	** ** **	MEASUREMENT	M-FC BROTH, 44.5 C
		0	(13)	5	2					SAMPLE	COLIFORM, FECAL MF
	WEEK		ML100	* * * *	WKLY GEO	****	* * *	*****	*****	REQUIREMENT	SEE COMMENTS BELOW
COMP 24	ONCE/		#/		800					PERMIT	31616 W 0 0
	1/7			** ** **		****	* * *	****	****	MEASUREMENT	M-FC BROTH, 44.5 C
		0	(13)		ហ					SAMPLE	COLIFORM, FECAL MF
	ANNUAL		MG/L	DAILY MAX	MO AVG	*****	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)	ង	3.5		(26)	60.0	60.0	SAMPLE	NITROGEN, AMMONIA
	HTNOM		MG/L	DAILY MAX	MO AVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB -	ONCE/		- n = 4	60	30			1380	690	PERMIT	00530 1 0 0
	5/7					****				MEASUREMENT	SUSPENDED
	٠.,	0	(19)	24.0	10.9		(26)	412.1	125.9	SAMPLE	SOLIDS, TOTAL
	HENOM		MG/L	*****	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
GRAB	ONCE/				45				1035	PERMIT	00530 W 0 0
	5/7			****		****		****		MEASUREMENT	SUSPENDED
٠		0	(19)		14.7		(26)		185.1	SAMPLE	SOLIDS, TOTAL
			STINU	MAXIMUM	AVERAGE	MUMINIM	UNITS	MAXIMUM	AVERAGE		
SAMPLE	FREQUENCY OF ANALYSIS	NO.		RATION	QUALITY OR CONCENTRATION	QUAI		LOADING	OUANTITY OR LOADING		PÄRAMETER
28	2	2006	To	<b>–</b>	2	2006	FROM	ent	ilities Superintende	Scott Jeffers WW Utilities Superintendent	АТТ:
DAY	МО	YEAR		DAY	MO	ΥR			99801	JUNEAU, ALASKA 99801	LOCATION:
		ERIOD	RING P	MONITORING PERIOD		,		LANT	S TREATMENT PI	<b>JUNEAU-DOUGLAS TREATMENT PLANT</b>	FACILITY:

The second of th

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

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

ADDRESS:

155 SOUTH SEWARD,

JUNEAU, CITY AND BOROUGH OF

AK-002321-3 PERMIT NUMBER

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

EFFLUENT

\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form.

DISCHARGE NUMBER 001 A

Scott Jeffers Wastewater Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PERCENT REMOVAL SOLIDS, SUSPENDED 81011 K 0 0 PERCENT REMOVAL AT FACILITY: 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 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, Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 **JUNEAU-DOUGLAS TREATMENT PLANT** ncluding the possibility of fine and imprisonment for knowing violations certify under penalty of law that this document and all attachments were REQUIREMENT MEASUREMENT PERMIT SAMPLE \*\*\*\* AVERAGE \*\*\*\*\* **QUANTITY OR LOADING** (Reference all attachments here) MAXIMUM \*\*\*\*\* \*\*\*\* FROM SLINO \*\*\* \*\*\*\* 85 MIN. % REMOVAL 94.8 MINIMUM 2006 ⋨ SIGNATURE OF PRINCIPA QUALITY OR CONCENTRATION OFFICER OR AUTHORISED AGENT AVERAGE \*\*\*\* \*\*\*\*\* 8 DAILY MAX REPORT EXECUTIVE MAXIMUM \*\*\*\*\* DAY MONITORING PERIOD PERCENT SLIND 딩 % (23)2006 AREA CODE YEAR Ξō 0 TELEPHONE 586-0393 FREQUENCY OF ANALYSIS MONTH ONCE/ 1/30 PHONE NUMBER 종 SAMPLE TYPE GRAB DΑΥ 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99) Previous editions may be used. The reporting period was from 01/29/2006 through 02/25/2006

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

00434/981209 1904

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

ADDRESS: NAME:

155 SOUTH SEWARD,

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. Form Approved.

OMB No. 2040-0004 \*\*\* REC-1

Scott Jeffers Wastewater Utilities Superintendent EFFLUENT GROSS VALUE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M-FC BROTH, 44.5 C COLIFORM, FECAL MF 31616 1 0 0 ATT: LOCATION FACILITY: TYPED OR PRINTED PARAMETER 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Scott Jeffers WW Utilities Superintendent JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 prepared under my direction or supervision in accordance with the system designed certify under penalty of law that this document and all attachments were MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMEN MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT \*\*\*\*\* AVERAGE \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* QUANTITY OR LOADING \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* MAXIMUM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* LBS/DAY FROM \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\*\* \*\*\*\* \*\*\* \*\*\* \*\*\* (26) SLING \*\*\* \*\*\* \*\*\*\* \*\*\*\*\* MINIMUM \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2006 ⋨ SIGNATURE OF QUALITY OR CONCENTRATION OFFICER OF \*\*\*\* AVERAGE \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 3 ZED AGENT EXECUTIVE \*\*\*\*\* MAXIMUM \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* **^1.0** MONITORING PERIOD
DAY YE \*\*\* #/ SLINO \*\*\*\* \*\*\* ML100 \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* (13) 5 2006 YEAR 2006 907 AREA CODE YEAR. 0 ΜŠ FREQUENCY OF ANALYSIS 2 TIMES ONCE/MO NOV- APR 586-0393 MAY-OCI TELEPHONE PHONE NUMBER DATE 1/180AND 1/30 <u></u>δω 증  $\sim$ DISCHARGE NUMBER SAMPLE TYPE GRAB DAY 28

(Keference all attachments here)

00434/981209 1904

EPA REPORT

# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY Juneau, Alaska

February 2006

AVE	MUMINIM	MAXI	TOTAL	SAT	꾼	UHT	WED	TUE	MON	SUN	SAT	꾼	H	WED	TUE	MON	NUS	SAT	FRI	UHT	WED	TUE	MON	SUN	SAT	꾼	OHT	WED	TUE	MON	SUN	ָּ בַּ	7 ^		ITTA スロてOス
AVERAGE	MUM	VIAXIMUM	TAL	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	∞	7	6	5	4	ω	2	<b>ب</b> ـــا	31	30	29	; ;	DATE		ולכאר באבורים
30	15	40		15	16	17	24	35	36	34	31	29	30	30	30	34	38	40	36	34	35	37	36	28	22	27	32	35	32	30	28	ę į	T MB	W	
0.135	0.00	0.73	3.78	0.00	0.00	0.00	0.02	0.30	0.18	0.19	0.00	0.00	0.00	0.00	0.00	0.10	0.69	0.20	0.00	0.00	0.05	0.73	0.62	0.01	0.00	0.03	0.17	0.43	0.04	0.01	0.01	INCHES	E R	WEATHER	No. of the Contract of the Con
16.4	13.9	19.7		16.6	15.1	14.1	13.9	14.3	15.0	15.5	15.9	16.2	16.4	16.4	16.8	17.0	16.8	16.3	15.7	15.0	14.4	14.4	15.0	16.1	17.2	18.1	18.6	18.6	19.4	19.7			型品		A Principal of Francisco Control
1.2081	0.7510	2.4040	33.8280	0.9030	0.7510	1.0290	0.9360	0.9780	1.0850	1.0240	0.8320	0.8480	1.0090	1.0520	1.1240	1.2310	2.0290	1.4470	0.9990	1.0950	1.1920	2.4040	1.8970	1.0600	0.9020	0.9830	1.2210	2.0590	1.4070	1.1500	1.1810	MGD	]-D		TOTAL STREET,
209	148	326	_				283		196	207			220		243	159	175			238	150	148		199			156	148		266	1	mg/L	5.5.		The state of the s
2180	1491	2967				2798	2209	2137	1774	1768			1851	2114	2278	1632	2961			2173	1491	2967	2911	1759			1589	2541	2312	2551	1773	LBS	.S.S	NELUENT	Julie
125	125	125																										125				mg/L	B.O.D.	T .	Juliedu, Aldska
2147	2147	2147																										2147				LBS	B,O,D,		SNA SNA
10.6	8.7	12.5			9.9	11.5	12.5	11.5	12.3			10.3	11.4	11.0	10.9	10.9			9.7	10.5	9.9	10.3	11.3			9.2	10.2	10.6	8.7	10.3		°C	TH MP		ale and the second seco
6.3	6.1	6.6			6.2	6.1	6.1	6.2	6.4			6.1	6.2	6.2	6.3	6.6			6.3	6.2	6.3	6.3	6.3			6.5	6.5	6.4	6.5	6.4			모		Section of the sectio
4.4	4.0	4.9			4.5	4.8	4.0	4.4	4.5			4.0	4.0	4.1	4.1	4.3		<u>.</u>	4.9	4.6	.4.7	4.4	4.5			4.5	4.8	4.4	4.4	4.2		mg/L	0,0		K.Z.Spraco, onest
10.9	4.4	24.0				12.6	12.4	10.0	6.4	8.4			8.4	6.4	4.4	5.4	11.2			10.0	14.8	13.6	9.2	12.2			14.8	24.0	13.2	12.6	8.8	mg/L	ŞŞ		A PROPERTY OF THE PARTY OF THE
126	41	412				108	97	82	. 58	72			71	56	41	55	190			91	147	273	146	108			151	412	154.9	120.8	86.7	LBS	8.8	T.	A CONTRACTOR OF THE PERSONS ASSESSMENT
10	10	10											-															9.92				mg/L	B.O.D.	EFFLUENT	chingly 7000
170	170	170												,														170				LBS	B.O.D.		7000
2	_	5					1.0				· ·			1.0					!		5.0							4.0				/100 ml	Coliform		STANDARD STANDARD
3.5	3.5	3.5																							-			3.5				1/180 days	Ammonia as N mg/l		Section Course
60	60	60																	-	, ,								5 60.1					Ammonia as N. Ibs/day		· HARACHARTER CONTRACTOR

S.S.	B.O.D.	% REM
95	92	OVAL

NH3	NH3	Copper	
60.0	3.5	N/A	
lbs	mg/L	ug/L	

MAX	WEEK4	WEEK3	WEEK2	WEEK1	Weekly TSS/BOD Aver
15	10	7	12	15	mg/l
185	83	83	153	185	Sdl
10				10	mg/l
170				170	)D
51			51	4	Weekjy Gollform Geo Mean