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

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

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

AK-002321-3 PERMIT NUMBER

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2	ä						
		NOTE: Read instructions	*** NO DISCHARGE	EFFLUENT	F - FINAL	(SUB 01) OM	MAJOR Form
DISCHARGE NUMBER	001 A	NOTE: Read instructions before completing this form.	***			OMB No. 2040-0004	Form Approved.

-			ACTION ACTION	TACEN ON NOTIFIC	:	chments here	(Reference all attachments here)	or the distribution	VIOLATIONS	COMMENT AND EXPLANATION OF ANY VIOLATIONS
MO.	YEAR	_,	AUTHORIZED AGENT	OFFICER OR AUTHO	OF	ns.	ent for knowing violatio	of fine and imprisonme	including the possibility of fine and imprisonment for knowing violations	TYPED OR PRINTED
PHONE NUMBER DATE	907 AREA CODE		PAI EXECUTIVE	A CONTRACTOR OF THE PARTY OF TH	STEAM	tem designed nformation he system, information 1 complete.	accordance with the sys pather and evaluate the i r persons who manage t ing the information, the selief, true, accurate, and	ction or supervision in a led personnel properly a led personnel properly a led person of the person of responsible for pathers of my knowledge and be significant negatives for	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 Wastewater Utilities Superintendent
TELEPHONE				) }	י כ	ere	certify under penalty of law that this document and all attachments were	f law that this documen	I certify under penalty or	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MONTH	-	MG/L	*****	MOAVG	*****	* * *	****	*****	REQUIREMENT	RAW SEW/INFLUENT
ONCE/				REPORT					PERMIT	00530 G 0 0
1/30			****		****	* * *	****	****	MEASUREMENT	SUSPENDED
	0	(19)		294				•	SAMPLE	SOLIDS, TOTAL
DAYS		SU	MAXIMUM	*****	MIN.	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
HEEK		20.00 m²	8.5		6.0				PERMIT	00400 1 0 0
5/7				****		***	****	****	MEASUREMENT	
	0	(12)	7.0		6.0			,	SAMPLE	рH
MONTH		MG/L	DAILY MAX	MOAVG	****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
ONCE/			60	30			1380	690	PERMIT	00310 1 0 0
1/30					****				MEASUREMENT	(20 DEG. C)
	0	(19)	4.0	4.0		(26)	50.9	50.9	SAMPLE	BOD, 5-DAY
HLNOW		MG/L	*****	WKLY AVG	****	LBS/DAY	*****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
ONCE/				45				1035	PERMIT	00310 W 0 0
1/30		1	****		****		****		MEASUREMENT	(20 DEG. C)
	0	(19)		4.0		(26)		50.9	SAMPLE	BOD, 5-DAY
HTNOM		MG/L	****	MOAVG	****	***	*****	*****	REQUIREMENT	RAW SEW/INFLUENT
ONCE/		<del></del>		REPORT					PERMIT	00310 G 0 0
1/30			****		****	* * *	****	****	MEASUREMENT	(20 DEG. C)
	0	(19)		187.0					SAMPLE	BOD, 5-DAY
WEEK		MG/L	DAILY MAX	*****	DAILY MIN.	***	*****	*****	REQUIREMENT	
ONCE/			17.0		2.0				PERMIT	00300 1 0 0
1/7				****		* * *	****	****	MEASUREMENT	(DO)
	0	(19)	6.0		3.8				SAMPLE	OXYGEN, DISSOLVED
DAYS		DEG. C	×	*****	*****	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
MEEK			REPORT						PERMIT	00010 1 0 0
5/7				****	****	* * *	****	*****	MEASUREMENT	DEG, CENTIGRADE
	0	(04)	18.3						SAMPLE	TEMPERATURE, WATER
	!	STIND	MAXIMUM	AVERAGE	MINIMUM	STINU	MAXIMUM	AVERAGE		
FREQUENCY OF ANALYSIS	NO.		RATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
6	2006	OTO	<b> </b>	6	2006	FROM	ant	tilities Superintende	Scott Jeffers WW Utilities Superintendent	ATT:
МО	YEAR		DAY	MO	Æ			99801	JUNEAU, ALASKA 99801	LOCATION:
	ERIOD	)RING P	MONITORING PERIOD				LANT	S TREATMENT PI	JUNEAU-DOUGLAS TREATMENT PLANT	FACILITY:
								1086	JUNEAU, ALASKA 99801	

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

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

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

g.

EFFLUENT

\*\*\* NO DISCHARGE

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NOTE: Read instructions before completing this form. 001 A

COLIFORM, FECAL MF M-FC BROTH, 44.5 C M-FC BROTH, 44.5 C SEE COMMENTS BELOW COLIFORM, FECAL MF 01119 1 0 0 **EFFLUENT GROSS VALUE** NITROGEN, AMMONIA **EFFLUENT GROSS VALUE** SEE COMMENTS BELOW Scott Jeffers
Wastewater Utilities Superintendent FLOW, IN CONDUIT, OR **EFFLUENT GROSS VALUE** 31616 W 0 0 COPPER TOTAL (AS N) SOLIDS, TOTAL THRU TREATMENT PLANT 31616 1 0 0 **EFFLUENT GROSS VALUE** SUSPENDED 00530 W 0 SUSPENDED SOLIDS, TOTAL NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00610 1 0 00530 1 0 0 ADDRESS: EFFLUENT GROSS VALUE FACILITY: 50050 1 0 0 LOCATION: TOTAL RECOVERABLE PARAMETER 0 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 menage 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. JUNEAU, ALASKA 99801 Scott Jeffers WW Utilities Superintendent JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, am aware that there are significant penalties for submitting false information, noluding the possibility of fine and imprisonment for knowing violations. certify under penalty of law that this document and all attachments were MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT **MEASUREMENT** MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE WKLY AVG MO AVG REPORT MO AVG MO AVG 233.7 1,1238 \*\*\*\*\* 144.7 AVERAGE \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 1035 QUANTITY OR LOADING 2.76 N/A 690 DAILY MAX DAILY MAX DAILY MAX REPORT 459.3 MAXIMUM 1.7840 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* N/A 1380 LBS/DAY LBS/DAY LBS/DAY FROM MGD \*\*\* \*\*\* \*\*\* \*\*\* \*\*\*\* \*\*\* (26)(26)(26)SLINO (03) \*\*\*\*\* MINIMUM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* 2006 숡 AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG WKLY GEO REPORT MO AVG MO GEO MO AVG REPORT MO AVG \*\*\*\* \*\*\*\*\* 800 AVERAGE 400 18.1 N/A N/A မ 13.8 14 45 증 σ DAILY MAX DAILY MAX DAILY MAX DAILY MAX REPORT REPORT MAXIMUM \*\*\*\*\* \*\*\*\*\* 1200 32.0 \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* N/A N/A 60 58 DAY MONITORING PERIOD ML100 MG/L ML100 MG/L \*\*\* MG/L \*\*\* MG/L SLIND (19)(19) (13) (13)(19)(19) 70 유 유 유 유 유 2006 2006 YEAR YEAR E N 0 0 0 0 0 0 CONTINUOS OF ANALYSIS 586-0393 FREQUENCY QUARTER ANNUAL HINOM ONCE/ ONCE/ ONCE/ MONTH ONCE/ WEEK ELEPHONE WEEK ONCE/ SEMI-1/180 1/90 PHONE NUMBER 5/7 5/7 7/7 1/7 중. 중 6 DISCHARGE NUMBER COMP 24 COMP 24 COMP 24 GRAB GRAB GRAB GRAB SAMPLE TYPE 30 DΑΥ

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

MAJOR (SUB 01) F - FINAL EFFLUENT

\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form. Form Approved.

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: LOCATION: ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF ⋨ AK-002321-3 PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD
DAY YEAR

3		Scott Wast	NAME				PER	PER	SOL	910 PER	REM	BOD		ATT:	
TYPED OR PRINTED		Scott Jeffers Wastewater Utilities Superintendent	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER				PERCENT REMOVAL	PERCENT REMOVAL	SOLIDS, SUSPENDED	PERCENT REMOVAL	REMOVAL	BOD 5-DAY PERCENT	PARAMETER		LOCATION:
including the possibility	submitted is, to the best of my knowledge and belief, the, accurate, and complete.  I am aware that there are significant penalties for submitting false information,		I certify under penalty of law that this document and all attachments were				REQUIREMENT	MEASUREMENT	SAMPLE	REQUIREMENT	MEASUREMENT	SAMPLE		Scott Jeffers WW Utilities Superintendent	JUNEAU, ALASKA 99801
of fine and imprisonme	f my knowledge and b significant penalties fo	ion of supervision in a dipersonnel properly granding of the person or annual properties.	law that this document				****	* * * *		*****	* * * *	AVERAGE	QUANTITY OR LOADING	ities Superintende	9801
int for knowing violation	elief, true, accurate, an r submitting false infor	ccordance with the sys ather and evaluate the i r persons who manage	and all attachments w				*****	* * * *	•	*****	****	MAXIMUM	LOADING	nt	
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OH OH	SIGNA	D					REMOVAL	85 MIN %	95.3	REMOVAL		97.9	QUAL	2006	YR
OFFICER OR AUTHOR	SIGNATURE OF RINCIP	and ((details	ا د				*****	*****		****	** ** **	AVERAGE	QUALITY OR CONCENTRATION	6	МО
IZED AGENT	F RINCIPAL EXECUTIVE	Ī			,		×	REPORT		*****	****	MAXLMUM	ATION	1	DAY
		, ,					PERCENT	\$	(23)	% PERCENT	,	(23)		C	;
YEAR	2006	AREA CODE							0			0	NO.	2006	YEAR
MC	7	PHONE NUMBER	TELEPHONE				MONTH	1/30 ONCE/	·	MONTH ONCE/	1/30		OF ANALYSIS	6	MO
DAY	X O							GRAB		LUMP 24			SAMPLE TYPE	30	DAY

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

(Reference all attachments here)

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

NAME:

MAJOR (SUB 01) F - FINAL EFFLUENT

Form Approved.

OMB No. 2040-0004

\*\*\* NO DISCHARGE

EFFLUENT GROSS VALUE M-FC BROTH, 44.5 C COLIFORM, FECAL MF PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 31616 1 0 0 Scott Jeffers
Wastewater Utilities Superintendent ADDRESS: NAME/TITLE PRINCIPAL EXECUTIVE OFFICER LOCATION: FACILITY: TYPED OR PRINTED PARAMETER JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT 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, Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowner violations. I certify under penalty of law that this document and all attachments were 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. MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT PERMIT SAMPLE SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT SAMPLE PERMIT SAMPLE AVERAGE \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* QUANTITY OR LOADING \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MAXIMUM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \_BS/DAY FROM \*\*\* \*\* \*\*\* SLINO \*\*\* (26)\*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* MINIMUM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2006 \*\*\*\*\* \*\*\*\*\* ¥ AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION AVERAGE \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 3 0 NOTE: Read instructions before completing this form. DAILY MAX ML100 REPORT MAXIMUM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 6.0 ΡĄ MONITORING PERIOD #/ SLINO \*\*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\*\* \*\*\* (13) J \*\*\* 2006 2006 YEAR AREA CODE E S 0 FREQUENCY OF ANALYSIS NOV- APR ONCE/MO MAY-OCI 2 TIMES 586-0393 1/1801/30 ELEPHONE AND ₹ PHONE NUMBER DISCHARGE NUMBER g, REC-1 SAMPLE TYPE **GRAB** DAY 8

(Reference all attachments here)

# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

**EPA REPORT** THU SAT SAT THU WED TUE FRI SAT MON MON TUE SAT THU WED DAY THE WEB 를 因 DATE 18 19 of HEMP 64 58 8 66 ස 59 55 50 50 50 52 52 5 52 5 52 2 52 55 55 59 ဌ 52 48 50 55 48 66 55 RAIN FALL INCHES 0.46 0.46 0.00 0.30 0.00 0.00 0.00 0.00 0.02 0.05 0.13 0.00 0.00 0.00 0.68 0.25 0.06 1.00 0.07 0.06 0.02 0.00 1.00 4.31 0.25 0.00 TIDE HIGH 13.3 15.4 17.1 15.8 16.6 17.4 17.5 17.4 14.0 17.2 16.8 16.4 15.7 16.2 17.6 17.5 13.4 15.8 16.0 13.3 14.9 TTL EFFL MGD 31.4650 0.9130 0.8080 0.8580 0.9570 1.4230 0.8340 0.8740 1.0560 0.9330 0.8060 0.9690 1.0990 0.9920 0.9010 0.9920 1.5230 1.6060 1.7840 1.4010 1.0310 1.4600 1.0090 1.7840 1.7210 sis 212 270 217 448 379 508 306 414 233 310 201 299 368 339 294 220 250 153 247 508 294 294 NECUENT SS Juneau, Alaska LBS 2474 3545 3045 2693 2907 3204 3486 3338 4275 3152 1604 2505 3369 3273 2921 2196 2124 2062 2365 1604 2822 1906 4275 B.O.D. mg/L 187 187 B.O.D. LBS 2375 2375 2375 oc HEMP 15.5 17.7 17.0 17.2 14.7 14.9 15.9 17.4 16.8 16.2 17.2 17.9 18.3 16.8 16.6 15.7 17.0 17.1 15.7 14.7 16.6 18.3 몆 6.0 6.2 6.5 6.2 6.6 6.6 6.0 6.6 6.6 6.3 6.6 7.0 6.2 6.2 7.0 mg/L 000 5.9 4.7 4.9 5.3 4.7 6.0 4.4 4.0 3.8 6.0 5.0 4.9 4.2 5.4 5.0 4.9 5.1 5.2 mg/L S.S. 11.4 18.0 14.0 16.4 20.0 12.8 17.2 19.2 10.6 18.2 32.0 4.2 13.8 10.8 9.8 10.0 10.0 8.4 6.0 4.8 LBS S.S. 459 - 91 206 286 126 459 38 145 145 180 106 119 67 107 128 176 153 40 38 227 79 48 EFFLUENT B.O.D. mg/L June 2006 4.0 4.0 8.O.D. LBS 51 5 5 5 Coliform /100 ml FECAL 58 <u>4</u> 58 4 26 Ammonia as N mg/l 1/180 days N/A N/A Ammonia as N. lbs/day 1/180 days N/A N/A

S.S.	B.O.D.	% REV
95	98	OVAL

NH3	NH3	Ç	
<u> </u>	ω ,	Copper	
N/A	N/A	N/A	
lbs	mg/L	ug/L	

MAX	WEEK4	WEEK3	WEEK2	WEEK1	Weekly TSSBOD Aver
· 18	18	16	9	12	mg/l
234	234	126	87	132	TSS 2
4				4	BOD mg/l
51				51	)D lbs
58	4	58	26	6	Weekly, Coliforn Geo Mean