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DISCHARGE NUM	MIT NUMBER
	CHURCH
001 A	10221-3
NOTE: Read instructions before completing this idilli-	NOTE: Read instruction
999	*** NO DISCHARGE
	EFFLUENT
	F - FINAL
OMB No. 2040-0004	(SUB 01)
Form Approved.	MAJOR

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

증

DAY TO 2007

7 등

 3 DAY NUMBER

				WILL WOLLD	I TOTA ON VOLLE		ns.	ent for knowing violation	of fine and imprisonm	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
DAY	<u>₹</u> α	2007 YFAR		OF PRINCIPAL EXECUTIVE	SIGNATURE OF PRINCI	SIGN	mation,	or submitting false infor	significant penalties for	I am aware that there are significant penalties for submitting false information,	
	,				10/10/10	100	information	ing the information, the	responsible for gather	or those persons directly responsible for gathering the information, the information	
	DATE	000		7	子 	1	he system,	or persons who manage t	inquiry of the person of	submitted. Based on my inquiry of the person or persons who manage the system,	Wastewater Utilities Superintendent
MBER	PHONE NU	AREA)		\	nformation	ather and evaluate the i	ed personnel properly s	to assure that the qualified personnel properly gather and evaluate the information	Scott Jeffers
	586-0393	907)	-)	em designed	t and all attachments w	f law that this documen	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	TELEPHONE			3 000000000000000000000000000000000000			- 1			KEQUIKEMEN	RAW SEW/INFLUENT
	HTNOM		MG/L	**** ****	MO AVG	****	* * *	****	****	PERMIT	00530 G 0 0
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	1/30	((22)	****	242	****	++++			SAMPLE	SOLIDS, TOTAL
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	PIONICE		IVIG/E	DAIL I MAX	MOAVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COS.	CNCL		5					1380	690	PERMIT	00310 1 0 0
COMP 24	DNICE/			5)	****				MEASUREMENT	(20 DEG. C)
	1/30	c	(ET)	4.4	4.4	****	(26)	45.0	45,0	SAMPLE	BOD, 5-DAY
	T Contract	0	110/	4	WKLT AVG	211111	LBS/DAY	*****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
(<u>)</u> = -	HINOM		<u> </u>	** ** **	36.4	*****			1035	PERMIT	00310 W 0 0
COMP 24	ONCE/				1	A STATE OF S		****		MEASUREMENT	(20 DEG. C)
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Chap	21/2			1	*****		***	****	*****	MEASUREMENT	(DO)
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	Ş	>	25.0	X.	*****	****	***	****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
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22	5//				****	****	***	****	*****	MEASUREMENT	DEG. CENTIGRADE
	ī J	C	(04)	18.7		****	w			SAMPLE	TEMPERATURE, WATER
		}	SLIND	MAXIMUM	AVERAGE	MINIMUM	SIINU	МАХІМИМ	AVERAGE		,
TYPE	OF ANALYSIS	ĮĮ Š		CATION	QUALITY OR CONCENTRATION	QUAL		OADING	QUANTITY OR LOADING		PARAMETER
SAMDIF	EBEOLIENCY	100	[F	/	7007	TROM _	F	ities Superintender	Scott Jeffers WW Utilities Superintendent	
ည	7	2007	5		7	LVV.]		TORE	JUNEAU, ALASKA 99801	LOCATION:

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

The reporting period was from 07/01/2007 through 07/28/2007. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

(Reference all attachments here)

PAGE 1 OF 3

00434/981209 1904

MAJOR

Form Approved.

NOTE: Read in	*** NO DISCHARGE	EFFLUENT	F-FINAL	(SUB 01)
NOTE: Read instructions before completing this	RGE ***			OMB No. 2040-0004
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ADDRESS:	155 SOUTH SEWARD),			PERMIT NUMBER	IUMBER			_	DISCHARGE NUMBER	NUMBER
	JUNEAU, ALASKA 99801	9801	TU	_		:	MONITORING PERIOD	RING PE	RIOD		
LOCATION:	JUNEAU, ALASKA 99801	99801			YR	MO	DAY	<u>}</u>	YEAR	7 80	21
ATT	Scott Jeffers WW Utilities Superintendent	lities Superintenden	F L	FROM [/00/	_	J	5	7007	,) - -
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31616 W 0 0	PERMIT			•		008		#/			(C)=
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31616 1 0 0	PERMIT					400		#/		ONCE)	CET 11
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	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	****	***		TEI EPHONE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my dire	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	t and all attachments was accordance with the sys	ere tem designed)	2			907	586-0393	
Scott Jeffers Wastewater Utilities Superintendent	to assure that the qualify submitted. Based on my or those persons directly submitted is to the hear	to assure that the qualified personnel properly gather and evaluate the information 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, sor those persons directly responsible for gathering the information, or those persons directly responsible for gathering the information, or those persons directly responsible for gathering the information, meaning the heart of my knowledge and helief, thus, accurate, and complete.	zather and evaluate the or persons who manage ing the information, the belief true, accurate, an	information the system, information d complete.	X	the Alle	100		CODE	PHONE NUMBER DATE	11
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COMMENT AND EXPLANATION OF ANY VIOLATIONS	IY VIOLATIONS		(Reference all attachments here)	achments hei	re)						

The reporting period was from 07/01/2007 through 07/28/2007.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EF (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

NATIONA: 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

BOD, 5-DAY PERCENT

ATT: LOCATION FACILITY: ADDRESS:

PARAMETER

SOLIDS, SUSPENDED PERCENT REMOVAL

PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL

81010 K 0 0 REMOVAL

> MAJOR (SUB 01) F - FINAL Form Approved.
>
> OMB No. 2040-0004

EFFLUENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form.

DISCHARGE NUMBER

DΑY

001 A

Scott Jeffers Wastewater Utilities Superintendent Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 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. REQUIREMENT 155 SOUTH SEWARD, 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 MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE PERMIT SAMPLE AVERAGE QUANTITY OR LOADING ***** ***** ***** ***** MAXIMUM ***** **** ***** **** FROM *** *** *** SLIND *** 85 MIN. % 85 MIN. % REMOVAL REMOVAL MUMINIM 97.3 95.6 2007 ⋨ QUALITY OR CONCENTRATION SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AVERAGE **** **** ***** ***** 8 DAILY MAX REPORT MAXIMUM ***** ***** ***** MONITORING PERIOD

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GRAB

COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 07/01/2007 through 07/28/2007.

TYPED OR PRINTED

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

including the possibility of fine and imprisonment for knowing violations.

(Reference all attachments here)

80

00434/981209 1904

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:

FACILITY: LOCATION:

JUNEAU, ALASKA 99801

Form Approved.

OMB No. 2040-0004

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

REC-1

DAY

JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT Scott Jeffers WW Utilities Superintendent FROM 2007 ⋨ AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION <u>₹</u> DAY MONITORING PERIOD
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(Reference all attachments here)

WASTEWATER TREATMENT FACILITY

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Weekly TSS BOD

% REMOVAL B.O.D. 97 S.S. 96 B.O.D.

NH3 Copper

NA NA N.A

WEEK2
WEEK3
WEEK4

10 12

150

12

8

mg/L lbs

Aver. WEEK1

|±|±

mg/l

8 8

mg/l

32 45

BOD Colliform

BOD Geo Mean 45 BS