JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska EPA REPORT

PAR	EPORT					2016		u, Alas	ка						May	
		V	VEATHE				VELUEN								FFLUEN	
DAY	DATE	TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTL EFFL MGD	S.S.	S.S.	B,O.D. mg/L	B.O.D. LBS	TEMP °C	рН	D.O.	S.S.	S.S. LBS	B.O.D. mg/L	B.O.
SUN	1	42	0.80		0.5890											
MON	2	45	0.12		0.8100					11.3	6.9	5.7				
TUE	3	42	0.38		1.2810					10.0	6.9	5.5				
WED	4	41	0.50		1.2970	400	4327	255	2758	8.9	7.0	5.7	11.0	119	11.00	
THU	5	45	0.09		1.1314					8.8	7.0	5.6				
FRI	6	46	0.00		1.0440					9.6	7.1	5.6				
SAT	7	49	0.00		0.8170											
SUN	8	47	0.01		0.5870											
MON	9	44	0.03		0.7510					11.3	7.1	5.5				
TUE	10	42	0.00		0.8180					10.3	7.2	5.3				
WED	11	44	0.00		0.7880	209	1374	221	1452	10.0	7.1	5.4	10.0	66	4.00	
THU	12	42	0.61		1.2340					11.1	7.2	5.2				
FRI	13	46	0.00		0.9580					15.1	6.8	5.4				
SAT	14	47	0.00		0.7880											
SUN	15	49	0.00		0.7070											
MON	16	50	0.00		0.8980					15.5	6.7	5.6				
TUE	17	53	0.07		0.9150	193	1473	187	1427	17.1	6.8	5.7	17.0	130	6.00	
WED	18	47	0.03		0.9550					17.2	6.7	6.9				
THU	19	52	0.07		0.8130					16.2	6.4	5.4				
FRI	20	52	0.01		0.8410					16.0	6.4	5.2				
SAT	21	51	0.02		0.7790											
SUN	22	48	0.21		1.0600											
MON	23	49	0.16		0.9410					18.1	6.5	6.5				
TUE	24	50	0.03		0.7860					16.5	6.8	5.9				
WED	25	56	0.01		0.7940					13.4	6.6	5.5				
THU	26	56	0.00		0.7120					14.0	6.7	5.6				
FRI	27	55	0.06		0.6320	444	2340	333	1755	17.2	6.6	5.8	8.0	42	3.60	
SAT	28	52	0.03		0.7730											
TOTAL		V2	3.24		24.4994											
	IMUM	56	0.80	0.0	1.2970	444	4327	333	2758	18.1	7.2	6.9	17.0	130	11	
	IMUM	41	0.00	0.0	0.5870	193	1374	187	1427	8.8	6.4	5.2	8.0	42	4	
	RAGE	48	0.116	#DIV/0!	0.8750	312	2378	249	1848	13.4	6.8	5.7	11.5	89	6	

% REM	OVAL
B.O.D.	98
S.S.	96

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

Weekly TSS,BOD	Т	SS	ВС	DD
Aver.	mg/l	lbs	mg/l	lbs
WEEK1	11	119	11	119
WEEK2	10	66	4	26
WEEK3	17	130	6	46
WEEK4	8	42	4	19

DMR Mailing ZIP CODE: 9 MAJOR (SUB 01)

External Outfall *** NO DISCHARGE

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

ADDRESS:

FACILITY:

JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801 LOCATION:

AK-002321-3 PERMIT NUMBER

MONITORING PER YR MO DAY TO 2011 5

LOCATION:	JUNEAU, ALASKA	99801			YK	MO	DAY		
ATT:	Tom Trego, WW I	Jtilities Superinte	ndent	FROM	2011	5	1	TO	
PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	18.1		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C	
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	5.2	*****	6.9		
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52.5	119		*****	6	11		
00310 10 Effluent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX	mg/L	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	***	*****	249	*****		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	119	*****		*****	11	*****		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L	
рН	SAMPLE MEASUREMENT	*****	*****	***	6.4	*****	7.2		
00400 1 0 Effuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU	
Solids, Total suspended	SAMPLE MEASUREMENT	89	130		*****	12	17		
00530 1 0 Effuent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX	mg/L	Г
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Mvers W/W Utilities Superintendent TYPED OR PRINTED	I certify under penalty of prepared under my dire to assure that the qualifi submitted. Based on my or those persons directly submitted is, to the best I am aware that there are including the possibility	if law that this document oction or supervision in ed personnel properly inquiry of the person of v responsible for gather of my knowledge and e significant penalties	nt and all attachments vaccordance with the system action and evaluate the pressons who manage ring the information, the belief, true, accurate, ar for submitting false information false information accurate.	stem designed information the system, information and complete.		ATURE OF PRINCI	En k PAL EXECUTIVE		
COMMENT AND EVEL ANATION OF A	NIV VIOLATIONS		(Pafaranca all atta	chmante hava		- According to the Control of the Co			

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 05/01/2011 through 05/28/2011.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

DMR Mailing ZIP CODE: 9 MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE

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

ADDRESS:

JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

FACILITY: LOCATION: JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

AK-002321-3 PERMIT NUMBER

MONITORING PER YR MO DAY 2011

		TK	MO	DAY	
dent	FROM	2011	5	1	TO
LOADING		QUA	LITY OR CONCENT	TRATION	
VALUE	UNITS	VALUE	VALUE	VALUE	UNITS
*****	*****	*****	312	*****	
*****	*****	*****	Req. Mon MO AVG	*****	mg/L
*****	*****	*****	17	*****	
*****	lb/d	*****	45 WKLY AVG	*****	mg/L
N/A	*****	*****	N/A	N/A	
Req. Mon. DAILY MAX	lb/d	*****	Req. Mon, MO AVG	Req. Mon, DAILY MAX	mg/L
*****	*****	*****	6	34	
*****	*****	*****	400 MO GEO	1200 DAILY MAX	#100/m
*****	*****	*****	34	*****	
*****	*****	*****	800 WKLY GEO	*****	#100/m
1.30	*****	*****	*****	*****	****
6.0 DAILY MAX	Mgal/d	*****	*****	*****	
*****	*****	97.5	*****	*****	****
*****	*****	85	*****	******	%
and all attachments were coordance with the system ther and evaluate the infor persons who manage the sg the information, the information, the country in the contract of the contract of the country of	designed rmation system, ormation omplete.	SIGNA	TURE OF PRINCIF	PAL EXECUTIVE	Percent
g the inform lief, true, ac	ation, the info curate, and co false informat	ation. the information curate, and complete. false information,	false information, SIGNA	false information, SIGNATURE OF PRINCIP	ation, the information curate, and complete. false information, SIGNATURE OF PRINCIPAL EXECUTIVE

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DMR Mailing ZIP CODE: 99 MAJOR (SUB 01)

External Outfall *** NO DISCHARGE

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

FACILITY: LOCATION: JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

AK-002321-3 PERMIT NUMBER

MONITORING PER YR MO DAY

T T 1404/11	tiliti C i - t	a alausk	EDOM	2011	Е	4	TO
rom rrego, WW Ur	FROM	2011	2	1	10		
	QUANTITY OF		QUALITY OR CONCENTRATION				
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS
SAMPLE MEASUREMENT	*****	*****	*****	96.3	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	% PERCENT
	SAMPLE MEASUREMENT PERMIT	QUANTITY OR VALUE SAMPLE MEASUREMENT ***** PERMIT	SAMPLE MEASUREMENT ***** PERMIT	QUANTITY OR LOADING VALUE VALUE UNITS SAMPLE MEASUREMENT ***** ***** PERMIT	QUANTITY OR LOADING QUALITY VALUE VALUE UNITS VALUE SAMPLE MEASUREMENT ****** ****** ****** PERMIT 85	QUANTITY OR LOADING QUALITY OR CONCENT VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT ****** ****** ****** PERMIT 85	QUANTITY OR LOADING QUALITY OR CONCENTRATION VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE MEASUREMENT ****** ****** ****** ****** PERMIT 85 *******

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tom Treao

W/W Utilities Superintendent

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 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.

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

DMR Mailing ZIP CODE: 9 MAJOR

(SUB 01)

UPSTREAM RECEIVING WAT

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155 SOUTH SEWARD,

FACILITY: LOCATION: JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

Tom Trego, WW Utilities Superintendent

AK-002321-3 PERMIT NUMBER

MONITORING PER YR MO DAY 5 2011 TO

ATT:	Tom Trego, WW Utilities Superintendent			FROM	2011	5	1	TO	
PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATI			ATION	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	
Coliform, fecal MF, broth 44.5 C	SAMPLE						N/A		
	MEASUREMENT	*****	*****		*****	*****			
31616 10	PERMIT						Req. Mon.	#/	
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100	

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