DMR Mailing ZIP CODE: MAJOR 99801

(SUB 01)

*** NO DISCHARGE

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) JUNEAU, CITY AND BOROUGH OF AK-002321-3 PERMIT NUMBER

FROM

2011 ¥

8 ÚП

DAY

MONITORING PERIOD

29

70

201 YEAR

3

d

25 DAY DISCHARGE NUMBER

001 A

ΣS

FREQUENCY OF ANALYSIS

SAMPLE TYPE

QUALITY OR CONCENTRATION

STIND

VALUE

VALUE

VALUE

SLIND

17.1

0

DAILY MAX

7.1

0

WEEKDAYS

GRAB

REPORT

deg.C

Tom Treao W/W Utilities Superintendent Solids, Total suspended Eflfuent Gross Eflfuent Gross 멀 BOD, 5-day, 20 deg. C NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00530 10 00400 10 00310 W 0 BOD, 5-day, 20 deg. See Comments Raw Sewage Influent Effluent Gross BOD, 5-day, 20 deg. Effluent Gross Effluent Gross 00310 G 0 00310 10 00300 10 Oxygen, dissolved (DO) 00010 10 Temperature, water deg. A | : FACILITY: **ADDRESS:** LOCATION PARAMETER 0 C . O 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 prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information I am aware that there are significant penalties for submitting false information l certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent 155 SOUTH SEWARD, REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT SAMPLE SAMPLE WKLY AVG MO AVG MO AVG ***** **** 1035 ***** ***** 26.6 690 ***** 24.9 ***** ***** ***** VALUE 690 QUANTITY OR LOADING 69 DAILY MAX DAILY MAX **** ***** ***** ***** **** 1380 **** 1380 ***** ***** VALUE 72 27

Req. Mon.

MO AVG

mg/L

lbs/d

MO AVG

DAILY MAX

30

6

mg/L

555

0

MONTHLY

COMP24

DAILY MIN

DAILY MAX

mg/L

4

4

0

WEEKLY

GRAB

3.3 *****

COMMENT AND EXPLANATION OF ANY VIOLATIONS TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations

(Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2011 YEAR

DAY O

907 ARES

586-0393 MONTHLY

COMP24

PHONE NUMBER

MINIMUM

MAXIMUM

8. 5

S

WEEKDAYS

GRAB

11

12

0

6.0

6.5 *****

WKLY AVG

mg/L

7.0

0

MONTHLY

COMP24

MONTHLY

COMP24

45

lbs/d

lbs/d

MO AVG

DAILY MAX

60

mg/L

8

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PAGE 1 OF 3

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

NAME: ADDRESS:

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

JUNEAU, CITY AND BOROUGH OF

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

AK-002321-3

PERMIT NUMBER

*** NO DISCHARGE *** 001 A
DISCHARGE NUMBER

FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	S TREATMENT P	TNA				LINCIN	DE CINTEC	7		
LOCATION:	JUNEAU, ALASKA	99801	:		Ϋ́R	MO	DAY)AY YE	YEAR	MO	DAY
ATT:	Tom Trego, WW Utilities Superintendent	Jtilities Superinte	ndent	FROM	2011	5	29	70	2011	6	25
PARAMETER		QUANTITY OR LOADING	R LOADING		QUA	JALITY OR CONCENTRATION	TRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	!		
Solids, Total suspended	SAMPLE MEASUREMENT	****	****	* * * * *	** ** **	304.5	* * * * * *		0		
00530 G 0	PERMIT					Reg. Mon		ma/L			
Raw Sewage Influent	REQUIREMENT	****	****	****	****	MO AVG	****	ţ		Monthly	COMP24
Solids, Total suspended	SAMPLE	72				12			0	Chany	
	MEASUREMENT		****	****	****		****		c		
00530 W 0	PERMIT	1035		lb/d		45		ma/l			
See Comments	REQUIREMENT	WKLY AVG	*****	,	****	WKLY AVG	****	9		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE	N/A	N/A			N/A	N/A		0		
	MEASUREMENT		•	****	****						
Effluent Gross	PERMIT	Req. Mon.	Req. Mon.	lb/d	* * * * *	Req. Mon,	Req. Mon,	mg/L			00000
Coliform, fecal MF, broth 44.5 C	SAMPLE					7	15		0		
	MEASUREMENT	****	****	****	****				,		
31616 1 0	PERMIT					400	1200	#100/ml			
Effluent Gross	REQUIREMENT	****	****	****	****	MO GEO	DAILY MAX			Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	SAMPLE					15			0		
31616 W 0	MEASUREMENT	***	****	****	****	000	****	***			
See Comments	REQUIREMENT	****	****	****	****	WKLY GEO	****	ļ		Weekly	GRAB
Flow, in conduit or through	SAMPLE	0.85	1.70						0		
treatment plant	MEASUREMENT			****	****	****	****	**	•		
50050 1 0	PERMIT	2.76	6.0	Mgal/d							
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		****	*****	****			Continuous	RCORDR
BOD, 5-day,percent removal	SAMPLE	** ** ** *	* * * * *	* * * * *	99.3	* * * * *	* * *	* * *	0		
81010 X 0	PERMIT	The state of the s			85			%			
Percent Removal	REQUIREMENT	****	****	****	MN % RMV	****	****	Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	repared under my direction or supervision in accordance with the covered	law that this documen	it and all attachments w	ere						TELEPHONE	
Tom Treao W/w Utilities Superintendent	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 inquire of the person or persons who manage the system, or those persons directly responsible for gatherine the information, the information or those persons directly responsible for gatherine the information, the information of the person of the	tion or supervision in a dipersonnel properly a inquiry of the person of responsible for gathers.	accordance with the systather and evaluate the irrersons who manage in the information, the	tem designed nformation the system, information	mitte	Jan			907 AREA CODE	PHONE NUMBER	ËR
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisumment for known in violations.	significant penalties for	or submitting false infor	mation,	SIGN	TURE OF PRIN	AL EXECUTIVE		2011	7	10
COMMENT AND EXPLANATION OF ANY VIOLATIONS	VIOLATIONS		(Reference all attachments here)	chments here)					r c	Š	0
!											

The reporting period was from 05/29/2011 through 06/25/2011.

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

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

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE

001 A

81011 K 0 0 Solids, Total suspended, percent Percent removal removal NAME: ADDRESS: LOCATION: FACILITY: PARAMETER JUNEAU- DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, MEASUREMENT REQUIREMENT SAMPLE ***** ***** QUANTITY OR LOADING VALUE ***** ***** VALUE ***** ***** FROM SLIND MN % RMV 96.6 VALUE 2011 85 ¥ AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION **** VALUE 5 g ***** ***** VALUE DAY 29 MONITORING PERIOD PERCENT SLINO <u>7</u> % 2011 ΜN 0 FREQUENCY OF ANALYSIS MONTHLY o | ₹ DISCHARGE NUMBER CALCID SAMPLE DAY 25

907 AREA CODE

The reporting period was from 05/29/2011 through 06/25/2011. EPA Form 3320-1 (Rev 01/06) Previous editions may be used

(Kejerence all attachments nere)

25

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

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

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

> UPSTREAM RECEIVING WATER *** NO DISCHARGE External Outfall (SUB 01) MAJOR DMR Mailing ZIP CODE: 99801

> > ***

DISCHARGE NUMBER REC-1

AK-002321-3 PERMIT NUMBER

LOCATION:	JUNEAU, ALASKA 99801	99801	ANI		YR	MO	DAY	MONITORING PERIOD AY YES	YEAR	MO	DAY
ATT:	Tom Trego, WW Utilities Superintendent	tilities Superinten	dent	FROM	2011	ъ	29	7	2011	6	25
PARAMETER		QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION	TRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU	5		
Coliform, fecal MF, broth 44.5 C	SAMPLE						N/A		0		
	MEASUREMENT	****	****		****	****	,		(
31616 10	PERMIT						Rea. Mon. #/	#		Monthly	GRAR
Effluent Gross	REQUIREMENT	***	****		****	****	DAILY MAX ML100	ML100		· · · · · · · · · · · · · · · · · · ·	9

The second secon	NAME/THE PRINCIPAL
0.14	SALLI DAKS
0.1.000	OFFICER

Tom Treao W/W Utilities Superintendent

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 submitted. Based on my inquiry of the person or persons who manage the system. prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly eather and evaluate the information I certify under penalty of law that this document and all attachments were I am aware that there are significant penalties for submitting false information,

including the possibility of fine and imprisonment for knowing violations

COMMENT AND EXPLANATION OF ANY VIOLATIONS

TYPED OR PRINTED

(Reference all attachments here)

EPA Form 3320-1 (Rev.01/06) Previous editions may be used. The reporting period was from 05/29/2011 through 06/25/2011.

> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 907 AREA CODE TELEPHONE 586-0393 PHONE NUMBER DAY

War Di

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

DAY DATE SUN 29 MON 30 TUE 31	DATE 29 30 31	ਰ ਹੈ	RAIN FALL INCHES 0.04 0.00	J-D TTL EFFL MCD 0.6960 0.7590 0.8840		NFLUEN S.S. LBS	B.O.		TEMP 17.1		mg/L	5.7.1	m _G S	S.S. S.S.	S.S. S.S. E	S.S. S.S. B.O.D. B.O. mg/L LBS mg/L LBS	S.S. S.S. B.O.D. B.O. mg/L LBS mg/L LBS	S.S. S.S. B.O.D. B.O.D. mg/L LBS mg/L LBS
TUE	<u>.</u>	50 01	0.00	0.8840	249	1836	396	2920	14.8			5.4	5.4 9.0	П	9.0	9.0 66	9.0 66 3.61 27	9.0 66 3.61 27
HE E	2	57	0.00	0.7900					14.9	n 0		л 4 0 0	7 4 9 9	4.9	4.9	5 4.0	4.9	4.9
FRI	w	56	0.00	0.9070					14.7			о го 4- і						
SAT	4	48	0.21	0.8340														
NUS	V)	51	0.04	0.6940														
MON	0	53	0.03	0.7580					15.2	6.7		6.0	0.0	6.0	0.0	6.0	6.0	0
TUE	7	59	0.00	0.7810					16.0		_	4.7	4.7	4.7	4.7	4.7		
WED	8	54	0.00	0.6980					15.9			3.3	ယ	3.3	ယ ယ ယ	3.3	3.3	3.3
UHT	9	5	0.03	0.7220	360	2168	713	4293	14.2	6.6		5.9		9	.9 12	.9 12 72	.9 12 72 4	.9 12 72 4
SAT FRI	10	50	0.03	0.6890					13.3	6.6		5.9		œ.	œ.	.0	.0	.0
NUS	12	54	0.01	0.5370														
MON	13	54	0.07	1.1180					15.1	თ თ		4	46	46	44 00 00 00 00 00 00 00 00 00 00 00 00 0	4	50	50
TUE	14	52	1.18	1.7040				ď				4.7	4.7	4.7	4.7	4.7	4.7	7
WED	15	52	0.02	1.0060				újj	13.9			5.ω	5.3	5.3	5.3	5.3	5.3	5.3
UHT	16	55	0.00	0.9200					13.2	6.6		5.3						
FRI	17	54	0.00	0.8700					15.8	7.0								
SAI	200	54	0.15	1.0770														
MON	20	<u>ა</u> ა	0.23	0.8920					3	2								
TUE	21	57	0.00	0.7950					14.6			5 5						is i
WED	22	61	0.00	0.8030					15.5								.7	.7
E H	23	57	0.01	0.7480					15.4			5.4						
SAT	25	57	0.02	0.6370					10.0	6.7		4./						
TOTAL			2.27	23.7110														
MAXIMUM		61	1.18	1.7040	360	2168	713	4293	17.1					12.0	12.0	12.0 72 4	12.0 72 4 27 1	12.0 72 4 27
AVERAGE		ა ა	0.081	0.8468	305	2002	555	3606	150	B 0.0		η () ()		ن د	2 V	3 9.0	3 3 90 00	3 10 5 60 4 23

% REMOVAL B.O.D. 99 S.S. 97

Copper NH3

N N N

mg/L lbs

WEEK1
WEEK2
WEEK3

Weekly TSS.BOD

TSS

BOD

Weekly

mg/l 9 12

mg/l

66 72

27 25

Geo. Mean 2 4 15