EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY Juneau, Alaska

SAT SUN MON TUE WED THU SAT SUN MON TUE WED WED MON JHU SAT SUN TUE UHT WED MINIMUM DAY MAXIMUM TOTAL DATE 11 12 13 14 15 16 17 19 50 54 TEMP WEATHE 0.00 9.64 0.29 0.53 0.65 0.46 0.56 0.05 1.51 0.15 0.40 1.22 0.89 0.00 0.00 0.10 0.29 0.00 0.01 0.00 0.04 0.76 0.00 0.14 INCHES FALL 44.9670 J-D TTL EFFL 1.5790 1.6430 1.4550 1.8040 2.0510 2.4600 2.5240 3.4740 2.5550 3.4300 1.3460 2.8780 1.1140 0.9650 1.0110 1.2710 1.2780 0.9310 0.8450 0.8990 0.8990 1.0780 1.6070 1.1310 1.0430 1.1900 1.4910 1.0150 MGD 544 121 333 S.S. 121 544 INFLUENT 7291 1820 4555 S.S. 1820 LBS 7291 B.O.D. mg/L 743 170 457 170 743 B.O.D. 9958 2063 6010 2063 **CBS** 9958 12.2 14.3 12.9 13.1 13.5 19.3 13.2 13.6 13.2 O TEMP 13.4 12.6 12.2 14.1 15.3 16.0 15.6 14.6 15.1 15.2 14.5 19.3 14.4 6.8 6.9 6.9 6.7 6.8 말 6.8 6.8 6.8 6.7 6.7 6.7 6.9 6.7 6.1 7.1 D.O. 6.7 5.3 7.0 7.1 6.6 7.0 5.3 5.3 4.7 5.0 5.6 5.8 9.0 mg/L S.S. 9.0 10.0 S.S. LBS 135 134 135 135 134 August 2011
EFFLUENT B.O.D. mg/L 4 10 4 4 50 .76 B.O.D. SBJ 53 4 64 42 62 Coliform /100 ml FECAL 10 w 20 23 3.0 42 3.0 as N mg/l 1/180 days Ammonia NAN Ammonia as N lbs/day 1/180 days N N N

S.S.	8.0.1	% F
97	D. 99	REMOVAL

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

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42					EEK3
ω					ו האל
ω	64	U	104	ā	
CCC. MICCHI	2 6	n q	124	1	/FFK1
GPO Mean	lbs	ma/l	Sdl	mg/l	Aver.
Coliform	Ö	BOD	ISS		S.BOD
Weekly					ACCUTA

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

FACILITY:

JUNEAU, ALASKA 99801 155 SOUTH SEWARD,

JUNEAU, CITY AND BOROUGH OF

NAME: ADDRESS:

> MAJOR DMR Mailing ZIP CODE: (SUB 01)

AK-002321-3 External Outfall *** NO DISCHARGE

DISCHARGE NUMBER 001 A

PERMIT NUMBER

Tom Treao W/W Utilities Superintendent Solids, Total suspended Efifuent Gross NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00530 10 Eflfuent Gross 00400 10 See Comments 00310 W 0 BOD, 5-day, 20 deg. C Raw Sewage Influent BOD, 5-day, 20 deg. Effluent Gross 00310 G 0 00310 10 BOD, 5-day, 20 deg. Effluent Gross Oxygen, dissolved (DO) Effluent Gross 00010 10 Temperature, water deg. C LOCATION: TYPED OR PRINTED 10 PARAMETER 0 0 or those persons directly responsible for eathering 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 submitted. Based on my inquiry of the person or persons who manage the system meluding the possibility of fine and imprisonment for knowing violations l am aware that there are significant penalties for submitting false information. I certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT Tom Trego, WW Utilities Superintendent REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE WKLY AVG MO AVG MO AVG ***** ***** 1035 690 135 **** **** ***** ***** ***** 690 **** 64 53 VALUE QUANTITY OR LOADING (Reference all attachments here) DAILY MAX DAILY MAX 135.0 **** 1380 ***** ***** ***** ***** ***** ***** 1380 ***** **** ***** 64 **VALUE** ***** ***** lbs/d ***** ***** *** FROM lbs/d *** lbs/d SLIND *** DAILY MIN MINIMUM whom D. Motor **** ***** **** ***** **** ***** 6.0 6.7 ***** ***** ***** ***** VALUE 2011 ¥ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG MO AVG Req. Mon. MO AVG MO AVG ***** ***** ***** 30 457 ***** ***** ***** 10 45 30 4.1 VALUE U 30 DAILY MAX MAXIMUM DAILY MAX DAILY MAX DAILY MAX REPORT ***** **** ***** ***** 7.1 8.5 19.3 10 7.1 4.8 VALUE 60 17 DAY MONITORING PERIOD mg/L mg/L mg/L deg.C mg/L mg/L S SLINO 5 907 AREA CODE 2011 0 0 0 YEAR 0 0 0 E S 0 WEEKDAYS 586-0393 MONTHLY FREQUENCY OF ANALYSIS MONTHLY MONTHLY WEEKDAYS MONTHLY WEEKLY PHONE NUMBER 30 ∞ 증 COMP24 COMP24 COMP24 GRAB COMP24 SAMPLE TYPE DAY GRAB GRAB 27 DAY

P

00300

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (Rev.01/06) Previous editions may be used. The reporting period was from 07/31/2011 through 8/27/2011.

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

External Outfall *** NO DISCHARGE

AK-002321-3 PERMIT NUMBER

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DISCHARGE NUMBER 001 A

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) LOCATION: FACILITY: ADDRESS: NAME: PARAMETER JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

Nitrogen, ammonia total (as N) Solids, Total suspended Raw Sewage Influent Solids, Total suspended MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT PERMIT SAMPLE PERMIT PERMIT SAMPLE Rea. Mon WKLY AVG 135.0 **** N/A 1035 ***** VALUE **OUANTITY OR LOADING** Rea. Mon ***** N/A ***** ***** **** VALUE ***** ***** ***** ***** FROM <u></u> STINU b/d ***** ***** **** ***** ***** **VALUE** 2011 ¥ QUALITY OR CONCENTRATION WKLY AVG Req. Mor MO AVG N/A 10.0 333 VALUE 30 ***** N/A ***** ***** ***** VALUE DAY MONITORING PERIOD mg/L STINU mg/L 70 2011 YEAR 0 0 m N 0 OF ANALYSIS FREQUENCY Monthly Monthly ∞ 3 COMP24 COMP24 SAMPLE TYPE 27 DAY

See Comments 00530 W 0 00530 G 0

COMMENI AND EXPLANATION OF ANY VIOLATIONS	TYPED OR PRINTED		Tom Treao W/W Utilities Superintendent	MANUEL HELINCIPAL EXECUTIVE OFFICER	Percent Removal	81010 X 0		BOD, 5-day,percent removal	Emuent Gross	30030 - 0	reatment plant	riow, in conduit or through	See Comments	31616 W 0		Coliform, fecal MF, broth 44.5 C	Effluent Gross	31616 1 0		Coliform, fecal MF, broth 44.5 C	Effluent Gross	00610 10
VIOLATIONS	me buling the possibility of line and unprisonment for knowing violations.	or those persons directly responsible for cathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, and accurate the complete is the complete of the comp	to assure that enablined personnel broperly cather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system	I certify under penalty of law that this document and all attachments were	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT
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(Reference all attachments here)	r submitting false infor it for knowing violation	ng the information, the elief, true, accurate, an	ther and evaluate the interest with the sys	and all attachments w	****		****		DAILY MAX	6.0		3.47	****		****		****		****		DAILY MAX	3
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YEAK	2011	CODE	907 AREA			K	0				c	>			c				0			
MO	9	PHONE NUMBER	586-0393	Monthly				Continuous)			VVEEKIY	Mookk			Weekly				Semi-annual		
DAY	10	BER		CALCID				RCORDR				GKAB)			GRAB				COMP24		-

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PAGE 2 OF 3

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01) 44

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

NAME: ADDRESS: FACILITY: LOCATION: ATT: JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

> AK-002321-3
> PERMIT NUMBER External Outfall
> *** NO DISCHARGE ** DISCHARGE NUMBER

001 A

Percent removal	removal 81011 K 0 0	Solids, Total suspended, percent		LOCATION: ATT: PARAMETER
REQUIREMENT	MEASUREMENT	SAMDI F		JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent
****	****	VALUE	QUANTITY OR LOADING	99801 Utilities Superinte
****	****	VALUE	RLOADING	ndent
* * * * * *	* * * * *	STINU		FROM
MN % RMV		VALUE	QUA	ук 2011
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% PERCENT		STINU		MONITORING PERIOD NOT YEL TO 20
	0	E.	NO.	YEAR 2011
MONTHLY		OF ANALYSIS	FREQUENCY	8 MO
CALCTD		TYPE	SAMPLE	DAY 27

The reporting period was from 07/31/2011 through 8/27/2011. EPA Form 3320-1 (Rev 01/06) Previous editions may be used.	g false information. SIGNJ ing violations OF	Tom Trego Trego Tom Trego To Marchaeva under the direction of 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 or those persons of the best of my knowledge and belief, true, accurate, and complete	I CETTIFY INCES I CETTIFY Under penalty of law that this document and all attachments were
	AGENT YEAR MO DA	907 586-0393 AREA CODE PHONE NUMBER DATE	The state of the s

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,

ADDRESS: NAME:

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

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AK-002321-3 PERMIT NUMBER DISCHARGE NUMBER

	Effluent Gross		Coliform, fecal MF, broth 44.5 C		PARAMETER	ATT:	LOCATION:	
	PERMIT REQUIREMENT	MEASUREMENT	SAMDIS		The same of the sa	Tom Trego, WW Utilities Superintendent	JUNEAU-DOUGLAS TREATMENT PLANT	JUNEAU, ALASKA 99801
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			UNITS			FROM		
	* * * * *	* * * *	VALUE	QUAL		2011		TEXISE
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11100	#/		STINU		2	3	MONITORING PERIOD	
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	Monthly			FREQUENCY OF ANALYSIS	α	O MO		DISCHARG
	GRAB		1	SAMPLE	17	DAY		DISCHARGE NUMBER

l 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. Consideration of the possibility of fine and imprisonment for knowing violations of the property of the person of the property of the person of the present of the system of the system of the system of the present o	COMMENT AND EXPLANATION OF ANY VIOLATIONS	TYPED OR PRINTED	Tom Trego W/W Utilities Superintendent	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Matta B. Mata SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		including the possibility of fine and imprisonment for knowing violations		I certify under penalty of law that this document and all attachments were
m 1	OLO CONTRACTOR CONTRAC	OFFICER OR AUTHORIZED AGENT	notto & not	

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(Reference all attachments here)

TELEPHONE **586-0393**

PHONE NUMBER

30

DAY