# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

DMR Mailing ZIP CODE: MAJOR (SUB 01)

99801

Tom Treap W/W Utilities Superintendent The reporting period was from 08/28/2011 through 9/24/2011. COMMENT AND EXPLANATION OF ANY VIOLATIONS Solids, Total suspended NAME/TITLE PRUNCIPAL EXECUTIVE OFFICER Eflfuent Gross 00530 10 Efifuent Gross 00400 10 See Comments 00310 W 0 BOD, 5-day, 20 deg. C Raw Sewage Influent 00310 G 0 BOD, 5-day, 20 deg. C Effluent Gross 00310 10 BOD, 5-day, 20 deg. Effluent Gross 00300 Oxygen, dissolved (DO) Effluent Gross 00010 10 Temperature, water deg. C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) Ę **LOCATION** FACILITY: ADDRESS: XAME: TYPED OR PRINTED ð PARAMETER Ô 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 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. prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly mather and evaluate the information certify under penalty of law that this document and all attachments were JUNEAU-DOUGLAS TREATMENT PLANT MEASUREMENT REQUIREMENT JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT om Trego, WW Utilities Superintendent REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE PER MIT PER MIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT PER MIT SAMPLE SAMPLE SAMPLE PER MIT WKLY AVG MO AVG \*\*\*\* \*\*\*\*\* MO AVG 1035 690 103 \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 99 690 \*\*\*\*\* VALUE QUANTITY OR LOADING 67 (Reference all attachments here) DAILY MAX DAILY MAX \*\*\*\*\* \*\*\*\* 1380 \*\*\*\*\* 127 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1380 \*\*\*\* 99 VALUE \*\*\*\*\* \*\*\*\* \*\*\*\* lbs/d bs/d \*\*\* \*\*\*\* \*\*\*\*\* FROM ibs/d \*\*\* \*\*\* SLIN MINIMUM DAILY MIN \*\*\*\*\* \*\*\*\*\* 6.0 6.4 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 5.2 \*\*\*\*\* \*\*\*\*\* VALUE 2011 AK-002321-3 NATURE OF PRINCIPAL EXECUTIVE PERMIT NUMBER QUALITY OR CONCENTRATION MO AVG WKLY AVG Req. Mon. MO AVG MO AVG \*\*\*\*\* \*\*\*\* 8 \*\*\*\* 50 278 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 8 VALUE 8 σ ₹ α DAILY MAX MAXIMUM DAILY MAX DAILY MAX DAILY MAX External Outfall \*\*\*\*\* REPORT 7.0 \*\*\*\* \*\*\*\*\* \*\*\*\*\* 8.5 17.4 7.5 VALUE 8 NO DISCHARGE 7 128 MONITORING PERIOD 8 mg/L mg/L mg/L deg.C mg/L ន mg/L SLIN 5 **6**€ 0 2011 0 0 0 0 YEAR 0 찟충 0 WEEKDAYS TELEPHONE 586-0393 MONTHLY MONTHLY FREQUENCY OF ANALYSIS MONTHLY MONTHLY WEEKDAYS \*\* WEEKLY DATE NUMBER 践 ७|₹ 001 A
DISCHARGE NUMBER COMP24 COMP24 COMP24 COMP24 SE SE 86 GRAB BAMPLE BJ9NAS GRAB Ş 24

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99801

The reporting period was from 08/28/2011 through 9/24/2011. COMMENT AND EXPLANATION OF ANY VIOLATIONS Tom Treap W/W Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 81010 K 0 Percent Removal BOD, 5-day,percent removal Effluent Gross Flow, in conduit or through treatment plant See Comments 31616 W 0 Coliform, fecal MF, broth 44.5 C Effluent Gross Effluent Gross 50050 10 31616 10 Coliform, fecal MF, broth 44.5 C 00610 10 Nitrogen, ammonia total (as N) See Comments 00530 W 0 Solids, Total suspended Raw Sewage Influent Solids, Total suspended 00530 G 0 PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) ä FACILITY: LOCATION: **ADDRESS:** TYPED OR PRINTED PARAMETER 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 of persons who makes the system, or those persons directly responsible for suffering the information, the information or those persons directly responsible for suffering the information, the information submitted is, to the best of my knowledge and belief, the, accurate, and complete. l am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. REQUIREMENT certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT MEASUREMENT MEASUREMENT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF Tom Trego, WW Utilities Superintendent REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT! SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT MO AVG WKLY AVG Req. Mon \*\*\*\*\* \*\*\*\*\* MO AVG 2.76 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1.4 \*\*\*\*\* N/A 1035 127 \*\*\*\*\* VALUE **QUANTITY OR LOADING** (Reference all attachments here) DAILY MAX DAILY MAX Req. Mon. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2.4 \*\*\*\*\* 6.0 Z A \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\*\* Mgal/d \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* FROM ₽/d SLIND ₽ MN % RMV \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* 98 \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 85 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE 2011 SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT ⋨ AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION WKLY GEO MO AVG WKLY AVG Req. Mon MO AVG MO GEO \*\*\*\*\* \*\*\*\* \*\*\*\*\* 800 8 Z/A 50 VALUE 211 marche 22 8 12 ∞ ₹ DAILY MAX DAILY MAX Req. Mon, External Outfall
\*\*\* NO DISCHARGE \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* 1200 \*\*\*\*\* N/A \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 50 VALUE MONITORING PERIOD
DAY 8 Percen \*\*\* \*\*\* #100/m #100/m mg/L ፠ mg/L mg/L SLIN 딩 O 0 2011 0 Æ Ф 0 ŏ 叉 0 Monthly TELEPHONE 586-0393 Continuous Semi-annual FREQUENCY OF ANALYSIS Weekly Weekly \* Monthly PHONE NUMBER Monthly φ[₹ 001 A
DISCHARGE NUMBER SICTO RCORDR COMP24 COMP24 點 GRAB GRAB B COMP24 SAMPLE 컱 DAY 24

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

NAME:

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

External Outfall
\*\*\* NO DISCHARGE

\*

81011 K 0 0 Percent removal removal Solids, Total suspended, percent FACILITY: LOCATION: À ADDRESS: PARAMETER 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT PERMIT SAMPLE \*\*\*\*\* \*\*\*\*\* QUANTITY OR LOADING VALUE \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\*\* \*\*\*\*\* FROM SLING MN % RMV 2011 VALUE 95 85 돐 AK-002321-3
PERMIT NUMBER QUALITY OR CONCENTRATION \*\*\*\*\* \*\*\*\*\* VAUE ∞∣₹ \*\*\*\*\* \*\*\*\*\* VALUE DAY YEAR 28 PERCENT SLIN ፠ 쥖 2011 ΩŎ 0 FREQUENCY OF ANALYSIS MONTHLY တ နွဲ DISCHARGE NUMBER 001 A CALCTD SAMPLE TYPE 24 DA A

| The reporting period was fr                                 | COMMENT AND EXPLANATION OF ANY VIOLATIONS | TYPED OR PRINTED   |   | W/W Utilities SuperIntendent  | Tom Treco   | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                           |
|---|---|--|---|---|---|--|
| The reporting period was from 08/28/2011 through 9/24/2011. | VIOLATIONS (Re                            | including the possibility of fine and imprisonment for knowing violations. | submitted is to the best of my knowledge and belief, the accurate, and complete, and aware that there are similar knowledge and belief, the accurate, and complete. | to assure that the quantified personnel property anther and evaluate the information 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 | I certify under penalty of law that this document and all amount |
| 011.  | (Reference all attachments here)          | ornumg raise information, or knowing violations.                           | he information, the information f. true, accurate, and complete   | r and evaluate the information rsons who manage the system.   | rdance with the system designed   | dallamati  |
|   | OFFICER OR AU HORIZED AGENT               | SIGNATURE OF PRINCIPAL EXECUTIVE   | nother a miles  |   |   |  |
|   | YEAR MÓ DAY                               | 2011 10 10   | CODE PHONE NUMBER DATE  | 907 586-0393<br>AREA  | TELEPHONE   |  |

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

AK-002321-3 DMR Mailing ZIP CODE: 99801
MAJOR
(SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
\*\*\* NO DISCHARGE \*

JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent QUANTITY OR LOADING \*\*\*\*\* \*\*\*\*\* VALUE FROM SLING \*\*\*\*\* \*\*\*\*\* VALUE 2011 ⋨ PERMIT NUMBER QUALITY OR CONCENTRATION \*\*\*\*\* \*\*\*\*\* VALUE l₹ œ Req. Mon. #/
DAILY MAX ML100 VALUE DAY YES 2.0 SLIND YEAR 2011 0 무히 FREQUENCY OF ANALYSIS Monthly နှေ သ REC-1
DISCHARGE NUMBER GRAB SAMPLE TYPE 24 24

Effluent Gross 31616 10 Coliform, fecal MF, broth 44.5 C

MEASUREMENT

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VALUE

PRMIT

SAMPLE

REQUIREMENT

FACILITY: LOCATION:

NAME: ADDRESS:

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PARAMETER

| The reporting period was from 08/28, EPA Form 3320-1 (Rev. 01/06) Previous editions may be used. | TYPED OR PRINTED Including the po   | Tom Treap<br>W/W Utilities Superintendent  | INVIEW IN LE PRINCIPAL EXECUTIVE OFFICER                                   |
|--|---|--|--|
| /2011 through 9/24   | the best of my knowledge and<br>there are significant penalties<br>sability of fine and imprisonn | prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly eather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for eathering the information and the contraction of the person or persons who manage the system.   | I certify under penalty of law that this document and all attachments were |
| (Rejerence all attachments here)   | durate, and complete.  also information.  If Yiolations.  OFFICE                                  | the the system designed luste the information to manage the system, the system is successful to the system of the syst | Immente were   |
| 10   | RE OF PRINCIPAL EXECUTIVE 20 B OR AUTHORIZED AGENT 20   | <b>9</b> (   |  |
| EAK MO I DAY   | DATE 10 10  | 107 TELEPHONE<br>107 586-0393  |  |