JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

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PATE TEMP FALL TILEFFL LBS MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFLUENT MFL	1.88					†	<u> </u>	0.0	+			ļ	İ		1.68	011	38	ωį	SAT
Temp FALL TILEFFL LBS mg/L mg/L LBS mg/L LBS mg/L mg/L LBS mg/L mg/L mg/L LBS mg/L	2.40		ŧ			 	+	D C	7,7,	3 2	†				2.40	0.45	37	2	Ž
Temp FALL TILEFFL LBS mg/L mg/L LBS mg/L	2.60		i a	190	a		,	DO 10	7.2	80					2.60	1.13	35	1	∄
TEMP FALL TIL EFFL LBS mg/L LBS	3.90 184 5983 385 12519 11.1 7.4 5.3 9 293 6 105		1	105	D)	263	uc	υπ ω	7.4	11.1	12519	365	5983	2	3.90	0.92	မွ	30	₩ED
WFLUENT WFLU	0.94 10.8 7.4 5.1	-	<u>ה</u>					5.1	7.4	10.8	- 				0.94	0.02	34	29	Ę
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WFLUENT WFLU	1.07	Cábri nos //	1 1001	5	į.			9						T —	1.07	0.13		27	SUN
PARTE TEMP FAIN J.D S.S. S.S. B.O.D. B.O.D. B.O.D. B.O.D. S.S. S.S. B.O.D. B.O.D. FECAL Ammonia	MGD mg/L LBS mg/L LBS °C mg/L mg/L iBS mg/L lBS 100 ml 11sq days	as N mg/l	Collform	- R	ma/i		mo/L	mg/L		 ೧물	厉	mg/L	LBS		M 60 1	INCHES	4 7	3	3
	J-D S.S. S.S. B.O.D. B.O.D. D.O. S.S. S.S. B.O.D. FECAL Ammonia	Ammonia	E E	B.O.D.	B.O.D.		5.5.	D.O				8.O.D.	S.S.	S,S,		E A	Į K D	7	DAY
				1	FFLUE					-		-	NT LUE			77			100 M

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

JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

External Outfall NO DISCHARGE

AK-002321-3

001 A

Joe Myers W/W Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Effluent Gross Solids, Total suspended Effuent Gross See Comments BOD, 5-day, 20 deg. C Raw Sewage Influent BOD, 5-day, 20 deg. C Effluent Gross BOD, 5-day, 20 deg. C Effluent Gross Oxygen, dissolved (DO) Effluent Gross Temperature, water deg. C 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 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. an aware that there are significant penalties for submitting false information, neluding the possibility of fine and imprisonment for knowing violations. certify under penalty of law that this document and all attachments were JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT SAMPLE SAMPLE PERMIT PERMIT SAMPLE SAMPLE PERMIT WKLY AVG MO AVG MO AVG **** ***** 1035 ***** ***** ***** ***** 69 195 ***** 293 ***** 690 VALUE QUANTITY OR LOADING 195 Reference all attachments here) DAILY MAX DAILY MAX ***** **** ***** ***** ***** ***** ***** ***** 1380 ***** 293 1380 ***** 195 YALUE ***** ***** ***** FROM bs/d ***** *** lbs/d *** bs/d **** *** SLIN DAILY MIN MINIMUM ***** **** 6.0 ***** 6.9 **** **** ***** ***** **** ***** ***** VALUE <u>4</u>8 2011 ź PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG Req. Mon. MO AVG MO AVG MO AVG ***** Mobile ***** ***** ***** ***** ***** 8 385 VALUE ဗ φ 3 0 ð ₹ 1 60 DAILY MAX 60 DAILY MAX DAILY MAX MAXIMUM DAILY MAX REPORT ***** **** **** 7.6 ***** ω :5 15.1 8.5 VALUE φ 27 27 17 0 MONITORING PERIOD
YEAR mg/L deg.C mg/L mg/L mg/L mg/L SEINO ន ᇯ 総 COR. € 2011 0 0 0 0 망증 0 0 0 FREQUENCY OF ANALYSIS 586-0393 MONTHLY WEEKDAYS WEEKDAYS MONTHLY MONTHLY MONTHLY WEEKLY PHONE NUMBER 티용 DISCHARGE NUMBER COMP24 COMP24 COMP24 COMP24 SAMPLE TYPE **GRAB** GRAB GR/AB 86 μ DΑY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

00530 10

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00310 W 0

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FACILITY: **ADDRESS:** NAME:

LOCATION

The reporting period was from 11/27/2011 through 12/31/2011.

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

FACILITY: LOCATION: PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: ADDRESS: JUNEAU, CITY AND BÖRÖUĞH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 AK-002321-3
PERMIT NUMBER

External Outfall
*** NO DISCHARGE *

MONITORING PERIOD

001 A
DISCHARGE NUMBER

DAY	Mo L	YEAR		CEU AGENT	CENTRA CONTRA		7	(Poformon all attach		VIO ATIONS	COMMENT AND EXPLANATION OF ANY VIOLATIONS
10	<u> </u>	2012		LEXECUTIVE	URE OF PRINCIPA	SIGNAT	ion,	including the possibility of fine and imprisonment for knowing violations.	of fine and imprisonme	including the possibility	TYPED OR PRINTED
	DATE			our	Land Moone	Mila	mplete.	elief, true, accurate, and co	of my knowledge and b	submitted is, to the best of	
ö	PHONE NUMBE	CODE	r	•	24	1	ystem,	submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for pathering the information the information.	inquiry of the person or responsible for patheri	submitted. Based on my or those persons directly	W/W unitles superintendent
	586-0393	907	1			_	designed mation	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	tion or supervision in a d personnel properly g	prepared under my direct to assure that the qualifie	Joe Meyers
CALCID	Plotitily		100	L				certify under penalty of law that this document and all attachments were	law that this documen	I certify under penalty of	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
}	Month		Derrent	***	***	MN % RMV	****	****	****	REQUIREMENT	Percent Removal
			ş +			85				PERMIT	81010 X 0
		c	* * *	****	****		****	****	****	MEASUREMENT	
NCONUN.	COLUMN	0			į	98.4			i	SAMPLE	BOD, 5-day,percent removal
adana	Continuous	•		****	****	****		DAILY MAX	MO AVG	REQUIREMENT	Effluent Gross
						İ	Mgal/d	6.0	2.76	PERMIT	50050 1 0
		c	* * *	***	****	****	****			MEASUREMENT	treatment plant
6	***************************************	0						3.90	1.67	SAMPLE	Flow, in conduit or through
G B A B	Weekly		#100/m/	****	WKLY GEO	***	****	****	****	REQUIREMENT	See Comments
					900			ļ		PERMIT	31616 W 0
	_	_	·	*****	ŀ	****	****	*****	****	MEASUREMENT	
3	AACCAIA			100	36					SAMPLE	Coliform, fecal MF, broth 44.5 C
O AR	Wisskin			DAILY MAX	MO GEO	****	****	****	*****	REQUIREMENT	Effluent Gross
			#100/ml	1200	400					PERMIT	31616 1 0
		c		į		****	****	****	****	MEASUREMENT	
00111	0.000	0		46	13					SAMPLE	Coliform, fecal MF, broth 44.5 C
COMP34	Semi-annual -		mg/L	DAILY MAX	MO AVG	****	, C	DAILY MAX	MO AVG	REQUIREMENT	Effluent Gross
				2	Dag Man		P/4	Ren Mon	Reg. Mon	PERMIT	00610 10
		c			c.	***	****	-		MEASUREMENT	
COMP24	MOTORY	,		3				0.0	0.0	SAMPLE	Nitrogen, ammonia total (as N)
			mg/L	* * * * *	WKI Y AVG	***	lb/d	***	WKLY AVG	REQUIREMENT	See Comments
				****		****	****	**	1035	PERMIT	00530 W 0
		0			9			-	293	SAMPLE	Solius, Total suspended
COMP24	Monthly		1/2/17	****	MO AVG	*****	****	****	****	REQUIREMENT	Raw Sewage Influent
			30/		Ren Mon	İ				PERMIT	00530 G 0
		0		***	184	***	****	***	****	MEASUREMENT	
			SLINO	VALUE	VALUE	VALUE	SLINO	VALUE	¥2.00	T I I I I I I I I I I I I I I I I I I I	Solids Total suspended
TYPE	OF ANALYSIS	ŒΧ									
SAMPLE	FREQUENCY	NO.		RATION	QUALITY OR CONCENTRATION	QUAL		RLOADING	OUANTITY OR LOADING		PARAMETER
31	12	2011	_ 	27	11	2011	FROM	ndent	Utilities Superinte	Iom Irego, WW Utilities Superintendent	XI.
DAY	Mo.	YEAR		DAY	MO	ź	 		99801	JUNEAU, ALASKA	ATT.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 11/27/2011 through 12/31/2011. EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Joe Myers W/W Utilities Superintendent The reporting period was from 11/27/2011 through 12/31/2011. COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 81011 K 0 Percent Removal Solids, Total suspended, percent removal PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: LOCATION: Ë ADDRESS: NAME TYPED OR PRINTED PARAMETER 0 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 penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations. I certify under penalty of law that this document and all attachments were JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CÎTY AND BOROUGH OF Tom Trego, WW Utilities Superintendent REQUIREMENT MEASUREMENT PERMIT SAMPLE ***** ***** VALUE QUANTITY OR LOADING (Reference all attachments here) ***** ***** VALUE ***** FROM ***** SLIN MN % RMV VALUE SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT 2011 95 85 ⋨ PERMIT NUMBER QUALITY OR CONCENTRATION ***** ***** VALUE ह्य DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01) External Outfall *** NO DISCHARGE **** ***** VALUE 27 MONITORING PERIOD
DAY
YE PERCENT SLING 뒪 % CO A 807 2011 YEAR ΜŞ 0 TELEPHONE 586-0393 FREQUENCY OF ANALYSIS *** MONTHLY PHONE NUMBER 12 8 DISCHARGE NUMBER 901 A CHI^C SAMPLE 85 ω Ş

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

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

DMR Mailing ZIP CODE: 99801

MAJOR
(SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
*** NO DISCHARGE ** REC-1
DISCHARGE NUMBER

Effluent Gross	COMOTRI, Tecal MIT, DIOM 44.5 C	Coliforn formitte break 44 5 0	TARAMETER	AII:	i comiton.	FACILITY:			ADDBESS:	ZAXE:
PERMIT	MEASUREMENT			Iom Irego, WW Utilities Superintendent	JONEAU, MLASKA 95001	JUNEAU-DOUGLAS TREATMENT PLANT	JUNEAU, ALASKA 99801	TOU DOOL IN SEWARD,	155 COLTE CENADO	IIINEALL CLTA VILL BURGLICH OF
****	***	VALUE	QUANTITY OR LOADING	tilities Superinten	10056	S TREATMENT PL	9801		סאטטטוו טר	BOBOI ICH OE
***	****	VALUE	LOADING	dent	•	ANT				
		SLINN		FROM	•					
****	****	VALUE	QUAL	2011	Æ			PERMIT NUMBER	AK-002321-3	
****	****	VALUE	QUALITY OR CONCENTRATION	=	MO			NOMBER	321-3	
Req. Mon. #/ DAILY MAX ML100	22	VALUE	RATION	27	DAY	MONITO				
# ML100		SLIND		7		MONITORING PERIOD				
	0	!	NO.	2011	YEAR	ERIOD				
Monthly			FREQUENCY OF ANALYSIS	12	МО			DISCHARGE NUMBER	REC-1	
GRAB			SAMPLE	31	DAY			E NUMBER	21	

COMMENT AND EXPLANATION OF ANY VIOLATIONS	TYPED OR PRINTED				W/W Ittlittes Superintendent	Tom Tredo		NAME/TITLE PRINCIPAL EXECUTIVE DEFICES
NY VIOLATIONS (Reference all attachments here)	including the possibility of fine and imprisonment for knowing violations.	I am aware that there are significant penalties for submitting false information	submitted is to the best of the based of the control of the section of the best of the best of the based of the section of the based of the section of the s	or those persons directly responsible for pathering the information the information	committed Deced on manifestation property games and syntage the minimum of the	to assure that the one lifted personnel property such as the product the system designed	prepared index my direction of the title document and an attachments were	I certify under namely of law that this document and all and
	OFFICER OR AUTHORIZED AGENT	The state of the s	CZYKI Q GARLIN		-			
İ	2012	,		3000	AREA	907		
•	5		DATE	PHONE NUMBER		586-0393	TELEPHONE	