JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY Juneau, Alaska

											Number of Anglyses	MOMINION	MUMDOW	TOTAL	SAT	2	롣	₩ED	류	MON.	NUS	SAT	Z	뒫	WED	돑	MON	NUS	SAT	æ	ฮ	WED	Ę	MON	SUN	SAT	72. 22.	됟	WED '	7	N S	2 2	CAT.	2 2	1 ×			S S	<u> </u>	DAY	
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DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

EPA Form 3320-† (Rev.01/06) Previous editions may be used COMMENT AND EXPLANATION OF ANY VIOLATIONS Tom Treap W/W Utilities Superintendent The reporting period was from 02/26/2012 through 03/31/2012. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Effruent Gross 00530 10 Solids, Total suspended Efffuent Gross 00400 10 모 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 Effluent Gross BOD, 5-day, 20 deg. C 00300 Oxygen, dissolved (DO) Effluent Gross 00010 10 Temperature, water deg. C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) à FACILITY: ADDRESS: NAME: TYPED OR PRINTED **7** PARAMETER prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel property rather 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, 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. certify under penalty of law that this document and all attachments were JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 REQUIREMENT MEASUREMENT MEASUREMENT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF Trego, WW Utilitles Superintendent REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT PERMIT SAMPLE SAMPLE PERMIT SAMPLE SAMPLE PER MIT SAMPLE SAMPLE PER MIT SAMPLE WKLY AVG MO AVG **** MO AVG ***** 8 1035 ***** ***** ***** 63 35 ***** ***** 690 **** VALUE QUANTITY OR LOADING 35 (Reference all attachments here) DAILY MAX DAILY MAX **** **** ***** 1380 **** **** ***** **** ***** 63 1380 **** **** VALUE 35 **** 항 *** ***** 图 *** **** ***** FROM ibs/d *** SLING **** MINIMUM DAILY MIN ***** **** 6.0 ***** 6.9 ***** ***** ***** ***** ***** ***** 4.3 ***** VALUE 2012 ¥ AK-002321-3
PERMIT NUMBER MATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG MO AVG Req. Mon. MO AVG MO AVG **** ***** ***** 엉 **** 199 **** **** VALUE Φ ω G Ç ₹ DAILY MAX MAXIMUM DAILY MAX DAILY MAX DAILY MAX External Outfall ***** ***** REPORT ***** ***** с С 7.4 11.2 8 8 3 ø VALUE MONITORING PERIOD NO DISCHARGE 8 ហ 17 26 mg/L J/gm mg/L 9,689 B mg/L mg/L S SLING 뒪 0 0 2012 0 0 O 0 0 Şξ TELEPHONE **586-0393** WEEKDAYS MONTHLY MONTHLY MONTHLY PREQUENCY OF ANALYSIS MONTHLY WEEKDAYS ** WEEKLY DATE NUMBER 48 ₹ DISCHARGE NUMBER 001 A COMP24 COMP24 COMP24 GRAB COMP24 SAMPLE TYPE GRAB GRAB DĄ? بي

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE

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001 A
DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) ADDRESS: JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD,

AK-002321-3 PERMIT NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS Tom Trego W/W Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Percent Removal 81010 K 0 BOD, 5-day,percent removal Effluent Gross treatment plant Flow, in conduit or through See Comments 31616 W 0 Coliform, fecal MF, broth 44.5 C Effluent Gross 31616 10 50050 1 0 Coliform, fecal MF, broth 44.5 C Effluent Gross 00610 10 See Comments Nitrogen, ammonia total (as N) Solids, Total suspended Raw Sewage Influent 00530 W 0 00530 GO Solids, Total suspended FACILITY: LOCATION: 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. REQUIREMENT I certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT MEASUREMENT Tom Trego, WW Utilities Superintendent REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT EQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT SAMPLE SAMPLE PERMIT RRMIT SAMPLE PERMIT SAMPLE SAMPLE Req. Mon. MO AVG WKLY AVG ***** ***** 1.02 **** **** 2.76 **** ***** ***** ***** 1035 0.0 **OUANTITY OR LOADING** YALUM ALUM ೭ (Reference all attachments here) DAILY MAX DAILY MAX Req. Mon. ***** ***** 3.46 ***** ***** ***** ***** 6.0 ***** **** ***** ***** 0.0 VALUE ***** ***** Mgai/d ***** ***** ***** ***** **** ***** ***** ***** ***** FROM SLING 쩟 ₹ MN % RMV ***** **** ***** **** ***** ***** ***** ***** 8 97 ***** ***** ***** **** VALUE 2012 ∌ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY GEO WKLY AVG MO AVG Req. Mon, Req. Mon MO AVG MO GEO **** ***** ***** ***** 800 144 8 <u>0</u> 45 VALUE 240 ø 9 8 DAILY MAX DAILY MAX Req. Mon, ***** ***** **** ***** ***** ***** 1200 **** ***** 144 ***** 0.0 ***** VALUE MONITORING PERIOD
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The reporting period was from 02/26/2012 through 03/31/2012. EPA Form 3320-1 (Rev. 01/05) Previous editions may be used.

PAGE 2 OF 3

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

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001 A
DISCHARGE NUMBER

81011 K 0 0 Percent Removal FACILITY: LOCATION: removal Solids, Total suspended, percent PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: ADDRESS: PARAMETER JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATHENT PLANT JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, Tom Trego, www Utilities Superintendent REQUIREMENT MEASUREMENT SAMPLE PERMIT **** ***** VALUE QUANTITY OR LOADING ***** ***** VALUE ***** **** FROM SLIND MN % RMV VALUE 2012 8 (≾) Ġ, AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION ***** ***** VALUE ₹ External Outfall
*** NO DISCHARGE ***** **** VALUE MONITORING PERIOD
DAY
YEAR
26 TO 2012 PERCENT SLIN ಠ 8 2012 ΨŠ 0

> FREQUENCY OF ANALYSIS

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MONTHLY

CALCID

EPA Form 3320-1 (Rev.01/06) Previous editions may be used	COMMENT AND EXPLANATION OF ANY VIOLATIONS	w/ w unities superintendent	Tom Trego	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
/2012 through 03/3	Including the possibility of fine and imprisonment for knowing violations. Y VIOLATIONS (Reference all attachment	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, and some the system.	prepared under my direction or supervision in accordance with the system designed to assure that the qualified necessitied properly orther and available the increase.	I certify under penalty of law that this document and all attachments
	ent for knowing violations. (Reference all attachments here)	record the information from an accurate, and complete.	with the system designed	Harris 11.
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	with D. March		
	2012 YEAR	AREA CODE	93	
	4 10 MO DAY	PHONE NUMBER DATE	TELEPHONE	

DMR Mailing ZIP CODE: 93801
MAJOR
(SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
**** NO DISCHARGE

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Effluent Gross	Collom, lecal Mr, prom 44.5 C		PARAMETER	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Townson.	TACILLY:		Approag.	AZZER:	PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
REQUIREMENT	MEASUREMENT			iom irego, www utilities superintendent	JONESO, ALASKA SSOUL	JUNEAU-DOUGLAS TREATMENT PLANT	JUNEAU, ALASKA 99801	100 BOULD SEWARD,	JUNEAU, CITY AND BOROUGH OF	Facility name/Location
***	***	VALUE	QUANTITY OR LOADING	Julities Superinter	TOOSE	S TREATMENT P	9801	Ç	BOROUGH OF	if different)
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Req. Mon. #/ DAILY MAX ML100	6.0	VALUE	RATION	26	DAY	MONIT	•			*** NO DISCHARGE
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GRAB	P	į	SAMPLE	31	DAY			DISCHARGE NUMBER	REC-1	

COMMENT AND EXPLANATION OF ANY VIOLATIONS	TYPED OR PRINTED				W/W Utilities Superintendent	Tom Tread		
Y 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 fity knowledge and belief this accounts and complete	or those persons directly recognishly for eathering the information, the information	submitted Heard on my inquiry of the name of names who engine up millioning	to assure that the multified personnel property outlier and evaluate the information	menaged under my direction or smerricism in accordance with the state. Social	Certify under nengity of law that this document and all attachments to
s here)	OFFICER OR AITHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE		リー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	ion.	AZIOCI I		
5	14.14.	2013		CODE	AREA	907		
	5 f		DATE	PHONE NUMBER		586-0393	TELEPHONE	