JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

| | | | | | | | | | Number Of Analyses | VERAGE | MINIMUM | MAXIMUM | TOTAL | | FRI 26 | | | | | | | H | THU 18 | | | | SUN 14 | | FRI 12 | | WED 10 | | | SUN 7 | | FRI 5 | THU 4 | WED 3 | | MON 1 | SUN 30 | DAT | | |
|-------|-------|-------|-------|--|------------------|-----------|---|--------|--------------------|--------|---------|---------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|--------|-------|--------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|------------|----------|--|
| | | | | e fou | T 22 2 | | Geome | | 28 | 41 | 28 | 50 | | 28 | 31 | 35 | 37 | 39 | 39 | 36 | 36 | 35 | 32 | 38 | 42 | 45 | 45 | 44 | 47 | 4 | 47 | 47 | 49 | 50 | 50 | 47 | 44 | 43 | 38 | 40 | 44 | de de | TEA.D | |
| | | | | rog samples are nighted in yearow on composite samples | amples are High | | Geomean used to calculate average Fecal coloform colonies | | 28 | 0.184 | 0.00 | 1.31 | 5.16 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.28 | 0.46 | 0.45 | 0.65 | 0.45 | 1.31 | 1.14 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.05 | 0.22 | 0.00 | 0.01 | 0.08 | 0.05 | INCHES | RAIN | |
| | | | | нідней ш уен | slichted in well | | ulate average | | 28 | 0.79 | 0.52 | 1.34 | 22.02 | 0.561 | 0.526 | 0.532 | 0.598 | 0.678 | 0.618 | 0.629 | 0.698 | 0.716 | 1.053 | 1.206 | 1.339 | 1.309 | 1.157 | 1.232 | 1.252 | 0.524 | 0.523 | 0.561 | 0.565 | 0.683 | 0.616 | 0.601 | 0.721 | 0.655 | 0.755 | 0.808 | 0.900 | MGD | 100 | |
| | | | | ow on compo | 200 | | Fecal colofo | | 4 | 502 | 312 | 765 | | | | | 428 | | | | | | | 312 | | | | | | | 501 | | | | | | | 765 | | | | ng/L | S.S. | 1 |
| | | | | cardine and | and a sample | | rm colonies | | 4 | 2909 | 2135 | 4179 | | | | | 2135 | | | | | | | 3138 | | | | | | | 2185 | | | | | | | 4179 | | | | LBS | S.S. | A Company of the last of the l |
| | | | | | | | | | 4 | 405 | 282 | 523 | | | | | 499 | | | | | | | 282 | | | | | | | 316 | | | | | | | 523 | | | | mg/L | B.O.D. | п |
| | | | | 0.0. | 0 | B.O.D. | | | 4 | 2390 | 1378 | 2857 | | | | | 2489 | | | | | | | 2836 | | | | | | | 1378 | | | | | | | 2857 | | | | San | B.O.D. | |
| | | | | 80 | 2 | | 85% | | 00 | 48 | 9 | 92 | | | | 9 | 51 | | | | | | 13 | 40 | | | | | | 80 | 92 | | | | | | 23 | 75 | | | = | mg/L | FOG | |
| | | | | _ | | | | | 500 | 262 | 38 | 410 | | | | 38 | 252 | | | | | | 114 | 397 | | | | | | 350 | 399 | | | | | | 135 | 410 | | | | LBS | FOG | - |
| | | | | | | | | | 20 | 13.5 | 10.7 | 16.1 | | | 12.0 | 11.9 | 11.9 | 11.5 | 11.5 | | | 11.7 | 10.7 | 11.6 | 14.1 | 11.6 | | | 14.8 | 13.9 | 16.1 | 16.0 | 16.1 | | | 15.1 | 15.1 | 15.0 | 14.1 | 14.4 | | OC PARTIES | The same | |
| WEEK5 | WEEK4 | WEEK3 | WEEKZ | VVEEN- | NAME OF A | Aver | TSS,BOD | Weekly | 20 | 7.0 | 6.8 | 7.4 | | | 6.8 | 6,9 | 6.9 | 7.0 | 6.9 | | | 6.9 | 6.9 | 6.9 | 7.0 | 7.0 | | | 7.2 | 7.4 | 7.4 | 7.2 | 7.1 | | | 7.1 | 7.0 | 7.2 | 7.1 | 7.0 | | PH | | |
| | Ch | 3 | o | 0 | D (| 12:17 | TSS | | 20 | 5.8 | 3.8 | 8.6 | | | 4.0 | 3.8 | 3.9 | 3.9 | 4.3 | | | 4.2 | 4.7 | 4.1 | 7.4 | 4.9 | | | 6.4 | 4.7 | 8.6 | 6.8 | 7.6 | | | 7.2 | 6.6 | 7.9 | 7.1 | 7.2 | | mg/L | D.O. | |
| | 25 | 151 | 22 | 3 8 | 2 | | S | | 4 | 00 | Ch | 15 | | | | | ch | | | | | | | 15 | | | | | | | On | | | | | | | o | | | | mg/L | S.S. | |
| | Ch | œ | o | 4 6 | | | 8 | | 4 | 58 | 22 | 151 | | | | | 25 | | | | | | | 151 | | | | | | | 22 | | | | | | | 33 | | | | LBS | S.S. | l |
| | 25 | 80 | 22 | 22 | 3 | lbs | BOD | | 4 | G | 4 | œ | | | | | cn | | | | | | | 8 | | | | | | | Ch | | | | | | | 4 | | | | mg/L | B.O.D. | |
| | 2 | 12 | 45 | | 47 | Geo. Mean | Coliform | Weekly | 4 | 37 | 22 | 80 | | | | | 25 | | | | | | | 80 | | | | | | | 22 | | | | | | | 22 | | | | LBS | B.O.D. | |
| | | | | | | | | | co | 6 | 2 | 10 | | | | 4 | 2 | | | | | | 00 | 10 | | | | | | 6 | 9 | | | | | | 2 | 9 | | | | mg/L | FOG | |
| | | | | | | | | | 00 | 40 | 7 | 101 | | | | 16 | 7 | | | | | | 70 | 101 | | | | | | 26 | 39 | | | | | | 12 | 49 | | | | LBS | FOG | - |
| | | | | | | | | | 4 | 19 | 2 | 45 | | | | | | | 12 | | | | | | | 12 | | | | | | | 45 | | | | | | | 17 | | /100 ml | FECAL | |
| | | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | as N mg/I | | £ |

NAME: ADDRESS:

| (SUB 01) | MAJOR | DMR Mailing ZIP C |
|----------|-------|-------------------|
| | | ig ZIP |
| | | CODE: |
| | | 99801 |
| | 6 | |

*** NO DISCHARGE ***

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 AK-002321-3
PERMIT NUMBER 001 A
DISCHARGE NUMBER

| | JONEAU, ALAUNA 99001 | 700L | | I | | | DOTTEN | מאל סבס | 105 | | |
|---|---|--|---|--------------------|------------------|--------------------------|-----------|----------|------|--------------------------|--------|
| PACILITY: | JUNEAU-DOUGLAS I KEALMENT PLANT | 99801 | ANI | | YR. | MO | DAY | THO PLEN | YEAR | MO | DAY |
| ATT: | Tom Trego, WW t | Tom Trego, WW Utilities Superintendent | ndent | FROM | 9 | 30 | 2012 | Т | 10 | 27 | 2012 |
| PARAMETER | | QUANTITY OR LOADING | LOADING | | UD | QUALITY OR CONCENTRATION | RATION | | NO. | FREQUENCY OF ANALYSIS | SAMPLE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | STINU | ! | | |
| Temperature, water deg. C | SAMPLE MEASUREMENT | ** ** ** | * * * * | *** | * * * * | **** | 16.1 | | 0 | | |
| 00010 10 | PERMIT | | | | | | REPORT | deg.C | | | |
| Effluent Gross | REQUIREMENT | **** | **** | **** | **** | **** | DAILY MAX | | | WEEKDAYS | GRAB |
| Oxygen, dissolved (DO) | SAMPLE | | | | 3.8 | | 8.6 | | 0 | | |
| | MEASUREMENT | **** | **** | *** | | **** | | | | | |
| 00300 10 | PERMIT | | | | 2 | | 17 | mg/L | | | |
| Effluent Gross | REQUIREMENT | **** | **** | **** | DAILY MIN. | **** | DAILY MAX | | | WEEKLY | GRAB |
| BOD, 5-day, 20 deg. C | SAMPLE | 37 | 80 | | **** | 6 | 00 | | 0 | | |
| 00310 10 | PERMIT | 690 | 1380 | lbs/d | | 30 | 60 | mg/L | | | |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MAX | | ***** | MO AVG | DAILY MAX | | , | MONITE | COMP24 |
| BOD, 5-day, 20 deg. C | SAMPLE | | | | | 405 | | | C | | |
| | MEASUREMENT | **** | **** | *** | *** | | **** | | | | |
| 00310 G 0 | PERMIT | | | | | Req. Mon. | | mg/L | | | |
| Raw Sewage Influent | REQUIREMENT | **** | **** | **** | **** | MO AVG | **** | | | MONTHLY | COMP24 |
| BOD, 5-day, 20 deg. C | SAMPLE | 80 | | | | 00 | | | 0 | | |
| | MEASUREMENT | | **** | | **** | | **** | | | | |
| 00310 W 0 | PERMIT | 1035 | | lbs/d | | 45 | | mg/L | | | |
| See Comments | REQUIREMENT | WKLY AVG | **** | | **** | WKLY AVG | **** | | | MONTHLY | COMP24 |
| pН | SAMPLE | | Company Annual Man | | 6.8 | | 7.4 | | 0 | | |
| | MEASUREMENT | **** | **** | *** | | **** | | | | | |
| 00400 10 | PERMIT | | | | 6.0 | | 8.5 | SU | | WEEKDAYS | |
| Eflfuent Gross | REQUIREMENT | **** | **** | **** | MINIMUM | **** | MAXIMUM | | | | GRAB |
| Solids, Total suspended | SAMPLE | 58 | 151 | | ***** | 00 | 15 | | 0 | | |
| 000 | | 500 | 1300 | 16.74 | | 30 | 60 | ma/1 | | | |
| Efffuent Gross | REQUIREMENT | MO AVG | DAILY MAX | IDS/C | **** | MO AVG | DAILY MAX | 119/1 | | MONTHLY | COMP24 |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of prepared under my dire | of law that this documer action or supervision in | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system | designed | | | | | 907 | TELEPHONE 586-0393 | |
| Tom Treao W/W Utilities Superintendent | to assure that the qualif submitted. Based on my | ied personnel properly s inquiry of the person of | 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. | rmation system, | 4 | 120 N | ^ | | CODE | PHONE NUMBER | BER |
| | or those persons direction submitted is, to the best I am aware that there ar | tof my knowledge and lessing from the significant penalties for th | or flose persons directly responsible for gallering the information, the hubilities 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, | omplete. | SIGNATU | R C | EXECUTIVE | | = | 10 | N |
| TYPED OR PRINTED | including the possibility | of fine and imprisonm | including the possibility of fine and imprisonment for knowing violations. | | OFFIC | ER OR AUTHORIZE | -D AGENT | | YEAR | NG C | DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from **09/30/2012** through **10/27/2012.**EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

*** NO DISCHARGE DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

Tom Treao W/W Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Percent Removal 81010 K 0 BOD, 5-day, percent removal Flow, in conduit or through See Comments 31616 W 0 Coliform, fecal MF, broth 44.5 C Effluent Gross 31616 10 Coliform, fecal MF, broth 44.5 C Effluent Gross 00610 10 Nitrogen, ammonia total (as N) 00530 W 0 Solids, Total suspended Raw Sewage Influent Solids, Total suspended PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) Effluent Gross treatment plant See Comments 00530 G 0 50050 1 0 LOCATION FACILITY: ADDRESS TYPED OR PRINTED PARAMETER 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. JUNEAU-DOUGLAS TREATMENT PLANT prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, 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 REQUIREMENT Tom Trego, WW Utilities Superintendent JUNEAU, CITY AND BOROUGH OF MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT Req. Mon. WKLY AVG MO AVG MO AVG **** ***** ***** ***** ***** ***** 0.79 ***** ***** 151 1035 VALUE **OUANTITY OR LOADING** 2.76 NA (Reference all attachments here) DAILY MAX DAILY MAX Req. Mon. ***** ***** ***** ***** ***** ***** ***** ***** ***** **** 1.34 VALUE 6.0 Z FROM ***** ***** Mgal/d **** ***** ***** **** **** **** ***** ***** ***** SLING b/d lb/d MN % RMV ***** ***** ***** ***** ***** ***** ***** **** **** **** ***** ***** VALUE 99 S 85 AK-002321-3 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PERMIT NUMBER QUALITY OR CONCENTRATION D mc Comb Req. Mon, MO AVG WKLY GEO WKLY AVG Req. Mor MO AVG MO GEO ***** **** 800 502 VALUE ***** ***** 400 45 Z 45 19 15 30 8 DAILY MAX DAILY MAX Req. Mon, ***** ***** ***** ***** **** ***** ***** ***** ***** ***** 1200 VALUE DAY Z 45 MONITORING PERIOD Percent #100/ml mg/L SLIND *** *** #100/ml mg/L mg/L d YEAR AREA CODE Ē S 10 0 0 0 0 0 0 0 Semi-annual *** Monthly TELEPHONE 586-0393 OF ANALYSIS FREQUENCY Continuous Monthly Weekly Monthly Weekly PHONE NUMBER DATE MO MO DISCHARGE NUMBER 001 A RCORDR COMP24 COMP24 COMP24 CALCTD SAMPLE GRAB GRAB TYPE DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 09/30/2012 through 10/27/2012.

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

*** NO DISCHARGE ***

| AK-002321-3 PERMIT NUMBER YR MO 9 30 | AK-002321-3 AK-002321-3 PERMIT NUMBER YR MO 9 30 | AK-002321-3 PERMIT NUMBER MONITORING PERIOD YR MO DAY 9 30 2012 TO YR NEGOTION NOT TO T | AK-002321-3 PERMIT NUMBER MONITORING PERIOD YR MO DAY YEAR 9 30 7012 TO 10 |
|--|--|---|--|
| WALUE WA | AK-002321-3 PERMIT NUMBER YR YR 9 30 VALUE VALUE | AK-002321-3 AK-002321-3 PERMIT NUMBER MONITORING PERIOD YR MO DAY 9 30 2012 TO QUALITY OR CONCENTRATION VALUE VALUE VALUE UNITS | AK-002321-3 AK-002321-3 PERMIT NUMBER MONITORING PERIOD YR MO DAY YR MO DAY YEAR 9 30 2012 TO 10 QUALITY OR CONCENTRATION EX VALUE VALUE VALUE VALUE VALUE VALUE VALUE VALUE VALUE *** *** *** MO. FREG EX OF AI OF AI *** |
| WIT NUMBER MO 30 QUALITY OR CONCENTRATIO VALUE | WIT NUMBER MO QUALITY OR CONCENTRATIO VALUE | MO DAY QUALITY OR CONCENTRATION VALUE VALUE *** NO DISCHARGE MONITORING PERIOD MO DAY 2012 TO QUALITY OR CONCENTRATION VALUE VALUE | *** NO DISCHARGE *** NO DISCHARGE *** *** *** *** *** *** *** |
| MO **** CONCENTRATIO | MO *** CONCENTRATIO | *** NO DISCHARGE *** NO DISCHARGE MONITORING PERIOD MO DAY 30 2012 TO CONCENTRATION ALUE VALUE UNITS | *** NO DISCHARGE *** MONITORING PERIOD MO DAY YEAR 30 2012 TO 10 CONCENTRATION NO. FREC ALUE VALUE UNITS OF ALUE |
| MONITO DAY 2012 RATION VALUE | *** NO DISCHARGE MONITORING PER DAY 2012 TO RATION VALUE UNITS | O DISCHARGE ONITORING PERIOD AY TO LUE UNITS | O DISCHARGE *** O DISCHARGE *** ONITORING PERIOD YEAR ANY YEAR 10 NO. FREC EX OF A |
| | TO UNITS | PERIOD | PERIOD YEAR OF AR OF AR OF AR *** |

| | | | rough 10/27/2012. | from 09/30/2012 th | The reporting period was from 09/30/2012 through 10/27/2012. |
|--------------|-----------|---------------------------------|--|---------------------------------|--|
| | | | (Reference all attachments here) | NY VIOLATIONS | COMMENT AND EXPLANATION OF ANY VIOLATIONS |
| NO | GENI YEAR | OFFICER OR AUTHORIZED A | including the possibility of fine and imprisonment for knowing violations. | including the possibility of fi | TYPED OR PRINTED |
| 10 | CUTIVE 11 | SIGNATURE OF PRINCIPAL EXECUTIV | I am aware that there are significant penalties for submitting false information, | I am aware that there are sign | |
| | | 4 | submitted is, to the best of my knowledge and belief, true, accurate, and complete. | submitted is, to the best of m | |
| DATE | 1 | Man & Moore | or those nersons directly responsible for eathering the information the information | or those persons directly rest | |
| PHONE NUMBER | CODE | 1 | 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. | submitted. Based on my inqu | IOM Trego W/W Utilities Superintendent |
| 586-0393 | 907 | • | prepared under my direction or supervision in accordance with the system designed | prepared under my direction | |
| IELEPHONE | | | I certify under penalty of law that this document and all attachments were | I certify under penalty of law | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) Effluent Gross PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 31616 10 Coliform, fecal MF, broth 44.5 C ATT: FACILITY: ADDRESS: LOCATION: PARAMETER JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, Tom Trego, WW Utilities Superintendent REQUIREMENT MEASUREMENT SAMPLE PERMIT ***** ***** QUANTITY OR LOADING VALUE ***** ***** VALUE FROM SLINA ***** ***** VALUE 5 AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION ***** **** VALUE 8 (SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
*** NO DISCHARGE Req. Mon. #/
DAILY MAX ML100 DMR Mailing ZIP CODE: 99801 MAJOR VALUE Z DAY MONITORING PERIOD SLIND 5 YEAR E S 10 0 FREQUENCY OF ANALYSIS ** Monthly 8 0 DISCHARGE NUMBER SAMPLE GRAB DAY

| | | | The manufacture of 100 100 100 100 100 100 100 100 100 10 | The months would make for |
|--------------|------|------------------------------------|--|---|
| | | | /IOLATIONS (Reference all attachments here) | COMMENT AND EXPLANATION OF ANY VIOLATIONS |
| MO DAY | YEAR | OFFICER OR AUTHORIZED AGENT | including the possibility of fine and imprisonment for knowing violations. | TYPED OR PRINTED |
| 10 2012 | 11 | / SIGNATURE OF PRINCIPAL EXECUTIVE | I am aware that there are significant penalties for submitting false information, | |
| | | 1/0000 | submitted is, to the best of my knowledge and belief, true, accurate, and complete. | |
| DATE | | May Cherry | or those persons directly responsible for gathering the information, the information | |
| PHONE NUMBER | CODE | 1 2 2 4 7 | submitted. Based on my inquiry of the person or persons who manage the system, | W/W Utilities Superintendent |
| | AREA | | to assure that the qualified personnel properly gather and evaluate the information | Tom Treao |
| 586-0393 | 907 | | prepared under my direction or supervision in accordance with the system designed | |
| TELEPHONE | | | I certify under penalty of law that this document and all attachments were | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |