OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

ADDRESS: 5433 SHAUNE DRIVE JUNEAU, CITY AND BOROUGH OF

FACILITY: JUNEAU, CITY AND BOROUGH OF JUNEAU, AK 99801

LOCATION: JUNEAU, AK 99801

ATTN:JOE BUCK, PUBLIC WORKS DIRECTO

PERMIT NUMBER AK0023213

001B

DISCHARGE NUMBER

MONITORING PERIOD YEAR Š DAY

> MAJOR DMR MAILING ZIP CODE: 99801

> > Page 12

External Outfall COMBINED SEWER OVERFLOW (SUBR01)

No Discharge

FROM

80

9

5

80

7

YEAR

Mo Ž

DAY

00056 P 0 See Comments See Comments See Comments 00530 7.0 Solids, total suspended Qn310 B n See Comments BOD, 5-day, 20 deg. C 00310 0 0 BOD, 5-day, 20 deg. C 00310 P 0 BOĎ, 5-day, 20 deg. C See Comments See Comments See Comments Flow rate Flow rate Flow rate 00056 R 0 00056 O 0 PARAMETER MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT Heq. Mon. MO AVG Heq MO Req. Mon. MO AVG Req. Mon. MO AVG Req. Mon. MO AVG VALUE ***** ***** ***** , Mon. QUANTITY OR LOADING Req. Mon. DAILY MX Req. Mon. EVNT TOT Req. Mon. EVNT TOT VALUE STINU Mgal/d Mgal/d Mgal/d EV.d p/d b/d b/d VALUE **** **** ***** **** ***** ***** ***** **** ***** **** **** QUALITY OR CONCENTRATION Req. Mon. MO AVG Req. Mon. MO AVG Req. Mon. MO AVG Req. Mon. MO AVG VALUE ***** **** **** ***** Req. Mon. DAILY MX Req. Mon. DAILY MX Req. Mon. DAILY MX Req. Mon. DAILY MX VALUE ***** **** ***** ***** STIND mg/t 1,011 mg/L mg/L E NO When Discharging When Discharging When Discharging When Discharging When Discharging FREQUENCY OF ANALYSIS Discharging Discharging When When SAMPLE TYPE RCORDR CALCID CALCTD BVUE GRAB GR/B GRAB

£동 5년 :	SOUT JETTERS W/W SUPER.
€ :	NAME/THE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I craity under printly of law that this discurnent and all attachments were prepared under thy direction or supervision in traceroclause with a system designated assure that qualified presumet priparty globals and evaluate the information submitted. Based to may inquiry of the person or possure who monigor the systems of their persons them to make the systems of their persons the information about 10 may be under the distinction of persons the missiant of the system of their persons distinctly preparable for galacting the information, the information the information and outpriete. I mit proceed that there are significant includes of our annual condition of the and formation discussion in the third persons the first and formation discussion in the distinction of the and formation someon for knowning.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 1

	HVBA	NUMBER .	AMEA Code	
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DA		TELEPHONE	151	_

NA.

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

F - M 110 - M 11, 2B = N-15, 1RECORD REASONING FOR EACH OPENING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ADDRESS: 5433 SHAUNE DRIVE JUNEAU, AK 99801 JUNEAU, CITY AND BOROUGH OF

FACILITY: JUNEAU, CITY AND BOROUGH OF

LOCATION: 1540 THANE ROAD JUNEAU, AK 99801

ATTN:JOE BUCK, PUBLIC WORKS DIRECTO

FROM

YEAR 08

MO DAY F

YEAR MO 80

DAY 3

01

0

7

PERMIT NUMBER AK0023213

001B

MONITORING PERIOD DISCHARGE NUMBER

> DMR MAILING ZIP CODE: 99801

OMB No. 2040-0004 Form Approved

Page 13

External Outfall COMBINED SEWER OVERFLOW (SUBR01) MAJOR

No Discharge

PARAMETER		QUAN	QUANTITY OR LOADING		٥	QUALITY OR CONCENTRATION	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	ONITS	VALUE	VALUE	VALUE	UNITS			:
Solids, total suspended	SAMPLE MEASUREMENT				***						
See Conments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	l b/d	***	Req. Mon. MO AVG	Reg. Mon.	mod		When	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				***			1		Discrete Sm.R	
See Comments	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	Reg. Mon. MO AVG	Heq. Mon. DAILY MX	mall	-	When	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****					r		Guilleman	
See Comments	PERMIT REQUIREMENT		***************************************		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	****							ú	
See Comments	PERMIT REQUIREMENT	***	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	**								
31616 R () See Comments	PERMIT REQUIREMENT	*****	***		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100ml		When	GRAB
Duration of discharge	SAMPLE MEASUREMENT	**			****	*		1		0 0	
81381 P 0 See Comments	PERMIT REQUIREMENT	*	Req. Mon. EVNT TOT	min	**	***	****			When Discharging	CALCTD
f discharge	SAMPLE MEASUREMENT	**			* * * * * * * * * * * * * * * * * * * *	***	*			0	
81381 O.0 See Comments	PERMIT REQUIREMENT	***	Req. Mon. EVNT TOT	min	******	47****	***			When	CVICID

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Learly and or penalty of how that their devarances and set stanchments were prepared under my direction or expression in secondare with a system despired to assure their qualified personal properly galleter and exchange the information standard behavior in the property of the persons a persons on an among the system, or these persons of facility responsible the galleting the information, the information shoulded by the other persons of their prescription of the person of the properly developed and belief to the capital persons and template. It is an according the other standards in penalties of some scheduling the information shoulded by the penalties of some scheduling their information shoulded by the penalties of the solution of the penalties of the solution of the penalties of the penalties

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

907 - 500033 AREA Code TELEPHONE NUMBER 09 YEAR DATE MO

PAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

F = N-110 = N-11, 2R = N-15, TRECORD REASONING FOR FACH OPENING

TYPED OR PRINTED

JOTHES WILLIAMS

OMB No. 2040-0094 Form Approved

Page 14

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

ADDRESS: NAME: 5433 SHAUNE DRIVE JUNEAU, AK 99801 JUNEAU, CITY AND BOROUGH OF

FACILITY: JUNEAU, CITY AND BOROUGH OF

LOCATION: 1540 THANE ROAD JUNEAU, AK 99801

ATTN:JOE BUCK, PUBLIC WORKS DIRECTO

PERMIT NUMBER AK0023213

001B

DISCHARGE NUMBER

MAJOR DMR MAILING ZIP CODE: 99801

External Outfall COMBINED SEWER OVERFLOW (SUBRO1)

FROM YEAR 80 MO 12 MONITORING PERIOD DAY 9 70 YEAR MO 80 7 DAY

No Discharge

See Comments	Duration of discharge		PARAMETER
RE	ME		EH
REQUIREMENT	MEASUREMENT		,
	***	VALUE	QUANT
Heg. Mon. EVNT TOT		VALUE	QUANTITY OR LOADING
min		STINU	
***************************************	*****	VALUE	QL
***	***	VALUE	QUALITY OR CONCENTRATION
	***	VALUE	ENTRATION
		UNITS	
			EX ON.
When Discharging			FREQUENCY SAMPLE OF ANALYSIS TYPE
CALCID			SAMPLE TYPE

HAME/HILE PRINCIPAL EXECUTIVE OFFICER

I certify under peralty of the that this described and this described and this described and this described to assure that qualified personnel projectly period and except the specific personnel projectly period and except the specified to a pull-city of the personnel projectly period and except the specified to a pull-city of the personnel and interference that there are significant except to the project to a pull-city of the personnel and the personnel project to a pull-city of the personnel and the personnel project to a pull-city of the personnel and all attractions were preparately under my difference to a specific personnel and all attractions were preparately under my difference and the personnel and all attractions were preparately under my difference and the personnel and all attractions were preparately under my difference and appropriate that all attractions are the qualified personnel projectly period and all attractions are the qualified personnel projectly period and appropriate that all attractions are the qualified personnel projectly period and appropriate that all attractions are the qualified personnel projectly period and all attractions are the qualified personnel projectly period and all attractions are the qualified personnel and all attractions are the period of a period and all attractions are the qualified personnel and all attractions

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR trada to

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AREA Code	907.	TEL
NUMBER	36 073	ELEPHONE
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S. O	0	DAILE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

 $^{\rm P}$ - M-H \odot - N-H, 2R = N-H5, TRECORD REASONING FOR EACH OPENING

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

Form Approved.

OMB No. 2040-0004

*

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

FACILITY: LOCATION: NAME: ADDRESS: JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF ⋨ AK-002321-3 PERMIT NUMBER 3 8 NOTE: Read instructions before completing this form. MONITORING PERIOD

DAY

YEAR SUCC **5** ₹ DISCHARGE NUMBER 001 A

			ANT				A CIATIO	ZIVO TE			
	JUNEAU-DOUGLAS IREA I MEN I PLAN I	S IKEAIMENI PL	A		∌	Mo	DAY		YEAR	MO	DAY
I CN:	Scott Teffers Acting WW Utilities Superintendent	www.Utilities.Superi	intendent	FROM	2008	12	-	_ 	2008	12	31
PARAMETER		QUANTITY OR LOADING	OADING		QUAL	QUALITY OR CONCENTRATION	PATION		E S	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	X	AVERAGE	MAXIMUM	SLINO	MINIMUM	AVERAGE	МАХІМИМ	STINU	>		
TEMPERATURE, WATER	SAMPLE	* * * *	****	***	****	****	T.T.0	(40)	c	5/7	
00010 1 0 0	PERMIT	****	****	* * *	*****	****	REPORT DAILY MAX	DEG. C		WEEK DAYS	GRAB
OXYGEN, DISSOLVED	SAMPLE	* * * * *	** ** **	* * *	2.8	****	4.6	(19)	0	1/7	
(DO) 00300 1 0 0	PERMIT	** ** ** ** **	****	* * *	2.0 DAILY MIN.	* * * * *	17.0 DAILY MAX	MG/L		ONCE/ WEEK	GRAB
BOD, 5-DAY	SAMPLE	** ** **	****	* * *	****	119.0	****	(19)	0	1/30	
(20 DEG. C) 00310 G 0 0	PERMIT	* * * * *	****	* * *	****	REPORT MO AVG	**** **	MG/L		ONCE/ MONTH	COMP 24
BOD, 5-DAY	SAMPLE	30.1	****	(26)	*****	3.6	****	(19)	0	1/30	
00310 W 0 0	PERMIT REQUIREMENT	1035 WKLY AVG	****	LBS/DAY	** ** *	45 WKLY AVG	****	MG/L		MONTH	COMP 24
BOD, 5-DAY	SAMPLE MEASUREMENT	30.1	30.1	(26)	*****	ა. 6	3,6	(19)	c	1/30	
00310 1 0 0	PERMIT	MO AVG	1380 DAILY MAX	LBS/DAY	****	30 MO AVG	60 DAILY MAX	MG/L		MONTH	COMP 24
pH Cooperation	SAMPLE	****	* * * * *	** **	6.3	***	6.8	(12)	0	5/7	
00400 1 0 0	PERMIT	****	****	* * *	6.0 MIN.	****	8.5 MAXIMUM	SI		WEEK DAYS	GRAB
SOLIDS, TOTAL	SAMPLE	****	****	**	****	222	****	(19)	O	1/30	
00530 G 0 0 RAW SEW/INFLUENT	PERMIT	****	****	* * *	****	MO AVG	****	MG/L		MONTH	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty or prepared under my dire to assure that the qualif	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 to assure that the qualified personnel properly eather and evaluate the information	t and all attachments vaccordance with the systather and evaluate the	vere stem designed information				·	907 AREA	586-0393	BER
Acting W/W Utilities Superintendent	submitted. Based on my or those persons directl submitted is, to the best	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 to information the information the information the submitted is, to the best of my knowledge and belief, true, accurate, and complete submitted is, to the best of my knowledge and belief, true, accurate, and complete submitted is, to the best of my knowledge and belief true, accurate, and complete submitted is.	or persons who manage ing the information, the pelief, true, accurate, are	the system, information ad complete.	1 Cato	TURE OF PRINCI	AL EXECUTIVE		2009	DATE 1	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	y of fine and imprisonm	ent for knowing violati	ons	V OF	OFFICER OR AUTHORIZED AGENT	WED AGENT	-	TEAR	3	S.

COMMENT AND EXPLANATION OF ANY VIOLATIONS TYPED OR PRINTED including the possibility of this aim

(REPLACES EPA FORM 1 40 WHICH MAY NOT BE USED).

(Reference all attachments here)

MAJOR
(SUB 01)
F - FINAL
F - FINAL
EFFLUENT
**** NO DISCHARGE
NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS(Include Facility name/Location it different)	Cility name/Location in	Officer OF			AK-002321	ώ				001 A	>
ADDRESS:	155 SOUTH SEWARD,),			PERMIT I	PERMIT NUMBER				DISCHARGE NUMBER	NUMBER
	JUNEAU, ALASKA 99801	9801	Tu				MONITO	MONITORING PERIOD	RIOD		
I OCATION:	JUNEAU, ALASKA 99801	99801	•	· · · · ·	⋨	МО	DAY		YEAR	MO	DAY
ATT:	Scott Jeffers, Acting WW Utilities Superintendent	WW Utilities Super	intendent	FROM	8007	12	-	5	2008	7.1	10
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		Ŗ,ŏ	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MAXIMUM	SLIND			
SOLIDS, TOTAL	SAMPLE	213.0		(26)		14.2		(19)	0	i i	
SUSPENDED	MEASUREMENT		*****		****		****	T		5/7	
00530 W 0 0	PERMIT	1035				\$				ONCE/	GRAB
	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L		MONTH	
	SAMPLE	114.6	256.7	(26)		10.9	17.2	(19)	0	! i	
SUSPENDED	MEASUREMENT				*****					5/7	
00530 1 0 0	PERMIT	690	1380			30	60			ONCE/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	****	MO AVG	DAILY MAX	MG/L		MONTH	
NITROGEN, AMMONIA	SAMPLE	Z/A	N/A	(26)		N/A	N/A	(19)	C	} }	
TOTAL (AS N)	MEASUREMENT				****			T		1/180	
00610 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			SEMI-	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	40000	MO AVG	DAJET PIAA	TIG/L	>	CIVINO	
COLIFORM, FECAL MF	SAMPLE		+++++	***	****	13	**** ***	(53)	c	1/7	
M-FC BROTH, 44.5 C	MEASUREMENT	****	****)))	******	000	and the first of t	=		ONCE!	COMP
31616 W 0 0	PERMIT					800	*****	#		ONCE/	17 JUIN
SEE COMMENTS BELOW	REQUIREMENT	****	*****	***	*****	WKLY GEO	7 7 7 7 7 7	MLTOO		VVCEN	
COLIFORM, FECAL MF	SAMPLE					U	13	(13)	c	ì	
M-FC BROTH, 44.5 C	MEASUREMENT	****	****	***	****		F)	T		1//	
31616 1 0 0	PERMIT					49	1200	#/		ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	*****	****	***	*****	MO GEO	DAILY MAX	ML100		WEEK	
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THRU TREATMENT PLANT	MEASUREMENT				****	*****	*****	***		///	
50050 1 0 0	PERMIT	2.76	6.0				•			CONTINOS	GKAB
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	****	***			
BOD, 5-DAY PERCENT	SAMPLE				97.0	•		(23)	c)	
REMOVAL	MEASUREMENT	****	****	**		*****	****	1		1/30	
81010 K 0 0	PERMIT				85 MIN. %		•	%		ONCE/	COMP 24
PERCENT REMOVAL	REQUIREMENT	****	****	***	REMOVAL	****	*****	PERCENT		MONIT	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	law that this documen	t and all attachments vaccordance with the sy-	were stem designed)	クラ			907	586-0393	
the state of the s	prepared union in your control to assure that the qualified personnel properly gather and evaluate the information to assure that the qualified personnel properly gather and evaluate the information to assure that the qualified person or persons who manage the system, submitted. Based on my inquiry of the person or persons who manage the system,	ed personnel properly a	rather and evaluate the	information the system,	X	100	1		AREA CODE	PHONE NUMBER	BER
Scott Jeffers Acting W/W Utilities Superintendent		LESPONSION FOR BRIDGE	THE UIC THOUSE OF THE	nd complete		/ / 1/			2009	,_ -	٥
Scott Jeffers Acting W/W Utilities Superintendent	or those persons directly responsible for gathering the information, the innormation are innormation for submitted is, to the best of my knowledge and belief, true, accurate, and complete submitted is, to the best of my knowledge and belief, true in the submitted is to the best of my knowledge and belief, the information.	of my knowledge and b	r submitting false info	mation.	ANDIC	SIGNATURE OF PRINCIP	OF PRINCIPAL EXECUTIVE			5	

MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form. *** NO DISCHARGE EFFLUENT Form Approved.
OMB No. 2040-0004

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

SOLIDS, SUSPENDED PERCENT REMOVAL PERCENT REMOVAL 81011 K 0 0 FACILITY: LOCATION: Scott Jeffers
Acting W/W Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ADDRESS: TYPED OR PRINTED PARAMETER Scott Jeffers, Acting WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF JUNEAU, ALASKA 99801 155 SOUTH SEWARD, 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 behel, true, accurate, and complete. 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 gather and evaluate the information certify under penalty of law that this document and all attachments were am aware that there are significant penalties for submitting false information, MEASUREMENT REQUIREMENT PERMIT SAMPLE AVERAGE ***** **** QUANTITY OR LOADING MAXIMUM ***** ***** FROM *** SLINO *** 85 MIN. % REMOVAL MINIMUM 95.1 2008 ⋨ AK-002321-3
PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION AVERAGE ***** **** 12||3 DAILY MAX REPORT ***** MAXIMUM MONITORING PERIOD

DAY YEA PERCENT STINU 7 % 2008 AREA CODE YEAR ШŞ 0 FREQUENCY OF ANALYSIS 586-0393 HINOM ONCE/ **TELEPHONE** 1/30 PHONE NUMBER 12 MO DISCHARGE NUMBER SAMPLE TYPE GRAB DAY μ DΑY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

EPA Form 3320-1 (03-99) Previous editions may be used. The reporting period was from 11/30/2008 through 01/03/2009. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

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

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
**** NO DISCHARGE
NOTE: Read instructions before completing this form.

						Lagrana Lagran	Chments here	(Reference all attachments here)	Of THE SHOTHOLDS	Including the possibility	TYPED OR PRINCED OF ANY VITO ATTOMO
DAY	Mo	YEAR		OF PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT		SIGNATURE	mation,	r submitting false infor	significant penalties for	I am aware that there are significant penalties for submitting false information,	מיינות מי
0		2000				`	d complete.	elief, true, accurate, an	of my knowledge and b	or those persons directly responsible for galleting the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	
PHONE NUMBER	PHONE	CODE		16/Va	ではくか!		the system,	persons who manage	inquiry of the person or	to assure that the qualified personnel property gather and evaluate the information submitted. Based on my inquity of the person or persons who manage the system, submitted Based on my inquity of the person or persons who manage the system is the information.	Scott Jeffers Acting W/W Utilities Superintendent
3	586-0393	907	ŢŢ		2	C	ere tem designed	and all attachments w ccordance with the sys	law that this document tion or supervision in a	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	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
n	TEI EDHONE		* * *	****	****	****	***	****	** ** *	REQUIREMENT	
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i id	2 TIMES									PERMIT	
	1/180		***	****	*****	****	***	****	****	MEASUREMENT	
	AND									SAMPLE	
	MAY-OCT		ML100	DAILY MAX	*****	****	***	****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	ONCE/MO			REPORT						PERMIT	31616 1 0 0
+	1/30		1		****	****	***	****	****	MEASUREMENT	M-FC BROTH, 44.5 C
	·	0	(13)	1.0				:		SAMPLE	COLIFORM, FECAL MF
			SLIND	MAXIMUM	AVERAGE	MINIMUM	STINU	MAXIMUM	AVERAGE		
SAMPLE TYPE	FREQUENCY OF ANALYSIS	E S		RATION	QUALITY OR CONCENTRATION	QUAL		OADING	QUANTITY OR LOADING		PARAMETER
	12	2008	70	1	12	2008	FROM	ntendent	WW Utilities Superi	Scott Jeffers, Acting WW Utilities Superintendent	ATT:
DAY	MO	YEAR		DAY	MO	Æ		•	99801	JUNEAU ALASKA 99801	I OCATION:
		RIOD	MONITORING PERIOD	MONITO				ANT	301 TREATMENT PL	JUNEAU, ALASKA 99801	EACTI TIV:
DISCHARGE NOMBER	Discr				NOMBER	PERMIT NUMBER				155 SOUTH SEWARD,	ADDRESS:
REC-1	200				321-3	AK-002321-3			3OROUGH OF	JUNEAU, CITY AND BOROUGH OF	NAME:
							1			the state of the s	

TYPED OR PRINTED Including the position of any VIOLATIONS

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

(Reference all attachments here)

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

						COMMENT		AVE	M N	MAX		SAT		TUI - U	<u> </u>	1 S	202	2 9	SAT	5	¥100		Z Z	000	SAI	2 7	E HO	VIII C		1 2	SON	SAT	FRI	THU	WED	JUE	MON	SUN	SAT	FR	VVE C	I OFF	1 10 2	N N	2	DAY	\dashv		EPA REPORT	
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