

NPDES ID(s): AKG572033
 State: AK
 Major/Minor Indicator:
 Violation Date: 01/01/2019 - 12/18/2019
 Violation Type(s):

Environmental Protection Agency Integrated Compliance Information System Violations Report

Created Date: 09/15/2010
 Refresh Date: 12/19/2019
 Report Version 1.5, Modified: 1/4/2017

AKG572033

Permittee Name:	North Slope Borough	Primary SIC Code:	4952	Permit Issued:	08/14/2017
Permittee Address:	PO Box 350 Barrow, AK 99723	Primary SIC Desc:	Sewerage Systems	Permit Effective:	10/01/2017
Major/Minor Indicator:	Minor	Primary NAICS Code:		Permit Expired:	09/30/2022
Compliance Track Status:	On	Primary NAICS Desc:		Permit Status:	Effective
DMR Non Receipt Flag:	On	Cognizant Official:	Robert Shears		
RNC Tracking Flag:	On	Cognizant Offcl. Ph.:	907-852-0489		
		Receiving Body:	unnamed pond		

Facility Information

Facility Name:	NUIQSUT WWTF	County:	North Slope	FRS ID:	110028072895
Facility Location:	CITY OF NUIQSUT NUIQSUT, AK 99789	Region:	10	Federal Facility Ownership:	N
		State-Region:		Type of Ownership:	State Government

Effluent Violations

Violation Code	Monitoring Period End Date	Limit Set	Parameter	Mon. Loc.	Seas. ID	SNC Group	EA Identifier	Value Type/ Stat. Base	Reported Value/Units	% Exceed.	Limit Value/ Units	RNC Det. Code/ RNC Det. Date	RNC Res. Code/ RNC Res. Date
E90	09/30/2019	001-A	50050 - Flow, in conduit or thru treatment plant	1	0			Q2 DAILY MX	29,541 gal/d	6%	<=28,000 gal/d		
E90	07/31/2019	001-A	50050 - Flow, in conduit or thru treatment plant	1	0			Q2 DAILY MX	32,468 gal/d	16%	<=28,000 gal/d		
E90	06/30/2019	001-A	50050 - Flow, in conduit or thru treatment plant	1	0			Q2 DAILY MX	35,438 gal/d	27%	<=28,000 gal/d		
E90	04/30/2019	001-A	00310 - BOD, 5-day, 20 deg. C	1	0	1		C2 MO AVG	31.3 mg/l	4%	<=30 mg/l		
E90	04/30/2019	001-A	00530 - Solids, total suspended	1	0	1		C2 MO AVG	30.6 mg/l	2%	<=30 mg/l		
E90	04/30/2019	001-A	00530 - Solids, total suspended	W	0	1		Q1 WKLY AVG	48 lb/d	336%	<=11 lb/d		
E90	04/30/2019	001-A	50050 - Flow, in conduit or thru treatment plant	1	0			Q2 DAILY MX	30,382 gal/d	9%	<=28,000 gal/d		

**Environmental Protection Agency
Integrated Compliance Information System
Violations Report**

Created Date: 09/15/2010
Refresh Date: 12/19/2019
Report Version 1.5, Modified: 1/4/2017

DMR Violation Codes

Violation	Violation Code	Violation Indicator Type
DMR Non-Receipt Violation	D80	DMR, Monitor Only - Overdue
	D90	DMR, Limited - Overdue
Effluent Violation	E90	DMR, Limited - Numeric Violation

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	3.9	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.78	2.81	lb/d	*****	17.4	17.4	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	314	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.8	*****	lb/d	*****	17.4	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.42	*****	7.57	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.7	2.7	lb/d	*****	17	17	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	340	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Division Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	12/21/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	2.7	*****	lb/d	*****	17	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	26490	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.7	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.5	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Division Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	12/21/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	4.47	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.66	3.67	lb/d	*****	21.8	21.8	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	401	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.7	*****	lb/d	*****	21.8	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.63	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.8	3.8	lb/d	*****	22.9	22.9	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	400	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Division Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	3/18/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	3.9	*****	lb/d	*****	22.9	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	23462	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.03	.44	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	15	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.6	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Division Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	3/18/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
different)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	4.69	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.69	3.7	lb/d	*****	23.7	23.7	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	277	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.7	*****	lb/d	*****	23.7	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	8.14	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.1	4.1	lb/d	*****	26.5	26.5	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	360	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	14/17/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	4.1	*****	lb/d	*****	26.5	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	23162	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.06	.37	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	33	33	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.4	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.6	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	14/17/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT) NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.92	4.93	lb/d	*****	31.3	31.3	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	392	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.36	*****	lb/d	*****	7.55	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.36	*****	7.55	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	4.8	4.8	lb/d	*****	30.6	30.6	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	365	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	15/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

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

The lab values for BOD and TSS were over the 30 mg/L limit by less than 1.5 mg/L. Continued attention to the WWTP process is expected to bring this plant back in compliance. The flow violation is attributed to a flow meter error.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	48	*****	lb/d	*****	30.6	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	30382	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.06	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	46	46	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.6	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	15/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

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

The lab values for BOD and TSS were over the 30 mg/L limit by less than 1.5 mg/L. Continued attention to the WWTP process is expected to bring this plant back in compliance. The flow violation is attributed to a flow meter error.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
different)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	4.23	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.84	.85	lb/d	*****	4.6	4.6	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	214	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.8	*****	lb/d	*****	4.6	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.78	*****	7.44	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.5	1.5	lb/d	*****	8	8	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	330	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE		DATE	
Brett Goodwin/ Manager				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	
TYPED OR PRINTED		AREA Code	NUMBER			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	1.5	*****	lb/d	*****	8	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	27854	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.11	.42	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		See Permit	Grab
51040 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		See Permit	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.9	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.6	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE		DATE	
Brett Goodwin/ Manager				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	
TYPED OR PRINTED		AREA Code	NUMBER			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	3.89	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.52	5.54	lb/d	*****	27.3	27.3	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	324	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.5	*****	lb/d	*****	27.3	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.63	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	3.3	3.3	lb/d	*****	16.5	16.5	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	310	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	7/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

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

The three flow violations were caused by tank overflows on water plant startup. The overflows went to the wastewater collection system exceeded the daily flow limit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	3.3	*****	lb/d	*****	16.5	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	35438	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.46	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	#/100mL		See Permit	Grab
51040 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		See Permit	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.6	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.7	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	7/16/2019
TYPED OR PRINTED				AREA Code	NUMBER

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

The three flow violations were caused by tank overflows on water plant startup. The overflows went to the wastewater collection system exceeded the daily flow limit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	3.25	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.2	1.2	lb/d	*****	7	7	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	257	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.2	*****	lb/d	*****	7	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.6	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.9	.9	lb/d	*****	5.3	5.3	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	535	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE		DATE	
Brett Goodwin/ Manager				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	
TYPED OR PRINTED		AREA Code	NUMBER			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The flow violations were caused by a leaking fixture at a commercial service

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	.9	*****	lb/d	*****	5.3	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	32468	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.08	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	86.2	86.2	#/100mL		See Permit	Grab
51040 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		See Permit	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	86.2	86.2	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.3	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	8/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The flow violations were caused by a leaking fixture at a commercial service

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	4.19	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1	1	lb/d	*****	5.1	5.1	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	239	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1	*****	lb/d	*****	5.1	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	1.1	1.1	lb/d	*****	5.5	5.5	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	445	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE		DATE	
Brett Goodwin/ Manager				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	
TYPED OR PRINTED		AREA Code	NUMBER			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	1.1	*****	lb/d	*****	5.5	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	27425	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.06	.21	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	#/100mL		See Permit	Grab
51040 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		See Permit	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.9	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.8	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE		DATE
Brett Goodwin/ Manager				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489
TYPED OR PRINTED		AREA Code	NUMBER			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	4.34	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.1	4.1	lb/d	*****	17.6	17.6	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	536	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.1	*****	lb/d	*****	17.6	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.1	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	6.5	6.5	lb/d	*****	28	28	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	692	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	0/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

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

This flow violation is the result from one older pump of the two existing effluent pumps had tripped. The result was that treated effluent spilled onto the tundra outside of the plant and the plant was over the daily maximum amount by around 1,500 gallons. The pump was restored to service upon operator discovery and back in service.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	6.5	*****	lb/d	*****	28	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	29541	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.09	.36	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	117.8	117.8	#/100mL		See Permit	Grab
51040 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		See Permit	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	48.8	48.8	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.7	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	0/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

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

This flow violation is the result from one older pump of the two existing effluent pumps had tripped. The result was that treated effluent spilled onto the tundra outside of the plant and the plant was over the daily maximum amount by around 1,500 gallons. The pump was restored to service upon operator discovery and back in service.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	3.99	*****	*****	mg/L		Monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.5	2.5	lb/d	*****	26.2	26.2	mg/L		Monthly	Composite Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	302	*****	mg/L		Monthly	Composite Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.5	*****	lb/d	*****	26.2	*****	mg/L		Monthly	Composite Grab
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	2.7	2.7	lb/d	*****	29	29	mg/L		Monthly	Composite Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	360	*****	mg/L		Monthly	Composite Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE		DATE	
Brett Goodwin/ Manager				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	
TYPED OR PRINTED		AREA Code	NUMBER			MM/DD/YYYY	

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

The flow violations were attributed to the back up power supply (water cooled) genset, rising Nano filters, and a possible I&I event.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	2.7	*****	lb/d	*****	29	*****	mg/L		Monthly	Composite Grab
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	13791	gal/d	*****	*****	*****	*****		Five per Week	Measured
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.33	.81	mg/L		Three per Week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.1	4.1	#/100mL		Monthly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.3	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.9	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	Brett Goodwin		TELEPHONE	DATE
Brett Goodwin/ Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(907)852-0489	1/18/2019
TYPED OR PRINTED				AREA Code	NUMBER

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

The flow violations were attributed to the back up power supply (water cooled) genset, rising Nano filters, and a possible I&I event.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		*****		*****		*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****		*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		*****		*****		*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MN	*****	9 DAILY MX	SU		Three per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 MO AVG	14 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Monthly	Composite Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: North Slope Borough
ADDRESS: PO Box 350
Barrow, AK 99723
FACILITY: NUIQSUT WWTF
LOCATION: CITY OF NUIQSUT
NUIQSUT, AK 99789
ATTN: Robert Shears

AKG572033	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 99789
MINOR

Discharge to unnamed pond
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****		*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	Composite Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	28000 DAILY MX	gal/d	*****	*****	*****	*****		Five per Week	Measured
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Three per Week	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	800 DAILY MX	#/100mL		Monthly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
W=Average Weekly Effluent Limits