JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

January 2016

											Jan	uary 20	16					J	uneau, A	Alaska			
		WEAT		FLOWS			1	NFLUEN	T					Effluent									
ĎĄŶ	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP	рH	D.O. mg/L	T.S.S. mg/L	T.S.S.	BOD mg/L	BOD	TEMP °C	рH	D.O. mg/L	T.S.S.	T.S.S.	BOD mg/L	BOD	Effluent FG /100 ml	Effluent Entero /100 ml	Channel FC /100 ml	Channel Entero /100 ml	Effluent Ammonia mg/L
SUN	3	34.3	0.78	0.79															/=00 1111	/200 1111	7400	7200 1111	Migra
MON	4	28.1	0.00	0.69	9.1	7.6	6.5					8.7	7.3	5.0									
TUE	5	25.4	0.00	0.63	8.9	7.4	5.6	268.0	1410.4	210.0	1105.1	9.4	7.1	4.6	1.0	5.3	0.5	2.6	1.0				4.7
WED	6	31.0	0.00	0.66	9.0	7.5	5.5	98.0	538.6	120.0	659.5	9.3	7.1	4.8	1.0	5.5	0.5	2.7					
THU	7	25.4	0.00	0.57	9.0	4.4	5.2					9.6	7.2	4.7									
FRI	8	26.8	0.00	0.67	9.0	7.5	5.5					11.2	7.1	5.6									
SAT	9	35.3	0.20	0.82																			
SUN	10	36.5	0.28	0.74																			
MON	11	38.5	0.16	1.06	8.6	7.4	6.5					9.4	7.1	4.5									
TUE	12	39.7	0.52	0.90	9.2	7.5	6.5	86.0	647.7	80.0	602.5	7.0	7.0	5.3	1.0	7.5	0.5	3,8					
WED	13	37.8	0.10	1.14	9.7	7.4	5.5	146.0	1388.1	120.0	1140.9	9.2	6.9	5.2	1.0	9.5	3.2	30.4	2.0		2.0		
THU	14	39.1	0.70	1.60	8.3	7.5	8.6					9.3	7.1	6,5									
FRI	15	35.5	0.75	0.98	6.7	7.5	7.6					9.3	7.1	6.5									
SAT	16	37.4	0.02	0.76																-			
SUN	17	40.2	0.00	0.66																			
MON	18	37.3	0.13	0.87	8.6	7.4	6.3					9.0	7.1	4.4							-	-	
TUE	19	36.8	0.03	0.76	9.8	7.5	6.5	224.0	1419.8	200.0	1267.7	9.0	7.1	4.8	2.0	12.7	2.9	18.4	1.0				
WED	20	39.7	0.08	0.68	9.0	7.4	4.6	328.0	1865.6	250.0	1422.0	9.4	7.1	5.1	2.9	16.5	3.5	19.9	1.0				
THU	21	37.8	0.02	0.98	8.4	7.4	4.8					9.7	7.2	2.7	2.0	10.0							
FRI	22	39.1	0.51	0.91	9.3	7.9	4.8					9.4	7.1	6.5		-							
SAT	23	35.5	0.41	1.18														1					
SUN	24	37.4	0.46	2.59																			
MON	25	40.2	0.65	2.18	8.6	7.4	8.0					8.1	7.1	4.8				-					
TUE	26	37.3	1.28	2.06	9.8	7.4	8.7	100.0	1719.7	64.0	1100.6	7.9	6.9	5.9	2.0	34.4	2.2	37.8	13.0				
WED	27	36.8	0.47	2.14	9.2	7.4	7.8	45.0	802.4	45.0	802.4	8.4	7.0	5.0	6.0	107.0	6.0	107.0					
THU	28	37.5	1.02	1.77	9.2	7.5	7.2					8.3	7.0	5.7		10.10	0.0	101.0					
FRI	29	39.3	0.49	0.99	9.0	7.6	7.0					8.5	7.0	5.2									
SAT	30	40.3	0.01	0.86																			
TOTAL	^		9.07	30.63		113121212		111111111111111111111111111111111111111			:::::::::::::::::::::::::::::::::::::::						1000000	5000000				140011100	
MUMIXAM		40.3	1.28	2.59	9.8	7.9	8.7	328.0	1865.6	250.0	1422.0	11.2	7.3	6.5	6.0	107.0	6.0	107.0	13.0	0	2.0	0	4.7
MINIMUM		25.4	0.00	0.57	6.7	4.4	4.6	45.0	538.6	45.0	602.5	7.0	6.9	2.7	1.0	5.3	0.5	2.6	1.0	0	2.0	0	4.7
AVERAGE*		35.9	0.32	1.09	8.9		6.4	161.9	1224.0	136.1	1012.6	9.0	14400	5.1	2.1	25	2.4	27.8	2.3	0	2.0	0	4.7
ber Of Analys	ses	28	28	28	20	20	20	8	8	8	8	20	20	20	8	8	Z.,	8	4	0.000	ARRON COOR	Ó	10000

Ammonia	mg/L	Copper	ug/L	Toxicity
1/5/2016	4.7	1/5/2016	4.9	
Salinity	mg/L	Temp	pH	Toxicity

85	%
B.O.D.	98.2
S.S.	98.7

Weekly TSS,BOD	TSS		BOD		Weekly
Aver.	mg/l	Ibs	mg/J	lbs	Geo Mean
WEEK1	1.0	5.4	0.5	2.7	1.0
WEEK2	1.0	8.5	1.9	17.1	2.0
WEEK3	2.5	14.6	3.2	19.1	1.0
WEEK4	4.0	70.7	4.1	72.4	13.0
MAX	4.0	70.7	4.1	72.4	13.0

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 1/1/2016

5

TO

1/31/2016

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	*****	11.2				
1 - Final Effluent 00010	1 CI IIII	*****	****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.7	*****	6.5				
1 - Final Effluent 00300	1 Climit	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	27.8	107.0		*****	2.4	6.0				
1 - Final Effluent 00310	1 CI IIIIC	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	1012.6	*****		*****	136.1	*****				
G - Influent 00310	I CI IIII	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	72.4		*****	4.1	*****				
W - See Comments 00310		*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

	I certify under penalty of law that this document and all attachments were	1 1	TELEPHONE	DATE
Sim WESTLOTT	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	STGNATURE OF PRINCIPAL EXECUTIVE	907. E60393	16/2
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMI

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

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LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 1/1/2016

TO

1/31/2016

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	*****	*****		6.9	*****	7.3				
1 - Final Effluent 00400	1 CI IIIIC	*****	****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	24.8	107.0		*****	2.1	6.0				
1 - Final Effluent 00530	1 CI IIII	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	1224.0	*****		*****	161.9	*****				
G - Influent 00530	I CI IIIIC	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	*****	70.7		*****	4.0	*****				
W - See Comments 00530		*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	4.7	4.7				
1 - Final Effluent 00610	1 CI IIIIC	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
Jim WESTLOTT	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907. \$E6.4593	16/2/12
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 1/1/2016

TO 1/31/2016

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	4.7	*****				
W - See Comment 0061	1 01 11110	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable	Sample meas.	*****	*****		*****	*****	4.9				
1 - Final Effluen 0111:	1 Climic	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow	Sample meas.	1.09	2.59		*****	*****	*****				
1 - Final Effluen 5005		2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci	Sample meas.	*****	*****		*****	*****	0.0				
1 - Final Effluen 6121		*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	2.3	13.0				
1 - Final Effluen 7405	1 Clinic	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	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	STENATI IDE DE DEINICIDAL EVECUTIVE	TELEPHONE 907. SEGUSPS	16/2//2
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 1/1/2016

1/31/2016

NO DISCHARGE:

Parameter		Ougutitu	u I andius	II. it.	1 0 1					No Discining.	
i ai ainetei		Quantity (or Loading	Units	Qual	ity or Concentra	Marian Company	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	*****	*****		*****	13.0	*****				
W - See Comments 74055	1 CI IIII	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		98.2	*****	*****				
K - Percent Removal 81010		****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98.7	*****	*****				
K - Percent Removal 81011		*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS:			
W = weekly average;			

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617

Attach an explanation of any violations. Reference all attachments below.

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Im WESTEUTT	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907. SE6.4393	16/2/	12
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID	

CONTACT NAME: Mark Mow

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 155 S. Seward Street

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 1/1/2016

1/31/2016

PERMIT NUMBER: AK0023213

MONITORING POINT: 003 (N11.2) (Q) Sta C

Juneau, AK 99801

NO DISCHARGE:

X

Parameter		Quantity o	or Loading	Units	Quality or Concentration		Units	No.	Frequency of		
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	3.48
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 Q	1 CI IIII	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.				*****						
1 - Final Effluent 00530 Q	I CI IIII	Report monthly average	Report daily maximum	lbs/day	****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	*****	*****		*****						
1 - Final Effluent 31616 Q	Dormit	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 Q		*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 Q	1 Clinic	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
COMMENTS:											

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TYPED OR PRINTED	Anowledge 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.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

MONITORING POINT: 002 (N-11) (P) Sta AE

Juneau, AK 99801

MONITORING PERIOD: 1/1/2016

1/31/2016

NO DISCHARGE:

X

Parameter		Quantity o	or Loading	Units	Qua	Quality or Concentration		Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	2014
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 P	1 Clinic	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids 1 - Final Effluent	Sample meas. Permit	report	report	lbs/day	*****	report	report	mg/l		When Discharging	Grab
00530 P	reqmt.	monthly average	daily maximum			monthly average	maximum monthly average				
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	*****	*****	3 13 15	*****						
1 - Final Effluent 31616 P	Donmit	*****	****		****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 P	Permit	*****	report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****		181		
1 - Final Effluent 81381 P		*****	Report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
COMMENTS:											

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TYPEN OR PRINTEN	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

CONTACT NAME: Mark Mow

PERMIT NUMBER: AK0023213

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

FACILITY:

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 1/1/2016

TO 1

1/31/2016

MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

X

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 R	I CI IIII	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.				*****						
1 - Final Effluent 00530 R	1 CI IIIIC	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	*****	*****		*****				-		,
1 - Final Effluent 31616 R	Permit reqmt.	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.				*****	*****	*****				
1 - Final Effluent 50050 R	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 R	I CI IIII	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading
COMMENTS:	9									2	

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TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID