

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

March 2016

DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFLUENT MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Effluent Fecal	Channel Fecal	Effluent Enteric	Channel Enteric
SUN	28	41	0.16	1.19																
MON	29	38	0.68	0.76	10.0	7.4	6.7													
TUE	1	35	0.00	0.70	11.1	7.4	5.3	193	1128.3	240	1403.1	4.6	2	14	4	23	1			
WED	2	40	0.00	0.63	9.7	7.6	4.7	264	1380.5	230	1202.7	4.8	1	5	4	21				
THU	3	40	0.00	0.60	10.0	7.5	3.6													
FRI	4	43	0.00	0.57	10.5	7.6	3.8													
SAT	5	42	0.10	0.58																
SUN	6	43	0.00	0.61																
MON	7	40	0.00	0.74	10.6	7.4	4.2													
TUE	8	40	0.29	0.64	9.4	7.4	7.7	320	1697	390	2069	4.5	4	21	5	27				
WED	9	39	0.03	0.68	9.7	7.5	5.0	180	1027	250	1426	6.8	1	6	3	17				
THU	10	39	0.00	0.65	9.3	7.3	4.8													1
FRI	11	43	0.90	0.65	7.6	7.3	4.2													
SAT	12	42	T	0.56																
SUN	13	39	0.00	0.54																
MON	14	38	0.00	0.96	9.5	7.5	1.4													
TUE	15	39	0.08	0.67	10.2	7.4	3.4	265	1483	310	1735	4.9	1	6	4	22	1			
WED	16	38	0.60	0.55	9.8	7.5	4.9	184	838	200	911	6.8	8	36	9	41				
THU	17	40	0.26	0.55	9.9	7.5	4.5													
FRI	18	41	0.00	0.56	10.4	7.4	1.1													
SAT	19	43	0.00	0.54																
SUN	20	47	0.00	0.57																
MON	21	47	0.00	0.55	11.2	7.4	3.7													
TUE	22	45	T	0.54	11.6	7.4	4.3	260	1177	320	1449	5.9	4	18	6	27	2			
WED	23	44	T	0.55	10.7	7.3	3.2	188	855	260	1182	3.6	4	18	6	27				
THU	24	43	0.01	0.54	10.7	7.3	3.9													
FRI	25	44	T	0.64	11.6	7.4	1.6													
SAT	26	42	0.30	0.79																
SUN	27	42	0.40	0.66																
MON	28	42	0.21	1.41	10.5	7.3	4.3													
TUE	29	45	1.01	1.12	10.6	7.4	8.4	45	422	80	750	5.2	4	37	5	47	30			
WED	30	47	0.35	0.75	9.7	7.4	6.6	118	741	100	628	5.2	1	6	5	31				
THU	31	50	0.00	0.61	11.1	7.2	5.1													
FRI	1	47	0.00	0.76	10.9	7.4	1.9													
SAT	2	45	0.23	0.62																
TOTAL			5.61	24.02																
MAXIMUM		50	1.01	1.41	11.6	7.6	8.4	320	1697	390	2069	6.8	8	37	9	47	30	1	1	1
MINIMUM		35	0.00	0.54	7.61	7.21	1.09	45	422	80	628	3.6	1	5	3	17	1	1	1	1
AVERAGE		42	0	0.69	10.3	7.4	4.3	202	1075	238	1276	5.0	3	17	5	28	2	1	1	1
Number of Analyses		35	31	35	25	26	25	111	10	10	10	25	10	10	10	10	5	1	1	1

COO % REMOVAL	TSS % REMOVAL	Ammonia as N	Toxicity February 2016
98	98	8	5

Weekly	TSS		BOD		Weekly
	mg/l	lbs	mg/l	lbs	
TSSBOD	Aver	2	10	4	Collform
	WEEK 1	3	13	4	Geo Mean
	WEEK 2	5	21	7	1
	WEEK 3	4	18	6	2
	WEEK 4	3	22	7	30
	WEEK 5	5	22	7	30
	MAX	5	22	7	30

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

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: AK-0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 3/1/2016

TO 3/31/2016
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	13.5		0		
	Permit reqmt.	*****	*****		*****	Report daily maximum	DEG.C	0	5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.6	6.8		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	17 daily maximum	mg/l	0	5X Weekly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	28	47	lbs/day	*****	9		0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	60 daily maximum	mg/l	0	Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) G - Influent 00310	Sample meas.	1276	*****		*****	238		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	mg/l	0	Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	*****	39	lbs/day	*****	7		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	mg/l	0	Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GRIEKO TEMPEL SENIOR OPERATOR TYPED OR PRINTED	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			907.586.0393	16/04/13
		AREA NUMBER	Y M D	

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801


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PERMIT NUMBER: AK-0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 3/1/2016

TO 3/31/2016
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
pH	Sample meas.	*****	*****	6.9	*****	*****	0		
	Permit reqmt. 00400	*****	*****	6.5 minimum	*****	S.U.	0	5X Weekly	Grab
Total Suspended Solids	Sample meas.	17	37	*****	3	8	0		
	Permit reqmt. 00530	690 monthly average	1,380 daily maximum	*****	30 monthly average	60 daily maximum	0	Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	1075	*****	*****	202	*****	0		
	Permit reqmt. 00530	report monthly average	*****	*****	report monthly average	*****	0	Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	*****	22	*****	5	*****	0		
	Permit reqmt. 00530	*****	1,035 weekly average	*****	45 weekly average	*****	0	Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	8	8	0		
	Permit reqmt. 00610	*****	*****	*****	14 monthly average	30 daily maximum	0	Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GRIEKO TEMPEL SENIOR OPERATOR	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 907.586.0593	DATE 16/04/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER 	AREA NUMBER	Y M D Y M D

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Samantha Stoughtenger
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 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK-0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 3/1/2016

TO 3/31/2016
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	*****		0		
	Permit reqmt.	*****	*****		*****	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	N/A				
	Permit reqmt.	*****	*****		*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow	Sample meas.	0.69	1.4	MGD	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum		*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	N/A				
	Permit reqmt.	*****	*****		*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	30		0		
	Permit reqmt.	*****	*****		*****	800 daily maximum	cts/100 ml		Weekly	Grab

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OFFICER OR AUTHORIZED AGENT	TELEPHONE 907.586.0393	DATE 16/04/13
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GRIEKO TEMPEL SEMIOL OPERATOR		AREA NUMBER Y M D Y M D	

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

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: AK-0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 3/1/2016

TO 3/31/2016
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Fecal Coliform W - See Comments 74055	*****	*****		*****	30		0		
	*****	*****		*****	400 weekly average	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	*****	*****		98	*****		0		
	*****	*****		85 minimum percent removal	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	*****	*****		98	*****		0		
	*****	*****		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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GRIEGO TEMPEL SENIOR OPERATOR	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 907.586.2593	DATE 16/04/12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801
 FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Biochemical Oxygen Demand (BOD5)	report monthly average	report daily maximum	lbs/day	***** report monthly average	report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	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	***** report monthly average	***** report daily maximum		***** report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	***** report daily maximum	report daily maximum	MGD	***** report daily maximum	*****			When Discharging	Recorded
Duration of Discharge	***** Report daily maximum	Report daily maximum	min/day	***** Report daily maximum	*****			When Discharging	Recorded

COMMENTS:

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARK J. MOW / SA. 00550774	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 907-796-2525	DATE 4/9/16
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA NUMBER Y M D 4 9 16	

Alaska Department of Environmental Conservation Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801
 FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Biochemical Oxygen Demand (BOD5)	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
Total Suspended Solids	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	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
Flow	*****	Report daily maximum	MGD	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	*****	report daily maximum	min/day	*****	*****	*****		When Discharging	Recorded
COMMENTS:									

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>MARK J. MOW FOR. OPERATOR</i> TYPED OR PRINTED	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Mark J. Mow</i> 907-790-2525	TELEPHONE 907-790-2525 DATE 4/4/16
		AREA NUMBER Y M D	

Alaska Department of Environmental Conservation Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Biochemical Oxygen Demand (BOD5)	Report monthly average	Report daily maximum	lbs/day	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	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	Report monthly average	Report daily maximum	cts/100 ml	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Report monthly average	Report daily maximum	MGD	Report monthly average	Report daily maximum			When Discharging	Recorded
Duration of Discharge	Report monthly average	Report daily maximum	min/day	Report monthly average	Report daily maximum			When Discharging	Instantaneous Reading

COMMENTS:

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

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
MARK J. MOW / SR. OPERATOR	907-790-2525	4/14/16
TYPED OR PRINTED	AREA NUMBER	Y M D

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.

Signature: Mark J. Mow
 907-790-2525
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT