

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

May 2016

Juneau, Alaska

WEATHER		FLOWS			INFLUENT							Effluent									
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D T/L EFFL MGD	TEMP °C	pH	D.O. mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	FECAL Coliform /100 ml	Channel Fecal /100 ml	Enterro Fecal /100 ml
SUN	1	46.5	0.58	2.11																	
MON	2	47.9	1.73	1.95	11.1	7.1	8.4					11.5	6.6	3.6							
TUE	3	47.0	0.46	1.00	11.0	7.2	7.9	124	1029	120	996	11.1	6.8	5.4	5	41	4	33	1		
WED	4	44.3	0.02	1.40	11.6	7.2	6.4	46	537	86	1004	11.6	6.8	5.2	1	12	3	37			
THU	5	44.4	0.96	1.76	9.4	7.3	8.2					11.8	6.7	5.9							
FRI	6	46.4	1.35	3.23	10.6	7.3	8.6					12.4	6.6	7.8							
SAT	7	46.0	1.15	1.30																	
SUN	8	49.3	M	0.94																	
MON	9	48.0	0.00	0.82	11.3	7.1	5.2					12.1	6.8	6.2							
TUE	10	50.6	0.04	0.76	11.7	7.1	5.1	200	1266	230	1456	12.4	6.7	6.3	5	30	5	32	1	1	10
WED	11	56.6	0.00	0.79	10.9	7.4	3.2	288	1893	290	1906	12.8	6.6	4.7	6	39	6	37			
THU	12	59.7	0.00	0.77	11.6	7.2	2.4					13.8	6.9	4.1							
FRI	13	61.0	0.00	0.62	13.3	8.0	0.4					13.7	7.0	4.8							
SAT	14	60.6	0.00	0.71																	
SUN	15	59.2	0.00	0.74																	
MON	16	51.2	0.32	1.01	13.8	7.1	3.8					15.3	7.0	4.4							
TUE	17	49.4	0.41	1.01	11.9	7.2	3.9	45	380	190	1605	14.8	7.0	4.4	7	59	7	58	1		
WED	18	51.0	0.45	0.77	12.8	7.1	6.2	260	1674	360	2318	14.2	6.9	4.6	8	52	5	33			
THU	19	55.1	T	0.65	12.6	7.4	3.0					14.2	7.0	4.5							
FRI	20	57.5	M	0.64	12.6	7.3	1.1					14.7	6.9	4.5							
SAT	21	59.3	M	0.65																	
SUN	22	55.0	M	0.73																	
MON	23	52.6	0.00	0.83	15.0	7.2	3.6					14.8	7.0	4.3							
TUE	24	52.3	0.02	0.74	15.0	7.3	3.5	240	1473	370	2271	15.6	7.2	5.2	1	6	5	31	8		
WED	25	50.9	0.00	0.83	14.4	7.3	2.9	195	1347	230	1588	15.6	7.2	4.5	4	30	4	28			
THU	26	51.8	0.27	0.85	13.6	7.2	1.6					15.4	7.2	4.3							
FRI	27	57.5	0.03	0.37	16.0	8.1	1.2					16.9	7.0	4.2							
SAT	28	61.1	0.00	0.76																	
SUN	29	58.2	0.00	0.64																	
MON	30	52.0	0.52	0.81	14.8	7.2	2.7					15.7	7.1	4.2							
TUE	31	53.7	0.14	0.75	15.8	7.3	3.1	86	540	170	1068	15.9	7.1	4.3	1	6	3	17	3		
TOTAL			8.45	30.90																	
MAXIMUM		61.1	1.73	3.23	16.0	8.1	8.6	288	1893	370	2318	16.9	7.2	7.8	8	59	7	58	8	1	10
MINIMUM		44.3	0.00	0.37	9.4	7.1	0.4	45	380	86	996	11.1	6.6	3.6	1	6	3	17	1	1	10
AVERAGE*		52.8	0.33	1.00	12.8		4.2	165	1127	227	1579	13.9		4.9	4	31	5	34	2	1	10
Number of Analyses		31	26	31	22	22	22	8	8	9	8	22	22	22	9	9	8	8	5	1	1

29, 30 and 31 Are not included in weekly averages.

Ammonia	mg/L	Copper	ug/L	Toxicity
05/04/16	0.170			TUc = 5
				02/24/16

85%	
B.O.D.	98
S.S.	97

Weekly TSS,BOD Aver.	TSS		BOD		Weekly Coliform Geo Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	3	27	4	35	1
WEEK2	5	35	5	34	1
WEEK3	8	55	6	46	1
WEEK4	3	18	5	30	8
MAX	8	55	6	46	8

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: AK0023213

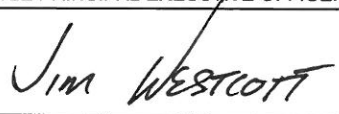
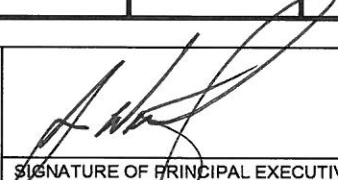
MONITORING PERIOD: 5/1/2016

TO 5/31/2016

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	*****	16.9		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.6	*****	7.8		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	34	58		*****	5	7		0		
	Permit reqmt.	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) G - Influent 00310	Sample meas.	1579	*****		*****	227	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	*****	46		*****	6	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

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
		907. 586.0393	16/6/15
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: 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

MONITORING PERIOD: 5/1/2016

TO 5/31/2016

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.6	*****	7.2		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	31	59		*****	4	8		0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids G - Influent 00530	Sample meas.	1127	*****		*****	165	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	*****	55		*****	8	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	0.17	0.17		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Jim Westcott</div>	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 907.586.0393	DATE 16/6/15
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA NUMBER	Y M D

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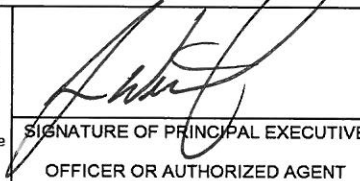
MONITORING PERIOD: 5/1/2016

TO 5/31/2016

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	0.17	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	NA		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow 1 - Final Effluent 50050	Sample meas.	1.00	3.23		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	10		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	2	8		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center; font-family: cursive; font-size: 1.2em;">  </div>	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 <div style="text-align: center; font-family: cursive; font-size: 1.2em;">  </div> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE <div style="text-align: center; font-size: 1.2em;"> 907-586-0393 16/6/15 </div> AREA NUMBER Y M D
TYPED OR PRINTED			

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

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 Juneau, AK 99801

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 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 5/1/2016

TO 5/31/2016

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	8	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		98	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		97	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS:
 W = weekly average; 29, 30 and 31 May not included in weekly averages.

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 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 OFFICER OR AUTHORIZED AGENT	TELEPHONE 907.586.0593 AREA NUMBER	DATE 16/6/15 Y M D
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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: 5/1/2016 TO 5/31/2016

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	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 Q	Sample meas.				*****						
	Permit reqmt.	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 00530 Q	Sample meas.				*****						
	Permit reqmt.	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 1 - Final Effluent 31616 Q	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 Q	Sample meas.	*****			*****	*****	*****				
	Permit reqmt.	*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 Q	Sample meas.	*****			*****	*****	*****				
	Permit reqmt.	*****	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 / SR. 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	TELEPHONE 907-790-2525 AREA NUMBER	DATE 6/1/16 Y M D
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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: 5/1/2016

TO 5/31/2016

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	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 P	Sample meas.				*****						
	Permit reqmt.	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 00530 P	Sample meas.				*****						
	Permit reqmt.	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report maximum monthly average	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C 1 - Final Effluent 31616 P	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 P	Sample meas.	*****			*****	*****	*****				
	Permit reqmt.	*****	report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 P	Sample meas.	*****			*****	*****	*****				
	Permit reqmt.	*****	Report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded

COMMENTS:

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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
<i>MARK J. MOW/SR. OPERATOR</i>	<i>Mark J. Mow.</i>	907-790-2525	6/1/16
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
 PERMIT NUMBER: AK0023213

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

MONITORING PERIOD: 5/1/2016 TO 5/31/2016
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 R	Sample meas.				*****						
	Permit reqmt.	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 00530 R	Sample meas.				*****						
	Permit reqmt.	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 1 - Final Effluent 31616 R	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 R	Sample meas.				*****	*****	*****				
	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 R	Sample meas.	*****			*****	*****	*****				
	Permit reqmt.	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading

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>MARIA J. MOW / SA 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.	TELEPHONE <i>907-790-2525</i> AREA NUMBER	DATE <i>6/1/16</i> Y M D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			