JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska June 2016

				Influent						riadita				arres and				Effi	uent			
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	рH:	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	ρΗ	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D.	Channel Enterro	Channel Fecal	FECAL Coliform /100 ml	Enterro Coliform /100 ml
SUN	29	58	0.00	0.64					1				********			*.*.*.*.*.*.*.						1.7200-1111.
MON	30	52	0.52	0.81	14.8	7.2	2.7					15.7	7.1	4.2								
TUE	31	54	0.14	0.76	15.8	7.3	3.1	86	542	170	1070	15.9	7.1	4.3	1	6	3	17			3	
WED	1	52	0.15	0.85	15.0	7.3	2.9	120	847	200	1411	16.3	7.0	4.4	1	7	2	16				
THU	2	54	0.26	0.74	14.9	7.3	3.5					16.8	7.0	4.2								
FRI	3	52	0.14	1.20	14.5	7.4	1.5					16.3	7.2	3.7								
SAT	4	53	0.78	0.80																		
SUN	5	51	0.05	1.00																		
MON	6	53	0.29	0.79	14.2	7.3	3.2					16.4	7.0	5.2								1
TUE	7	54	0.08	0.76	15.4	7.4	4.6	50	317	140	887	15.9	7.1	4.4	4	28	3	18		1	1	
WED	8	58	0.02	0.84	14.7	7.3	2.8	52	363	200	1396	16.7	7.1	5.0	4	31	3	20				-
THU	9	59	0.00	0.82	14.9	7.2	1.7					16.8	7.1	3.9				20				
FRI	10	61	0.00	0.57	13.7	7.8	0.4					17.4	7.0	4.6				-				
SAT	11	54	0.15	0.93								17.1	7.0	4.0								-
SUN	12	53	0.26	0.85																		
MON	13	53	0.40	0.74	15.0	7.1	3.2					15.7	7.0	4.2								-
TUE	14	57	T	0.77	16.3	7.1	3.5	264	1700	260	1674	16.0	6.9	4.1	5	30	3	16			2	40
WED	15	65	0.00	0.81	14.9	7.0	2.7	124	837	170	1147	16.6	6.8	4.2	5	32	4	27			2	10
THU	16	57	М	0.72	16.9	7.0	3.1		557	110	1147	17.4	6.9	4.1		52	-1	21				-
FRI	17	58	0.00	0.60	14.5	7.2	0.71					18.1	6.9	4.3								-
SAT	18	60	0.02	0.60			0.17					10.1	0.5	4.5	-							-
SUN	19	60	0.00	0.66																		-
MON	20	55	0.00	0.75	16.1	7.0	2.8					17.0	6.9	4.6						-		-
TUE	21	56	0.13	0.73	16.2	7.1	2.9	210	1275	340	2064	17.2	7.1	4.4	4	24	4	23			5	-
WED	22	62	0.02	0.80	16.3	7.1	3.1	205	1368	410	2736	17.5	7.1	4.3	4	27	5	30			5	
THU	23	63	0.00	0.61	14.7	7.2	1.1	200	1000	410	2700	18.3	7.1	3.7	-	21	3	30				
FRI	24	57	0.00	0.72	16.0	7.2	0.9					19.0	7.3	4.1								
SAT	25	55	0.30	0.99			0.0					10.0	7.0	7.1								-
SUN	26	55	0.60	0.75											+							-
MON	27	61	0.05	0.77	16.8	6.8	2.6					16.7	7.3	4.4								
TUE	28	61	0.00	0.77	16.9	7.2	3.1	410	2616	490	3126	17.5	7.3	4.4	1	6	4	27			2	
WED	29	62	0.00	0.84	14.7	7.1	1.0	235	1637	290	2020	17.7	7.2	4.7	5	33	4	29		-	3	
THU	30	59	0.20	0.68	16.2	7.2	3.5	200	1007	200	2020	17.8	7.2	4.3	3	33	4	29		-		-
FRI	1	56	0.00	1.06	15.4	7.3	0.9					18.9	7.3	4.1								-
SAT	2	59	0.70	0.73	,,,,,	1.0	0.0					10.5	1.3	4.5								-
TOTAL			5.26	23.41				********						14.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.								
MAXIMUM	E 20 1910	64.7	0.78	1.20	16.9	7.8	4.6	410	2616	490	3126	19.0	7.3	5.2	5	33	<i>E</i>	20			<u>-</u>	40
MINIMUM		51.4	0.00	0.57	13.7	6.8	0.4	50	317	140	887	15.7	6.8	3.7	1	6	5	30		1	5	10
AVERAGE	allo e	56.9	0.14	0.78	16.9		2.5	186	1218	278	1829	17.1	0.0	4.3	4	24		16		1	1	10
	If Analyses	35	33	35	25	25	2.5	100	1216	276 • • • • • • • • • • • • • • • • • • •	1029	25	25	4.3	4 : 10	24	3	23		1 :::::():::::::::::::::::::::::::::::::	2	10

BOD % REMOVAL	TSS % Removal	
99	98	

Comp Nh3	mg/L	
6/7/2016	0.390	
6/14/16	0.810	

Weekly					Weekly			
TSS,BOD	TS	SS	В	BOD				
Aver.	mg/l	lbs	mg/l	lbs	Geo. Mean			
WEEK1	1	7	3	17	3			
WEEK2	4	29	3	19	1			
WEEK3	5	31	3	22	2			
WEEK4	4	25	4	27	5			
WEEK5	3	20	4	28	3			
MAX	5	31	4	28	5			

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

June 2016

SERVICE PROPERTY.				Influent				U	uneau,	Alaska							June					
			Inches Const.	Influent				and the same of the	F		1			1	1			Effl	uent			
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	pΗ	D.O; mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	рΗ	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Channel Enterro	Channel Fecal	FECAL Coliform /100 ml	Enterro Coliform /100 ml
SUN	29	58	0.00	0.64																	.7,200,111	
MON	30	52	0.52	0.81	14.8	7.2	2.7					15.7	7.1	4.2								
TUE	31	54	0.14	0.76	15.8	7.3	3.1	86	542	170	1070	15.9	7.1	4.3	1	6	3	17			3	
WED	1	52	0.15	0.85	15.0	7.3	2.9	120	847	200	1411	16.3	7.0	4.4	1	7	2	16				
THU	2	54	0.26	0.74	14.9	7.3	3.5					16.8	7.0	4.2								
FRI	3	52	0.14	1.20	14.5	7.4	1.5					16.3	7.2	3.7								
SAT	4	53	0.78	0.80																		
SUN	5	51	0.05	1.00																		
MON	6	53	0.29	0.79	14.2	7.3	3.2					16.4	7.0	5.2								
TUE	7	54	0.08	0.76	15.4	7.4	4.6	50	317	140	887	15.9	7.1	4.4	4	28	3	18		1	1	
WED	8	58	0.02	0.84	14.7	7.3	2.8	52	363	200	1396	16.7	7.1	5.0	4	31	3	20				
THU	9	59	0.00	0.82	14.9	7.2	1.7					16.8	7.1	3.9				1.50				
FRI	10	61	0.00	0.57	13.7	7.8	0.4					17.4	7.0	4.6								
SAT	11	54	0.15	0.93																		
SUN	12	53	0.26	0.85																		
MON	13	53	0.40	0.74	15.0	7.1	3.2					15.7	7.0	4.2								
TUE	14	57	Т	0.77	16.3	7.1	3.5	264	1700	260	1674	16.0	6.9	4.1	5	30	3	16			2	10
WED	15	65	0.00	0.81	14.9	7.0	2.7	124	837	170	1147	16.6	6.8	4.2	5	32	4	27				
THU	16	57	М	0.72	16.9	7.0	3.1					17.4	6.9	4.1								
FRI	17	58	0.00	0.60	14.5	7.2	0.7					18.1	6.9	4.3								
SAT	18	60	0.02	0.60																		
SUN	19	60	0.00	0.66																		
MON	20	55	0.00	0.75	16.1	7.0	2.8					17.0	6.9	4.6								
TUE	21	56	0.13	0.73	16.2	7.1	2.9	210	1275	340	2064	17.2	7.1	4.4	4	24	4	23			5	
WED	22	62	0.02	0.80	16.3	7.1	3.1	205	1368	410	2736	17.5	7.1	4.3	4	27	5	30				
THU	23	63	0.00	0.61	14.7	7.2	1.1					18.3	7.1	3.7								
FRI	24	57	0.00	0.72	16.0	7.2	0.9					19.0	7.3	4.1								
SAT	25	55	0.30	0.99																		
SUN	26	55	0.60	0.75																		
MON	27	61	0.05	0.77	16.8	6.8	2.6					16.7	7.3	4.4								
TUE	28	61	0.00	0.77	16.9	7.2	3.1	410	2616	490	3126	17.5	7.3	4.7	1	6	4	27			3	
WED	29	62	0.00	0.84	14.7	7.1	1.0	235	1637	290	2020	17.7	7.2	4.3	5	33	4	29				
THU	30	59	0.20	0.68	16.2	7.2	3.5				700000	17.8	7.2	4.1								
FRI	1	56	0.00	1.06	15.4	7.3	0.9					18.9	7.3	4.9								
SAT	2	59	0.70	0.73																		
TOTAL	4		5.26	23.41																		
MUMIXAI		64.7	0.78	1.20	16.9	7.8	4.6	410	2616	490	3126	19.0	7.3	5.2	5	33	5	30		1	5	10
MINIMUM		51.4	0.00	0.57	13.7	6.8	0.4	50	317	140	887	15.7	6.8	3.7	1	6	2	16		1	1	10
VERAGE	Tr. 4	56.9	0.14	0.78	16.9		2.5	186	1218	278	1829	17.1		4.3	4	24	3	23		1	2	10
Number L	IF Analyses	35	33	35	25	25	25	10	10	10	10	25	25	25	10	10	Ю	10	0	111	5	f :

BOD % REMOVAL	TSS % Removal	
99	98	

Comp. Nh3	mg/L	
6/7/2016	0.390	
6/14/16	0.810	

May 29, 30, 31 and July 1, 2 data is not used to calculate June monthly average data.

25	, N	10	10	10	
Weekly					Weekly
TSS,BOD	TS	SS	B	OD	Coliform
Aver.	::::mg/l	ibs	::::mg/J	lbs	Geo. Mean
WEEK1	1	7	3	17	3
WEEK2	4	29	3	19	1
WEEK3	5	31	3	22	2
WEEK4	4	25	4	27	5
WEEK5	3	20	4	28	3
MAX	5	31	4	28	5

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:

6/1/2016

6/30/2016

NO DISCHARGE:

Parameter		Quantity (or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum	1	Minimum	Average	Maximum	1	Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	*****	19		0		
1 - Final Effluent 00010	remit	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		3.7	*****	5		0		
1 - Final Effluent 00300	I CI IIII C	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	23	30		*****	3	5		0		
1 - Final Effluent 00310	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)	Sample meas.	1829	*****		*****	278	*****		0		
G - Influent 00310	I CI IIII L	report monthly average	****	lbs/day	****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	28		*****	4.15	*****		0		
W - See Comments 00310	I CITILLE	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIP	AL EXECUTIVE OFFICER
GRIEKO	TEMPEL
SENIOR	OPERATOR
TY	PED 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 907.506.0393 AREA | NUMBER

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:

6/1/2016

6/30/2016

TO

NO DISCHARGE:

Parameter						lity or Concentr	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	act	
рН	Sample meas.	*****	*****		6.8	*****	7.3		0			
1 - Final Effluent 00400	I CI IIII	*****	****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab	
Total Suspended Solids	Sample meas.	24	33		*****	4	5		0			
1 - Final Effluent 00530	I CI IIII C	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.	1218	*****		*****	186	*****		0			
G - Influent 00530	I CI IIIIL	report monthly average	****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite	
Total Suspended Solids	Sample meas.	*****	31		*****	4.7	*****		0			
W - See Comments 00530	Permit reqmt.	*****	1,035 weekly average	lbs/day	****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite	
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	1	1		0			
1 - Final Effluent 00610	I CI IIII I	****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GRIEKO TEMPEL
SENIOR OPERATOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

907,506,0393

2016/07/13

AREA I 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:

6/1/2016

6/30/2016

TO

NO DISCHARGE:

Parameter			Quantity or Loading		Units Q		ality or Concentration		Units	No.	Frequency of	Sample Type
			Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Ammonia Nitro	gen (as N)	Sample meas.	*****	*****		*****	1	*****		0		
W - See Comments 00610		1 CI IIII C	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable		Sample meas.	*****	*****		*****	*****	N/A		N/A		
	1 - Final Effluent 01119	1 CI IIII	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow		Sample meas.	0.78	1.2		*****	*****	*****		0		
	1 - Final Effluent 50050	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	****	*****	*****			Continuous	Recorded
Enterococci		Sample meas.	*****	*****		*****	*****	10		0		
	1 - Final Effluent 61211	Permit reqmt.	*****	*****		****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform		Sample meas.	*****	*****		*****	2	5		0		
	1 - Final Effluent 74055	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GRIEND 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

907.506,03932016/07/13
AREA I NUMBER YIMID

TELEPHONE

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: 6/1/2016

6/30/2016

NO DISCHARGE:

Parameter		Quantity	or Loading	Illusia	1 0 1				-	NO DISCHARGE.	
T di dinetei			The state of the s		Quality or Concentration			Units	No.	Frequency of	Sample Type
73.00		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Fecal Coliform	Sample meas.	*****	*****		*****	5	*****		0		
W - See Comments 74055	Permit reqmt.	****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		99	*****	*****		0		
K - Percent Removal 81010	I CI IIII	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
% Removal	meas.	*****	*****		98	*****	*****		0		
K - Percent Removal 81011	Permit reqmt.	*****	*****		85 minimum percent removal	*****	****	%		Monthly	Calculation

O	M	M	E	N.I	S:	

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	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE	
GRIBNO TEMPEL SENION OPERATOR	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 PENNINAL EVEN THE	907.506,0393		/13
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

PERMIT NUMBER: AK0023213

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

Seward Street

LOCATION: 1540 Thane Rd Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

AK 99801 Juneau, AK 9

MONITORING PERIOD: 6/1/2016

TO 6/30/2016

MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: Parameter Quantity or Loading Units **Ouality or Concentration** Units No. Frequency of Sample Type Minimum **Analysis** Average Maximum Average Maximum Biochemical Oxygen Demand Sample ***** (BOD5) meas. ***** 1 - Final Effluent report lbs/day report report report mg/l When Discharging Grab Permit monthly average daily maximum monthly average daily maximum 00310 P reqmt. **Total Suspended Solids** Sample ***** meas. ***** 1 - Final Effluent report lbs/day report report report mg/l When Discharging Grab **Permit** monthly average daily maximum monthly average maximum 00530 P regmt. monthly average Coliform, fecal MF, M-FC broth, Sample ***** ***** ***** 44.5 C meas. ale ale ale ale ale ale 1 - Final Effluent ***** cts/100 ml When Discharging report report Grab Permit monthly daily maximum 31616 P regmt. geometric mean Flow Sample ***** ***** ***** ***** meas. ***** ***** ***** 1 - Final Effluent report MGD When Discharging Permit Recorded daily maximum 50050 P reqmt. Duration of Discharge Sample ***** ***** ***** ***** meas. ***** min/day ***** ***** ***** 1 - Final Effluent Report When Discharging Recorded **Permit** daily maximum 81381 P regmt. 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.

MARK T. MOW SR. OPERATOR

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 property 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

907-790-2525 7/1/16

AREA | NUMBER Y | M | D

DATE

TELEPHONE

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: 6/1/2016

TO 6/30/2016

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

NO DISCHARGE:

				y		TORING FORM.			No. of the last	NO DISCHARGE:	\overline{A}
Parameter				Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 Q	1 CI IIIIC	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	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 Q	Donnit	*****	*****		*****	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 Cimit	*****	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

MARK J. MOW SR. 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, accuirate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Mal Mow.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

707-790-2525 7/1/16

AREA | NUMBER | Y | M | D

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: 6/1/2016

TO

6/30/2016

MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE:

Parameter		Quantity o	Quantity or Loading		Qua	lity or Concentration		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		Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
	Permit	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading

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.

I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
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are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID