

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

July 2016

Juneau, Alaska

WEATHER				FLOWS			INFLUENT						Effluent									
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TITL 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	Enteric Fecal /100 ml	
Fri	1	55.9	0.00	1.06	15.4	7.3	0.9					18.9	7.3	4.9								
Sat	2	58.7	0.70	0.73																		
Sun	3	56.4	0.00	0.79																		
MON	4	60.9	0.00	0.72	15.6	7.3	2.3					16.9	7.2	4.1								
TUE	5	58.8	0.00	0.76	16.7	7.2	3.3	222	1400	380	2396	17.4	7.2	4.7	4	25	4	25	1	8	3	
WED	6	57.7	0.00	0.82	16.2	7.3	3.2	70	479	300	2054	17.6	7.3	3.9	4	27	3	17				
THU	7	64.0	0.08	0.72	17.3	7.3	1.7					17.7	7.4	4.1								
FRI	8	64.9	0.00	0.65	14.8	7.7	0.8					18.5	7.1	4.9								
SAT	9	63.8	T	0.68																		
SUN	10	59.6	0.02	0.63																		
MON	11	59.8	0.00	0.69	17.3	7.1	2.8					17.8	7.1	4.2								
TUE	12	63.3	0.01	0.76	17.5	7.1	3.3	316	1998	380	2402	18.3	7.1	4.1	1	6	4	23	3			
WED	13	60.8	0.01	0.70	17.5	7.0	2.5	50	293	130	761	18.8	7.0	4.3	1	6	3	19				
THU	14	60.7	0.03	0.66	16.0	7.2	0.9					18.7	7.2	4.0								
FRI	15	63.6	0.01	0.61	15.5	7.1	0.6					18.8	6.9	4.0								
SAT	16	64.9	0.00	0.59																		
SUN	17	66.2	0.00	0.70																		
MON	18	67.6	0.00	0.74	17.3	7.2	1.7					18.5	7.1	4.0								
TUE	19	64.0	0.00	0.68	17.1	7.2	2.2	188	1060	250	1409	19.3	7.2	4.0	1	6	3	15	1			
WED	20	61.3	0.00	0.74	17.8	7.3	2.6	72	446	360	2228	19.3	7.3	3.8	1	6	5	28				
THU	21	57.7	0.42	0.78	17.0	7.3	3.0					19.0	7.3	3.8								
FRI	22	55.5	0.44	1.12	16.1	7.7	2.3					19.0	7.1	4.3								
SAT	23	55.6	1.15	1.98																		
SUN	24	54.4	1.36	1.30																		
MON	25	55.8	0.43	1.10	16.7	7.2	3.3					15.9	7.1	5.1								
TUE	26	57.4	0.48	1.70	15.1	7.0	4.7	46	654	130	1847	16.6	6.8	4.4	5	68	4	60	7			
WED	27	56.0	1.00	3.64	15.3	7.1	4.9	146	4429	190	5763	16.1	6.8	6.1	1	30	3	76				
THU	28	59.0	2.15	1.42	15.2	7.2	7.3					15.3	6.7	4.1								
FRI	29	55.6	0.40	0.94	15.8	7.1	2.5					16.5	6.9	5.8								
SAT	30	57.0	0.02	0.78																		
SUN	31	56.3	0.00	0.82																		
TOTAL			8.71	29.99																		
MAXIMUM		67.6	2.15	3.64	17.8	7.7	7.3	316	4429	380	5763	19.3	7.4	6.1	5	68	5	76	7	8	3	
MINIMUM		54.4	0.00	0.59	14.8	7.0	0.6	46	293	130	761	15.3	6.7	3.8	1	6	3	15	1	8	3	
AVERAGE		59.8	0.29	0.97	16.3		2.7	139	1345	265	2358	17.9		4.4	2	22	3	33	2	8	3	
Index Of Analysis		3	30	3	2	2	2	8	8	8	8	2	2	2	8	8	8	8	4	1	1	1

Comp. Nh3	mg/L	Copper	µ/L
7/5/16	15.0	7/5/16	6.1

85% Removal	
B.O.D.	99
S.S.	98

Weekly					Weekly	
TSS,BOD	TSS	BOD			Coliform	
Aver.	mg/l	lbs	mg/l	lbs	Geo Mean	
WEEK1	4	26	3	21	1	
WEEK2	1	6	3	21	3	
WEEK3	1	6	4	22	1	
WEEK4	3	49	3	68	7	
MAX	4	49	4	68	7	

July 1, 2 and 31 data is not used to calculate July weekly average data

# 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: 7/1/2016

TO 7/31/2016

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.	*****	*****		*****	*****	19.3		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen  1 - Final Effluent 00300	Sample meas.	*****	*****		3.8	*****	6.1		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.	33	76		*****	3	5		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.	2358	*****		*****	265	*****		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.	*****	68		*****	4	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GRIEKA TEMPEL 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, 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 907.586.0393 AREA   NUMBER	DATE 16/08/10 Y   M   D
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# 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  
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 7/1/2016

TO 7/31/2016

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.	*****	*****		6.7	*****	7.4		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids  1 - Final Effluent 00530	Sample meas.	22	68		*****	2	5		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.	1345	*****		*****	139	*****		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.	*****	49		*****	4	*****		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.	*****	*****		*****	15	15		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GRIEKO TEMPEL</i> <i>SK. OPERATOR</i>	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 <i>907.586.0393</i>	DATE <i>16/08/16</i>
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y   M   D

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

CONTACT NAME: Samantha Stoughtenger  
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FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY  
 LOCATION: 1540 Thane Rd  
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 7/1/2016

TO 7/31/2016

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.	*****	*****		*****	15	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable  1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	6.1		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow  1 - Final Effluent 50050	Sample meas.	0.97	3.6		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci  1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	3		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform  1 - Final Effluent 74055	Sample meas.	*****	*****		*****	2	7		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  GRISIA TEMPEL SR. 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			907.586.0393	16/08/16
TYPED OR PRINTED			AREA   NUMBER	Y   M   D

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PERMIT NUMBER: AK0023213

MONITORING PERIOD: 7/1/2016

TO 7/31/2016

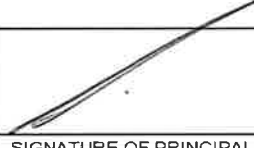
OUTFALL / MONITORING POINT: 001

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.	*****	*****		*****	7	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal  K - Percent Removal 81010	Sample meas.	*****	*****		99	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal  K - Percent Removal 81011	Sample meas.	*****	*****		98	*****	*****		0		
	Permit reqmt.	*****	*****		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  <i>GRIENK TEMPEL</i>  <i>SR. OPERATOR</i>	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  <i>907. 586. 0393</i>	DATE  <i>16/08/16</i>
TYPED OR PRINTED		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: 7/1/2016 TO 7/31/2016  
 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>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   OFFICER OR AUTHORIZED AGENT	TELEPHONE  907-790-2225  AREA   NUMBER	DATE  8/1/16  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  
 PERMIT NUMBER: AK0023213


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

MONITORING PERIOD: 7/1/2016 TO 7/31/2016  
 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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TYPED OR PRINTED MARK J. MOW/SR. OPERATOR	SIGNATURE OF PRINCIPAL EXECUTIVE  OFFICER OR AUTHORIZED AGENT	907-790-2525	8/1/16
		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: 7/1/2016 TO 7/31/2016  
 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:											

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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.	TELEPHONE  <i>907-790-2925</i>  AREA   NUMBER	DATE  <i>8/1/16</i>  Y   M   D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Mark J. Mow</i>			