

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

August 2016

DAY	DATE	Influent										Effluent									
		TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Enterro Fecal	Channel Fecal	FECAL Coliform /100 ml
SUN	31	56	0.00	0.823																	
MON	1	60	0.00	0.858	15.8	7.3	3.2					16.5	7.2	4.4							
TUE	2	58	0.00	0.872	15.8	7.1	2.5	59	429	210	1527	17.4	7.2	4.4	1	7	4	25			
WED	3	57	0.44	1.023	15.8	7.3	5.8	118	1007	140	1194	17.3	7.2	4.3	1	9	4	34	5	12	8
THU	4	60	0.10	0.774	15.8	7.3	2.5					17.8	7.1	3.8							
FRI	5	61	0.00	0.651	15.8	8.6	0.3					17.9	7.1	4.6							
SAT	6	62	0.00	0.740																	
SUN	7	63	0.00	0.622																	
MON	8	58	0.02	1.399	17.5	7.4	3.4					18.1	7.2	3.8							
TUE	9	59	1.14	0.885	16.9	7.3	4.5	52	384	130	960	18.2	7.1	4.9	1	7	2	15			1
WED	10	56	0.14	1.335	16.0	7.2	3.0	347	3863	340	3786	18.0	7.4	4.3	1	11	3	33			
THU	11	58	0.62	0.778	15.8	7.1	3.7					17.2	6.8	3.8							
FRI	12	59	0.33	1.240	15.7	7.0	1.9					18.3	6.7	4.4							
SAT	13	58	0.10	1.257																	
SUN	14	58	0.57	1.451																	
MON	15	58	0.82	1.611	16.7	7.1	5.0					16.3	6.7	4.5							
TUE	16	57	0.48	1.141	15.8	7.2	5.8	60	571	110	1047	16.6	6.7	4.7	1	10	3	32			2
WED	17	58	T	1.062	16.1	7.1	4.8	100	886	260	2303	16.7	7.0	4.5	1	9	4	34			
THU	18	56	0.21	1.199	16.5	7.1	4.3					17.2	6.8	4.4							
FRI	19	58	0.45	0.904	14.7	7.1	2.4					16.7	6.9	4.1							
SAT	20	57	0.00	0.878																	
SUN	21	58	0.00	0.792																	
MON	22	57	0.00	1.016	14.9	6.9	1.8					17.0	6.8	4.4							
TUE	23	58	0.57	1.309	15.5	7.2	4.7	176	1921	220	2402	17.1	6.8	4.2	1	11	3	31			5
WED	24	59	0.64	0.916	17.4	7.1	4.0	32	244	92	703	17.2	6.6	4.3	1	8	3	24			
THU	25	58	0.44	1.064	16.7	7.2	2.9					17.3	6.7	4.3							
FRI	26	61	0.15	1.073	16.9	7.7	3.1					17.5	6.6	4.7							
SAT	27	64	0.00	0.799																	
SUN	28	65	0.00	0.819																	
MON	29	59	0.00	0.865	17.8	7.3	3.0					17.7	6.8	4.0							
TUE	30	57	0.13	0.809	16.4	7.1	3.5	43	290	190	1282	17.4	7.0	3.8	1	7	3	22			2
WED	31	58	0.00	0.767	17.0	7.1	2.8	126	806	350	2239	17.9	6.8	3.8	1	6	5	29			
THU	1	58	17.80	0.707	16.3	7.5	2.1					17.8	7.2	3.5							
FRI	2	59	18.10	0.442	15.8	7.6	1.3					18.1	7.0	4.7							
SAT	3	58		0.717																	
TOTAL			7.35	30.91																	
MAXIMUM		65	1.14	1.61	17.8	8.6	5.8	347	3863	350	3786	18.3	7.4	4.9	1	11	5	34	5	12	8
MINIMUM		56	0.00	0.62	14.7	6.9	0.3	32	244	92	703	16.3	6.6	3.8	1	6	2	15	5	12	1
AVERAGE		59	0.25	1.00	16.2		3.4	111	1040	204	1744	17.4		4.3	1	8	3	28	5	12	3
Number Of Analyses		35	33	35	25	25	25	10	10	10	10	25	25	25	10	10	10	10	1	1	5

July 31st, Sept. 1st, 2nd and 3rd included in weekly averages only.

24 hr. Comp Ammonia	mg/L	Copper	µg/L
8/3/16	0.920	No test	
BOD % REMOVAL	TSS % Removal	Toxicity	
98	99	No test	

Weekly TSS,BOD	TSS				BOD				Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	mg/l	lbs	mg/l	lbs	
Aver.									
WEEK1	1	8	4	30					8
WEEK2	1	9	3	24					1
WEEK3	1	9	4	33					2
WEEK4	1	9	3	28					5
WEEK5	1	7	4	26					2
MAX	1	9	4	33					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

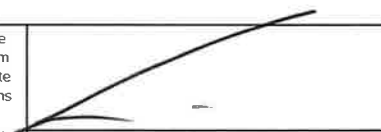
MONITORING PERIOD: 8/1/2016

TO 8/31/2016

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.	*****	*****		*****	*****	18.3		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.8	*****	4.9		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.	28	34		*****	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.	1744	*****		*****	204	*****		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.	*****	33		*****	4	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GRIEKO 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>2016/09/14</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
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

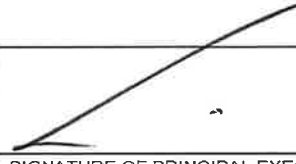
MONITORING PERIOD: 8/1/2016

TO 8/31/2016

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	*****	7.4		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	8	11		*****	1	1		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.	1040	*****		*****	111	*****		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.	*****	9		*****	1	*****		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.	*****	*****		*****	0.92	0.92		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GRIEGO 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	DATE
			907.586.6397	2016/09/14
TYPED OR PRINTED			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
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 8/1/2016

TO 8/31/2016
 NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	0.92	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	No test				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow 1 - Final Effluent 50050	Sample meas.	1.00	1.61		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	5		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	3	8		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GRIEBEL 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.	TELEPHONE DATE	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907.586.0393 2016/09/15	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
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 8/1/2016

TO 8/31/2016

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
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.	*****	*****		99	*****	*****		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>GRIANO KEMP</i> <i>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 <i>907.586.0393</i> AREA NUMBER DATE <i>2016/09/14</i> 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: 8/1/2016 TO 8/31/2016
 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)	Sample meas. 1 - Final Effluent 00310 P	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 P	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	Sample meas. 1 - Final Effluent 31616 P	***** *****	***** *****		***** *****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 P	***** *****	report daily maximum	MGD	***** *****	***** *****	***** *****			When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 P	***** *****	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 907-770-2525	DATE 9/1/16
		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: 8/1/2016 TO 8/31/2016
 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)	Sample meas. 1 - Final Effluent 00310 Q	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	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	***** *****	***** *****		***** *****	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	***** *****	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

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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
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

MARK J. MOW / SR. OPERATOR

 907-790-2325 8/1/16

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: 8/1/2016 TO 8/31/2016
 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)	Sample meas. 1 - Final Effluent 00310 R Permit reqmt.	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 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	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 Permit reqmt.	***** *****	report daily maximum	min/day	***** *****	***** *****	***** *****			When Discharging	Instantaneous Reading

COMMENTS:

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MARK J. MOW / SR. OPERATOR TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907-790-2525 AREA NUMBER	9/1/16 Y M D