

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

October 2011

DMR REPORT

DAY	DATE	WEATHER				INFLUENT				EFFLUENT							
		TEMP °F	RAIN FALL INCHES	J-D TITL EFFL MGD	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	FECAL Coliform /100 ml	Ammonia as N. mg/l 1/180 days
SUN	25	45	0.13	1.2240													
MON	26	50	0.01	1.1590													
TUE	27	48	0.02	1.1420													
WED	28	46	1.01	2.1280													
THU	29	46	0.24	1.6750													
FRI	30	45	0.35	1.2820													
SAT	1	45	0.07	0.8780													
SUN	2	40	0.00	0.8900													
MON	3	41	0.00	0.8400													
TUE	4	44	0.07	0.8810	200	1470	186	1387									
WED	5	44	0.01	0.6900													
THU	6	45	0.36	1.1830													
FRI	7	46	0.22	0.9920													
SAT	8	45	0.12	0.9250													
SUN	9	44	0.16	0.9900													
MON	10	46	0.01	0.8920													
TUE	11	44	0.03	0.9500													
WED	12	46	0.87	1.5260													
THU	13	43	0.34	1.3760													
FRI	14	42	0.12	1.1930													
SAT	15	42	0.56	1.4140													
SUN	16	43	0.04	0.9670													
MON	17	43	0.57	1.7470													
TUE	18	46	0.48	1.3980													
WED	19	41	0.30	1.0960													
THU	20	41	0.17	0.9850													
FRI	21	40	0.04	1.0240													
SAT	22	43	0.19	0.9890													
SUN	23	43	0.63	1.5870													
MON	24	44	0.10	1.1160													
TUE	25	43	1.07	2.2560													
WED	26	41	0.47	2.0300													
THU	27	41	0.37	1.7980													
FRI	28	42	0.29	1.5470													
SAT	29	42	0.56	1.9080													
TOTAL			9.72	44.77													
MAXIMUM		50	1.07	2.26	200	1470	186	1387									
MINIMUM		40	0.00	0.69	200	1470	186	1387									
AVERAGE		44	0.22	1.28	200	1470	186	1387									
Number of Analyses		35	35	35	1	1	1	1	25	25	25	25	25	1	1	1	1

Weekly	TSS		BOD		Fecal Coliform	
	mg/l	lbs	mg/l	lbs	Coliform	Coliform
WEEK1	6	44	3	20	16	8
WEEK2	6	44	3	20	16	8
WEEK3						
WEEK4						
WEEK5						
MAX	6	44	3	20	16	8

Copper	NH3	NH3	% REMOVAL	
			B.O.D.	S.S.
N/A	0.3	4.5	99	97



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

DMR Mailing ZIP CODE: 99801 \$  
 MAJOR (SUB 01)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
 PERMIT NUMBER

External Outfall  
 \*\*\* NO DISCHARGE

\*\*\*  
**001 A**  
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	YEAR
2011	9	25	2011
FROM	TO	MO	DAY
2011	9	25	2011

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. C	*****	****	*****	****	15.0		0		
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX	deg.C			
Oxygen, dissolved (DO)	*****	****	*****	****	8.0		0	WEEKDAYS	GRAB
00300 10 Effluent Gross	*****	*****	*****	*****	5.1				
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	2	mg/L	0	WEEKLY	GRAB
00310 10 Effluent Gross	*****	*****	*****	*****	DAILY MIN.				
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	3		0		
00310 10 Raw Sewage Influent	*****	*****	*****	*****	30	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	MO AVG		0		
00310 G 0	*****	*****	*****	*****	186				
Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	3		0		
00310 W 0	*****	*****	*****	*****	45	mg/L		MONTHLY	COMP24
See Comments	*****	*****	*****	*****	WKLY AVG		0		
pH	*****	*****	*****	*****	7.0				
00400 10 Effluent Gross	*****	*****	*****	*****	6.0	SU		WEEKDAYS	GRAB
Solids, Total suspended	*****	*****	*****	*****	MINIMUM				
00530 10 Effluent Gross	*****	*****	*****	*****	6		0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	*****	MO AVG	mg/L		MONTHLY	COMP24
Tom Trego	*****	*****	*****	*****	30				
W/W Utilities Superintendent	*****	*****	*****	*****	DAILY MAX				

907 AREA CODE  
 586-0393 PHONE NUMBER  
 2011 YEAR  
 10 MO  
 10 DAY

*Justin D. Meloni*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 (Reference all attachments here)

The reporting period was from **09/25/2011** through **10/29/2011**.  
 EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$  
MAJOR (SUB 01)

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE

MONITORING PERIOD		FROM		TO	
YR	MO	DAY	YR	MO	DAY
2011	9	25	2011	10	29

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended	*****	*****	*****	*****	*****	*****	0		
00530 G O	*****	*****	*****	*****	*****	*****	0		
Raw Sewage Influent	*****	*****	*****	*****	*****	*****	0		
Solids, Total suspended	44	*****	*****	*****	*****	*****	0	Monthly	COMP24
00530 W O	1035	*****	*****	*****	*****	*****	0		
See Comments	4.5	*****	*****	*****	*****	*****	0		
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	*****	0		
00610 1 0	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	*****	*****	*****	*****	*****	*****	0		
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0		
31616 1 0	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	*****	*****	*****	*****	*****	*****	0		
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0		
31616 W 0	*****	*****	*****	*****	*****	*****	0		
See Comments	*****	*****	*****	*****	*****	*****	0		
Flow, in conduit or through treatment plant	1.28	*****	*****	*****	*****	*****	0		
50050 1 0	2.76	*****	*****	*****	*****	*****	0		
Effluent Gross	*****	*****	*****	*****	*****	*****	0		
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	0		
81010 K 0	99	*****	*****	*****	*****	*****	0		
Percent Removal	85	*****	*****	*****	*****	*****	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Tom Trego								
W/W Utilities Superintendent	W/W Utilities Superintendent								
TYPED OR PRINTED	Tom Trego								
COMMENT AND EXPLANATION OF ANY VIOLATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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>Tom Trego</i>								
TELEPHONE	907 AREA CODE 586-0393								
PHONE NUMBER	586-0393								
DATE	2011 YEAR 10 MO 10 DAY								

The reporting period was from 09/25/2011 through 10/29/2011. (Reference all attachments here)

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$  
MAJOR (SUB 01)

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Tregg, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD			
YR	MO	DAY	TO
2011	9	25	
			2011
			10
			29

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, Total suspended, percent removal	*****	*****	97	*****	*****	0			
81011 K 0 0	*****	*****	85	*****	*****				
Percent Removal	*****	*****	MN % RMV	*****	*****		MONTHLY	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Tregg W/W Utilities Superintendent	TELEPHONE 586-0393	
	AREA CODE 907	PHONE NUMBER 586-0393
TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Tom Tregg</i>	YEAR 2011	DATE 10
	MO	DAY 10
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 09/25/2011 through 10/29/2011. (Reference all attachments here)		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$  
MAJOR (SUB 01)  
UPSTREAM RECEIVING WATER  
External Outfall  
\*\*\* NO DISCHARGE \*\*\*

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
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**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2011	9	25	0
2011	10	10	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			FREQ. OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	VALUE		
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	0.0	Monthly	GRAB
31616 10 Effluent Gross	*****	*****	*****	*****	*****	Req. Mon. #/ DAILY MAX ML100		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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.

(Reference all attachments here)

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Tom Trego  
W/W Utilities Superintendent

**TYPED OR PRINTED**

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**  
*Tom Trego*

**TELEPHONE**  
907 AREA CODE 586-0393

**PHONE NUMBER**

**DATE**  
2011 YEAR 10 MO 10 DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
**The reporting period was from 09/25/2011 through 10/29/2011.**