

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

December 2011

DAY	DATE	TEMP °F	WEATHER		INFLUENT				EFFLUENT									
			RAIN FALL INCHES	J-D TLE EFFL MSJD	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	Ammonia as N (lbs/day) 1/180 days
SUN	27	28	0.13	1.07														
MON	28	35	0.41	1.88					10.7	7.6	4.8							
TUE	29	34	0.02	0.94					10.8	7.4	5.1							
WED	30	38	0.92	2.80	184	5983	385	12519	11.1	7.4	5.3	9	293	6	195	15		
THU	1	35	1.13	3.80					8.0	7.2	8.5	6.9						
FRI	2	37	0.45	2.40					10.1	7.5	6.9							
SAT	3	38	0.11	1.88														
SUN	4	39	0.34	2.26														
MON	5	39	0.76	3.82					10.4	7.2	6.3							
TUE	6	31	0.01	1.26					9.1	7.3	6.2							
WED	7	29	0.03	1.00					11.1	7.3	6.1							
THU	8	35	0.38	1.77					11.3	7.3	6.5							
FRI	9	38	0.38	1.68					15.1	7.3	6.4							
SAT	10	33	0.03	1.13														
SUN	11	34	0.19	1.72														
MON	12	35	0.39	1.42					10.5	7.2	8.4							
TUE	13	34	0.01	1.08					10.2	7.3	6.0							19
WED	14	33	0.02	1.03					12.7	7.0	5.2							3
THU	15	32	0.18	1.14					10.7	7.1	5.1							
FRI	16	35	0.14	1.33					10.3	7.1	5.8							
SAT	17	32	0.01	0.90														
SUN	18	35	0.48	1.45														
MON	19	36	0.15	1.13					9.9	7.5	8.4							2
TUE	20	35	0.09	1.05					11.4	7.1	5.6							
WED	21	36	0.56	2.12					10.7	7.0	4.8							
THU	22	40	0.66	1.95					11.2	7.3	5.3							
FRI	23	38	0.51	1.82					7.7	7.0	7.2							
SAT	24	38	0.58	2.07														
SUN	25	34	0.14	1.28														
MON	26	33	0.55	1.47					9.9	7.0	5.9							2
TUE	27	32	0.10	1.07					9.6	6.9	5.7							
WED	28	32	0.08	0.96					11.0	7.2	5.5							7.2
THU	29	30	0.05	0.93					11.3	7.0	5.5							64.0
FRI	30	26	0.07	0.74					10.1	6.9	5.9							
SAT	31	30	0.02	0.75														
TOTAL			10.08	54.07														
MAXIMUM		40	1.13	3.90	184	5983	385	12519	15	7.6	8.5	9	293	6	195	46	7	64
MINIMUM		25	0.01	0.74	184	5983	385	12519	8	6.9	4.8	9	293	6	195	2	7	64
AVERAGE		35	0.324	1.67	184	5983	385	12519	11	7.2	6.0	9	293	6	195	13	7	64
Number of Analyses		35	35	35	1	1	1	1	25	25	25	1	1	1	1	7	1	1

% REMOVAL	
B.O.D.	98
S.S.	95

Weekly	TSS-300		BOD		Weekly Coliform	Geo. Meant
	Asst	mg/l	lbs	mg/l		
WEEK1	9	293	6	195	26	
WEEK2						4
WEEK3						8
WEEK4						2
WEEK5						2

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

External Outfall  
\*\*\* NO DISCHARGE

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801

AK-002921-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Tom Trego, WW Utilities Superintendent

MONITORING PERIOD			FROM		
YR	MO	DAY	YR	MO	DAY
2011	11	27	2011	11	27

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	*****	****	*****	*****	0		
00010 10	PERMIT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
00010 10	PERMIT	*****	*****	*****	*****	*****			
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	****	*****	*****	0		
00300 10	PERMIT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
BOD, 5-day, 20 deg. C	MEASUREMENT	*****	*****	*****	*****	*****			
00310 10	PERMIT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
BOD, 5-day, 20 deg. C	MEASUREMENT	*****	*****	*****	*****	*****			
00310 G O	PERMIT	*****	*****	*****	*****	*****			
Raw Sewage Influent	MEASUREMENT	*****	*****	*****	*****	*****			
BOD, 5-day, 20 deg. C	MEASUREMENT	*****	*****	*****	*****	*****			
00310 G O	PERMIT	*****	*****	*****	*****	*****			
See Comments	MEASUREMENT	*****	*****	*****	*****	*****			
00310 W D	PERMIT	*****	*****	*****	*****	*****			
See Comments	MEASUREMENT	*****	*****	*****	*****	*****			
00400 1 0	PERMIT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	*****			
00530 1 0	PERMIT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	*****	*****			
Joe Myers WW Utilities Superintendent	MEASUREMENT	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	*****	*****			
Joe Myers WW Utilities Superintendent	MEASUREMENT	*****	*****	*****	*****	*****			

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

The reporting period was from 11/27/2011 through 12/31/2011.

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)

External Outfall  
\*\*\* NO DISCHARGE

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801

AK-002321-3  
PERMIT NUMBER

001A  
DISCHARGE NUMBER

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Tom Trego, WW Utilities Superintendent

MONITORING PERIOD		
YR	MO	DAY
2011	11	27
MONITORING PERIOD		
YEAR	MO	DAY
2011	12	31

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Solids, Total suspended	SAMPLE MEASUREMENT	293	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00630 W 0 See Comments	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.0	*****	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.67	3.90	Mgal/d	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.76	6.0	Mgal/d	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Joe Meyers WW Utilities Superintendent										
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the information submitted to assure that the qualified personnel properly gather and evaluate the information. 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.										
TYPED OR PRINTED										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
The reporting period was from 11/27/2011 through 12/31/2011.										
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.										

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Joe Meyers*

907 AREA CODE  
586-0393 TELEPHONE  
PHONE NUMBER  
2012 YEAR  
1 MO  
10 DAY  
CALCTD

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)

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

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

PARAMETER

MONITORING PERIOD  
YR MO DAY TO YR MO DAY

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended removal	81011 K 0 0	*****	*****	*****	*****	*****	*****	0	MONTHLY	CALCTD
Percent Removal		*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Joe Myers  
W/W Utilities Superintendent

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  
*Joe Myers*

TELEPHONE 907 586-0393  
AREA CODE  
PHONE NUMBER  
DATE  
2012 1 10  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 11/27/2011 through 12/31/2011.  
(Reference all attachments here)

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

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-002921-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

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

FROM

YR	MO	DAY
2011	11	27

YEAR	MO	DAY
2011	12	31

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****		22		0			
Effluent Gross	*****	*****	*****		Req. Mon. DAILY MAX	#/ ML100			Monthly	GRAB

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

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.

**TYPED OR PRINTED**

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
(Reference all attachments here)

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

2012	1	10
YEAR	MO	DAY

**TELEPHONE**  
907 586-0393

**PHONE NUMBER**  
907 586-0393