

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

April 2012

Juneau, Alaska

DAY	WEATHER			FLOWS				INFLUENT				EFFLUENT						
	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL 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	Ammonia as N lbs/day 1/180 days
SUN	1	36	0.01	0.614														
MON	2	39	0.03	0.748												2		
TUE	3	39	0.00	0.743	340	2107	251	1553			10	62	6	37				
WED	4	38	0.00	0.761														
THU	5	39	0.00	0.772														
FRI	6	37	0.00	0.827														
SAT	7	39	0.00	0.836														
SUN	8	38	0.00	0.794														
MON	9	39	0.00	0.823														
TUE	10	41	0.00	0.849	237	1678	301	2131			9	64	7	46	19			
WED	11	44	0.00	0.734														
THU	12	47	0.00	0.873														
FRI	13	45	0.00	0.630														
SAT	14	42	0.02	0.674														
SUN	15	45	0.04	0.680														
MON	16	46	0.00	0.722														
TUE	17	45	0.00	0.761	361	2291	330	2094			11	70	8	51	3			
WED	18	44	0.00	0.730														
THU	19	46	0.02	0.789														
FRI	20	43	0.25	0.796														
SAT	21	43	0.07	0.704														
SUN	22	41	0.00	0.698														
MON	23	40	0.19	0.848														
TUE	24	43	0.01	0.665	331	1836	312	1730			10	55	5	28	2			
WED	25	49	0.00	0.711														
THU	26	46	0.02	0.692														
FRI	27	41	0.09	0.584														
SAT	28	48	0.00	0.851														
TOTAL			0.75	20.709														
MAXIMUM		49	0.25	0.851	361	2291	330	2131	12.4	7.5	5.7	11	70	8	51	19	NA	NA
MINIMUM		36	0.00	0.584	237	1678	251	1553	10.0	6.9	4.6	9	55	5	28	2	NA	NA
AVERAGE		42	0.027	0.740	317	1978	298	1877	11.4	7.2	5.2	10	63	6	40	7	NA	NA
Number Of Analyses		28	28	28	4	4	4	4	20	20	20	4	4	4	4	4	4	0
Weekly																		
TSS, BOD																		
Aver.																		
TSS																		
mg/l																		
lbs																		
BOD																		
mg/l																		
lbs																		
Coliform																		
Geo. Mean																		
WEEK1																		
WEEK2																		
WEEK3																		
WEEK4																		
MAX																		
11																		
70																		
8																		
51																		
19																		
2																		
10																		
6																		
37																		
9																		
64																		
7																		
46																		
11																		
70																		
8																		
51																		
3																		
10																		
63																		
6																		
40																		
7																		
NA																		
NA																		
NA																		
NA																		
0																		

85%	
B.O.D.	98
S.S.	97

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

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

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)  
**NAME:** JUNEAU, CITY AND BOROUGH OF  
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

MONITORING PERIOD			
YR	MO	DAY	TO
2012	4	1	28

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	UNITS	UNITS			
Temperature, water deg. C	*****	*****	****	*****	12.4	0			
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX	0	WEEKDAYS	GRAB	
Oxygen, dissolved (DO)	*****	*****	****	*****	5.7	0			
00300 10 Effluent Gross	*****	*****	*****	*****	17	0	WEEKLY	GRAB	
BOD, 5-day, 20 deg. C	40	51	*****	*****	DAILY MIN.	0			
00310 10 Effluent Gross	690	1380	lbs/d	*****	60	0	MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	*****	*****	****	*****	DAILY MAX	0			
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. MO AVG	0	MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	51	*****	*****	*****	6	0			
00310 W 0 See Comments	1035	*****	lbs/d	*****	45	0	MONTHLY	COMP24	
pH	*****	*****	****	*****	7.5	0			
00400 10 Effluent Gross	*****	*****	*****	*****	8.5	0	WEEKDAYS	GRAB	
Solids, Total suspended	63	70	*****	*****	MINIMUM	0			
00530 10 Effluent Gross	690	1380	lbs/d	*****	60	0	MONTHLY	COMP24	

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.

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

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

TELEPHONE  
907 AREA CODE 586-0393  
PHONE NUMBER  
2012 YEAR 5 MO 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
(Reference all attachments here)  
The reporting period was from 04/01/2012 through 04/28/2012.

TYPED OR PRINTED

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)

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)  
**NAME:** JUNEAU, CITY AND BOROUGH OF  
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

**MONITORING PERIOD**  
YR 2012 MO 4 DAY 1 TO 2012 MO 4 DAY 28

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS				
Solids, Total suspended	*****	*****	*****	*****	*****	317	*****	0			
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	Req. Mon MO AVG	*****	0	Monthly	COMP24	
Solids, Total suspended	*****	*****	*****	*****	*****	10	*****	0			
00530 W 0 See Comments	*****	*****	*****	*****	*****	45 WKLY AVG	*****	0	Monthly	COMP24	
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	NA	*****	0			
00610 1 0 Effluent Gross	*****	*****	*****	*****	*****	Req. Mon, MO AVG	*****	0	Semi-annual	COMP24	
Colliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	19	*****	0			
31616 1 0 Effluent Gross	*****	*****	*****	*****	*****	400 MO GEO	*****	0	Weekly	GRAB	
Colliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	19	*****	0			
31616 W 0 See Comments	*****	*****	*****	*****	*****	800 WKLY GEO	*****	0	Weekly	GRAB	
Flow, in conduit or through treatment plant	*****	*****	*****	*****	*****	*****	*****	0			
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR	
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	*****	0			
81010 K 0 Percent Removal	*****	*****	*****	*****	*****	98	*****	0	Monthly	CALCTD	
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 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.			*****			*****	*****	*****	*****	*****
Joe Mvers WW Utilities Superintendent	*****			*****			*****	*****	*****	*****	*****
TYPED OR PRINTED	*****			*****			*****	*****	*****	*****	*****
COMMENT AND EXPLANATION OF ANY VIOLATIONS	*****			*****			*****	*****	*****	*****	*****
<p><i>Matthew D. McNamee</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>											
<p>907 TELEPHONE AREA CODE 586-0393 PHONE NUMBER DATE 2012 YEAR 5 MO 10 DAY</p>											

(Reference all attachments here)

The reporting period was from 04/01/2012 through 04/28/2012.

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

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

External Outfall  
\*\*\* NO DISCHARGE

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)  
**NAME:** JUNEAU, CITY AND BOROUGH OF  
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

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2012	4	1	0
2012	4	28	

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	*****	*****	*****	*****	*****	*****	0		
81011 K O O	*****	*****	*****	*****	*****	*****			
Percent removal	*****	*****	*****	*****	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Myers 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 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.	TELEPHONE 907 AREA CODE 586-0393
TYPED OR PRINTED		PHONE NUMBER DATE 2012 YEAR 5 MO 10 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 04/01/2012 through 04/28/2012.</b>		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>John D. McNamee</i>

(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,  
JUNEAU, ALASKA 99801  
**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	YEAR
2012	4	1	2012
		TO	4
			MO
			DAY
			28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Coliform, fecal MF, broth 44.5 C	*****		*****	*****		*****	0		
31616 1 0 Effluent Gross	*****		*****	*****	Req. Mon. #/ DAILY MAX	*****		Monthly	GRAB

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	TELEPHONE <b>907 586-0393</b>
			AREA CODE 907
TYPED OR PRINTED			PHONE NUMBER DATE
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)		YEAR 2012
<b>The reporting period was from 04/01/2012 through 04/28/2012.</b>			MO 5
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.			DAY 10