

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

July 2012

Juneau, Alaska

DAY	DATE	WEATHER			FLOWS			INFLUENT				EFFLUENT						
		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	49	0.05	1.069														
MON	2	52	0.09	1.167														
TUE	3	51	0.01	0.992	297	2457	2722				15	124	7	58	2			
WED	4	51	0.24	0.990														
THU	5	54	0.02	0.987														
FRI	6	56	0.10	1.190														
SAT	7	53	0.28	0.918														
SUN	8	55	0.00	0.769														
MON	9	53	0.92	1.746														
TUE	10	50	0.39	1.214														
WED	11	50	0.39	0.910														
THU	12	54	0.08	1.328	248	2747	278	3079			8	89	6	66				
FRI	13	54	0.85	1.622														
SAT	14	57	0.07	1.032														
SUN	15	60	0.00	0.899														
MON	16	56	0.00	0.865														
TUE	17	56	0.00	0.881														
WED	18	56	0.00	0.858	280	2004	212	1517			15	107	8	57	4			
THU	19	56	0.00	0.866														
FRI	20	63	0.01	0.944														
SAT	21	59	0.00	0.915														
SUN	22	58	0.00	0.815														
MON	23	58	0.00	0.863														
TUE	24	59	0.00	0.887														
WED	25	59	0.00	0.755	420	2645	387	2437			13	82	8	50				
THU	26	62	0.00	0.884														
FRI	27	57	0.13	0.898														
SAT	28	58	0.01	0.724														
TOTAL			3.64	27.99														
MAXIMUM		63	0.92	1.75	420	2747	387	3079	16.1	7.5	6.0	15	124	8	66	17	NA	NA
MINIMUM		49	0.00	0.72	248	2004	212	1517	13.1	6.9	4.2	8	82	6	50	2	NA	NA
AVERAGE		55	0.130	1.00	311	2463	302	2439	14.4	7.3	4.7	13	100	7	58	7	NA	NA

Weekly TSS,BOD	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
Aver.	15	124	7	58	2
WEEK1	8	89	6	66	17
WEEK2	15	107	8	57	4
WEEK3	13	82	8	50	3
WEEK4					
WEEK5					
MAX	15	124	8	66	17

85%
B.O.D. 98
S.S. 96

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  
**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

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2012	7	1		2012	7	28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. C	*****	*****	*****	16.1			0		
00010 10 Effluent Gross	*****	*****	*****	REPORT DAILY MAX	deg.C				
Oxygen, dissolved (DO)	*****	*****	*****	6.0			0	WEEKDAYS	GRAB
00300 10 Effluent Gross	*****	*****	*****	2	DAILY MIN.	mg/L	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	58	66	*****	7			0		
00310 10 Effluent Gross	690	1380	lbs/d	30	MO AVG	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	302	DAILY MAX				
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	mg/L		0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	66	*****	*****	7			0		
00310 W 0 See Comments	1035	WKLly AVG	lbs/d	45	WKLly AVG	mg/L	0	MONTHLY	COMP24
pH	*****	*****	*****	6.9					
00400 10 Effluent Gross	*****	*****	*****	6.0	MINIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	100	124	*****	13			0		
00530 10 Effluent Gross	690	1380	lbs/d	30	MO AVG	mg/L		MONTHLY	COMP24
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.								
Tom Trego W/W Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED	907 AREA CODE 586-0393 TELEPHONE 2012 YEAR 8 MO 10 DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 The reporting period was from 07/01/2012 through 07/28/2012.

(Reference all attachments here)

The reporting period was from 07/01/2012 through 07/28/2012.

**DISCHARGE MONITORING REPORT (DMR)**

MAJOR (SUB 01) \$

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

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


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**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

**MONITORING PERIOD**

YR 2012 MO 7 DAY 1 TO YEAR 2012 MO 7 DAY 28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended	*****	*****	*****	*****	311	*****	0		
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon MO AVG	mg/L	0	Monthly	COMP24
Solids, Total suspended	124	*****	*****	*****	15	*****	0		
00530 W 0	1035	*****	lb/d	*****	45	mg/L	0	Monthly	COMP24
See Comments	*****	*****	*****	*****	NA	*****	0		
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	NA	*****	0		
00610 1 0 Effluent Gross	*****	*****	lb/d	*****	Req. Mon. MO AVG	mg/L	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	7	17	0		
31616 1 0 Effluent Gross	*****	*****	*****	*****	400	1200	0	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	17	*****	0		
31616 W 0	*****	*****	*****	*****	800	*****	0	Weekly	GRAB
See Comments	*****	*****	*****	*****	WKLY GEO	*****	0		
Flow, in conduit or through treatment plant	1.00	1.75	Mgal/d	*****	*****	*****	0		
50050 1 0 Effluent Gross	2.76	6.0	DAILY MAX	*****	*****	*****	0	Continuous	RCORDR
BOD, 5-day, percent removal	*****	*****	*****	*****	98	*****	0		
81010 K 0 Percent Removal	*****	*****	*****	*****	85	*****	0	Monthly	CALCTD
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Tom Trego W/W Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 								
TYPED OR PRINTED	2012 YEAR 8 MO 10 DAY 907 AREA CODE 586-0393 TELEPHONE 2012 YEAR 8 MO 10 DAY								

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

The reporting period was from 07/01/2012 through 07/28/2012.

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

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)

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**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	YEAR	MO	DAY
2012	7	1		2012	7	28

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

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Tom Trego W/W Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		907 AREA CODE
TYPED OR PRINTED			586-0393 PHONE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here) <b>The reporting period was from 07/01/2012 through 07/28/2012.</b>		2012 YEAR
			8 MO
			10 DAY

UPSTREAM RECEIVING WATER  
External Outfall  
\*\*\* NO DISCHARGE \*\*\*

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

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**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego, WW Utilities Superintendent


**AK-002321-3**  
 PERMIT NUMBER

**REC-1**  
 DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YR	MO	DAY
2012	7	1	2012	8	28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	NA	*****	0		
31616 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. #/ DAILY MAX	*****		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.		TELEPHONE <b>586-0393</b>
	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE <b>907</b>
TYPED OR PRINTED			PHONE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 07/01/2012 through 07/28/2012.</b>		DATE	DATE
		YEAR <b>2012</b>	MO <b>8</b>
		DAY	DAY <b>10</b>