

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

October 2012

Juneau, Alaska

WEATHER			FLOWS			INFLUENT			EFFLUENT													
DAY	DATE	TEMP °F	RAIN INCHES	J-D TTT EPHL MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FECAL Coliform /100 ml	Ammonia as N mg/1,180 days	
SUN	30	44	0.06	0.900																		
MON	1	40	0.08	0.808							14.4	7.0	7.2								17	
TUE	2	38	0.01	0.755							14.1	7.1	7.1									
WED	3	43	0.00	0.655	765	4179	533	2857	75	410	16.0	7.2	7.9	6	33	4	22	9	49			
THU	4	44	0.22	0.721					23	135	15.1	7.0	6.6					2	12			
FRI	5	47	0.05	0.601							15.1	7.1	7.2									
SAT	6	50	0.00	0.616																		
SUN	7	50	0.00	0.683							16.1	7.1	7.6								45	
MON	8	49	0.00	0.585							16.0	7.2	6.8									
TUE	9	47	0.00	0.561							16.1	7.4	8.6	5	22	5	22	9	39			
WED	10	47	0.00	0.523	501	2185	316	1378	92	399	13.9	7.4	4.7					6	28			
THU	11	44	0.00	0.524					80	350	14.8	7.2	6.4									
FRI	12	47	1.14	1.252																		
SAT	13	44	1.31	1.232																		
SUN	14	45	0.45	1.157																		
MON	15	45	0.65	1.309							11.6	7.0	4.9								12	
TUE	16	42	0.45	1.339							14.1	7.0	7.4									
WED	17	38	0.48	1.206	312	3138	282	2835	40	397	11.6	6.9	4.1	15	151	8	80	10	101			
THU	18	32	0.28	1.053					13	114	10.7	6.9	4.7					8	70			
FRI	19	35	0.00	0.716							11.7	6.9	4.2									
SAT	20	36	0.00	0.698																		
SUN	21	36	0.00	0.629																		
MON	22	39	0.00	0.618							11.5	6.9	4.3								2	
TUE	23	39	0.00	0.678							11.5	7.0	3.9									
WED	24	37	0.00	0.598	428	2135	459	2489	51	252	11.9	6.9	3.9	5	25	5	25	2	7			
THU	25	35	0.00	0.532					9	38	11.9	6.9	3.8					4	16			
FRI	26	31	0.00	0.526							12.0	6.8	4.0									
SAT	27	28	0.00	0.561																		
TOTAL			5.15	22.02																		
MAXIMUM		50	1.31	1.34	765	4179	523	2857	92	410	16.1	7.4	8.6	15	151	8	80	10	101		45	
MINIMUM		28	0.00	0.52	312	2135	282	1378	9	38	10.7	6.8	3.8	5	22	4	22	2	7		2	
AVERAGE		41	0.184	0.79	502	2909	405	2390	48	262	13.5	7.0	5.8	8	58	6	37	6	40		19	
Number Of Analyses		28	28	28	4	4	4	4	8	8	20	20	20	4	4	4	4	4	8	8	4	0

Geomean used to calculate average fecal coliform colonies

Fog samples are highlighted in yellow on composite samples

85%	
B.O.D.	99
S.S.	98

Weekly TSS/BOD	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
Aver.	6	33	4	22	17
WEEK1	5	22	5	22	45
WEEK2	15	151	8	80	12
WEEK3	5	25	5	25	2
WEEK4					
WEEK5					
MAX	15	151	8	80	45

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

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

External Outfall
*** NO DISCHARGE ***

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

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

FROM

MONITORING PERIOD
YR MO DAY TO
9 30 2012

YEAR MO DAY
10 27 2012

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	16.1	deg.C	0			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX				WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.8	*****	8.6		0			
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2	*****	DAILY MIN.					
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	80	*****	6	*****	8		0		WEEKLY	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	30	*****	60	mg/L	0		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	405	*****	*****		0			
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L			MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	80	*****	*****	8	*****	*****		0			
00310 W 0 See Comments	PERMIT REQUIREMENT	1035	*****	lbs/d	45	*****	*****	mg/L			MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.4		0			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	SU			WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	58	151	*****	8	*****	15		0			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	30	*****	60	mg/L			MONTHLY	COMP24
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>Tom Trego WW Utilities Superintendent</p> <p>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.</p> <p>Signature of Principal Executive Officer or Authorized Agent: <i>Tom Trego</i></p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p>907 AREA CODE 586-0393 TELEPHONE PHONE NUMBER DATE</p> <p>11 YEAR 10 MO 2012 DAY</p>												

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 09/30/2012 through 10/27/2012.

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

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

External Outfall
*** NO DISCHARGE

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT
JUNEAU, ALASKA 99801
Tom Trego, WW Utilities Superintendent

FROM

MONITORING PERIOD			
YR	MO	DAY	TO
9	30	2012	

YEAR	MO	DAY
10	27	2012

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	MEASUREMENT	*****	*****	*****	502	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon MO AVG	*****	*****	*****	0	Monthly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	15	*****	*****	*****	0	Monthly	COMP24
	SAMPLE MEASUREMENT	151	*****	*****	*****	*****	*****	*****	0		
00530 W 0	PERMIT REQUIREMENT	1035	*****	*****	45	*****	*****	*****	0	Monthly	COMP24
	SAMPLE MEASUREMENT	Wkly AVG	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
See Comments	PERMIT REQUIREMENT	NA	*****	*****	NA	*****	*****	*****	0	Monthly	COMP24
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	NA	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	400	*****	*****	*****	0	Weekly	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	45	*****	*****	*****	0		
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	800	*****	*****	*****	0	Weekly	GRAB
	SAMPLE MEASUREMENT	0.79	*****	*****	*****	*****	*****	*****	0		
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	2.76	*****	*****	6.0	*****	*****	*****	0	Continuous	RECORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	*****	0	Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
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	SIGNED AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
	TYPED OR PRINTED										
	COMMENT AND EXPLANATION OF ANY VIOLATIONS										
	The reporting period was from 09/30/2012 through 10/27/2012.										
	EPA Form 3320-1 (Rev. 01/09) Previous editions may be used.										
	PAGE 2 OF 3										

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

907 AREA CODE
586-0393 TELEPHONE NUMBER
11 YEAR
10 MO
2012 DATE

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
ATTN: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

FROM

MONITORING PERIOD
YR 9 MO 30 DAY 2012

TO YEAR 10 MO 27 DAY 2012

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Coliform, fecal MF, broth 44.5 C	*****	*****	*****		NA		0	0	0	Monthly	GRAB
31616 10 Effluent Gross	*****	*****	*****		Req. Mon. DAILY MAX	#/ ML100					

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
The reporting period was from 09/30/2012 through 10/27/2012. (Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

907 AREA CODE
586-0393 TELEPHONE
11 YEAR
10 MO
2012 DAY