

# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

November 2012

Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT										
DAY	DATE	TEMP °F	RAIN INCHES	J-D TTL EFFL MGD	S.S. MG/L	S.S. LBS	B.O.D. MG/L	B.O.D. LBS	FOG MG/L	FOG LBS	Ammonia as N mg/l	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/l /180 days
SUN	28	25	0.00	0.566								11.1	6.8	3.9			6	31	6		17	
MON	29	27	0.00	0.621					9			11.2	6.8	3.9								
TUE	30	29	0.04	0.609								11.6	6.8	3.5	4	19	8	38	8	38		4
WED	31	35	0.03	0.571	528	2514	566	2695	58	276	13	11.8	6.7	4.0								
THU	1	34	0.00	0.605					27			11.7	6.8	3.8			8		8			
FRI	2	37	0.07	0.587																		
SAT	3	38	0.34	1.109																		
SUN	4	40	1.26	1.171																		
MON	5	41	0.62	1.363					15		5	10.7	6.9	4.2			7		7		45	2
TUE	6	38	0.37	0.966								10.9	7.1	4.0								2
WED	7	33	0.00	0.785	292	1912	154	1008	36	236	12	15.3	7.0	8.2	4	26	7	46	7	46		4
THU	8	32	0.00	0.702					14		12	10.6	7.0	4.2			8		8			
FRI	9	28	0.00	0.628								11.2	7.1	3.8								
SAT	10	31	0.01	0.614																		
SUN	11	34	0.16	0.934																		
MON	12	34	0.27	0.849							12	11.3	6.9	4.2							12	2
TUE	13	33	0.51	0.889								11.5	6.9	4.2								2
WED	14	37	0.88	2.087	216	3760	179	3116	54	940	8	11.2	6.9	4.2	6	104	10	174	10	174		3
THU	15	38	0.12	1.050								9.1	6.8	5.2								
FRI	16	36	0.10	0.803								10.5	6.9	4.6								
SAT	17	26	0.00	0.714																		
SUN	18	25	0.00	0.659																		
MON	19	29	0.00	0.634					21		15	9.8	7.1	4.1			9		9		2	0
TUE	20	27	0.50	0.607								10.2	7.1	4.0								0
WED	21	27	0.00	0.609	236	1199	251	1275	56	284	19	10.4	7.2	4.5	7	36	7	33	7	33		0
THU	22	32	0.00	0.576					31			10.3	7.0	4.3			15		15			
FRI	23	34	0.00	0.560					28			10.8	7.2	4.1			5		5			
SAT	24	34	0.05	0.560																		
TOTAL			5.33	22.46																		
MAXIMUM		41	1.26	2.09	528	3760	566	3116	58	940	19	15.3	7.2	8.2	7	104	15	174	15	174	45	4
MINIMUM		25	0.00	0.56	216	1199	154	1008	9	236	5	9.1	6.7	3.5	4	19	5	31	5	33	2	0
AVERAGE		33	0.190	0.80	318	2346	288	2024	32	434	12	11.1	6.9	4.3	5	46	8	64	8	73	19	2
Number Of Analyses		28	28	28	4	4	4	4	11	4	7	20	20	20	4	4	11	5	11	4	4	7

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

• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

FOG samples that are highlighted yellow are composite samples

Weekly	TSS		BOD		Weekly Coliform	
	mg/l	lbs	mg/l	lbs	Geo. Mean	Coliform
Aver.	4	19	7	35	17	
WEEK1	4	19	7	35	17	
WEEK2	4	26	7	46	45	
WEEK3	6	104	10	174	12	
WEEK4	7	36	9	33	2	
WEEK5						
MAX	7	104	10	174	45	

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/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

FROM

**AK-002321-3**  
 PERMIT NUMBER

**MONITORING PERIOD**  
 YR MO DAY TO  
 2012 10 28

**001 A**  
 DISCHARGE NUMBER

PARAMETER	SAMPLE	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	*****	****	*****	*****	15.3	deg.C	0	WEEKDAYS	GRAB
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	REPORT DAILY MAX				
Oxygen, dissolved (DO)	SAMPLE	*****	*****	****	3.5	*****	8.2	deg.C	0	WEEKDAYS	GRAB
Effluent Gross	PERMIT	*****	*****	*****	2	*****	DAILY MIN.				
BOD, 5-day, 20 deg. C	SAMPLE	64	174	*****	8	*****	DAILY MAX	15	0	WEEKLY	GRAB
Effluent Gross	PERMIT	690	1380	lbs/d	30	*****	DAILY MAX	60	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE	*****	*****	****	288	*****	DAILY MAX	*****	0	MONTHLY	COMP24
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	mg/L	0	MONTHLY	COMP24
Raw Sewage Influent	PERMIT	*****	*****	*****	*****	*****	*****	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE	174	*****	*****	8	*****	*****	mg/L	0	MONTHLY	COMP24
Effluent Gross	PERMIT	1035	*****	lbs/d	45	*****	*****	mg/L	0	MONTHLY	COMP24
See Comments	REQUIREMENT	WKL Y AVG	*****	*****	*****	*****	*****	mg/L	0	MONTHLY	COMP24
pH	SAMPLE	*****	*****	****	6.7	*****	7.2	mg/L	0	MONTHLY	COMP24
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	SU	0	WEEKDAYS	GRAB
Solids, Total suspended	REQUIREMENT	*****	*****	*****	*****	*****	*****	SU	0	WEEKDAYS	GRAB
Effluent Gross	SAMPLE	46	104	*****	5	*****	MAXIMUM	7	0	WEEKDAYS	GRAB
Effluent Gross	MEASUREMENT	690	1380	lbs/d	30	*****	MAXIMUM	60	0	WEEKDAYS	GRAB
Effluent Gross	PERMIT	690	1380	lbs/d	30	*****	DAILY MAX	60	0	MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	690	1380	lbs/d	30	*****	DAILY MAX	60	0	MONTHLY	COMP24
Tom Trego WW Utilities Superintendent	PERMIT	690	1380	lbs/d	30	*****	DAILY MAX	60	0	MONTHLY	COMP24
TYPE/D OR PRINTED	PERMIT	690	1380	lbs/d	30	*****	DAILY MAX	60	0	MONTHLY	COMP24
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT	690	1380	lbs/d	30	*****	DAILY MAX	60	0	MONTHLY	COMP24
<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>TELEPHONE: 907 586-0393          AREA CODE: 907          PHONE NUMBER: 586-0393          DATE: 12/10/2012</p>											

The reporting period was from 10/28/2012 through 11/24/2012. (Reference all attachments here)

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

PAGE 1 OF 3

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			
YR	MO	DAY	TO
2012	10	28	2012
YEAR	MO	NO	DAY
2012	11	11	24

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE	VALUE			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Raw Sewage Influent	SAMPLE MEASUREMENT	104	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
00530 W 0	PERMIT REQUIREMENT	NA	NA	*****	*****	*****	*****	*****	0	Monthly	COMP24
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
31616 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
50050 1 0	PERMIT REQUIREMENT	0.802	2.087	Mgal/d	*****	*****	*****	*****	0	Monthly	COMP24
Effluent Gross	SAMPLE MEASUREMENT	2.76	6.0	Mgal/d	*****	*****	*****	*****	0	Monthly	COMP24
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Tom Trego	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
WW Utilities Superintendent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	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.

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

907 AREA CODE  
586-0393 TELEPHONE NUMBER  
12 DATE  
2012 YEAR  
10 DAY

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

The reporting period was from 10/28/2012 through 11/24/2012.

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

DMR Mailing ZIP CODE: 99801 \$  
MADOR (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

FROM

YR	MO	DAY
2012	10	28

TO	YEAR	MO	DAY
	2012	11	24

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal 81011 K 0 0 Percent removal		*****	*****	*****	98	*****	*****	0		
		*****	*****	*****	85	*****	*****		MONTHLY	CALCTD

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

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

**907** TELEPHONE  
AREA CODE **586-0393**  
PHONE NUMBER  
**2012** DATE **12** MO **10** DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
*(Reference all attachments here)*  
The reporting period was from 10/28/2012 through 11/24/2012.

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-002321-3**  
PERMIT NUMBER


**REC-1**  
DISCHARGE NUMBER

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

FROM

MONITORING PERIOD			
YR	MO	DAY	TO
2012	10	28	2012 11 24

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	*****	*****	*****		*****	*****	*****	0	1	Monthly	GRAB
31616 10 Effluent Gross	*****	*****	*****		*****	*****	*****		4	Req. Mon. DAILY MAX	#/ML100

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> Tom Trego 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.		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>
<b>TYPED OR PRINTED</b>			
<b>COMMENT AND EXPLANATION OF ANY VIOLATIONS</b> <b>The reporting period was from 10/28/2012 through 11/24/2012.</b>	(Reference all attachments here)		
		<b>907</b> AREA CODE	<b>586-0393</b> TELEPHONE
		<b>2012</b> YEAR	<b>12 10</b> MO DAY