

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
January 2013

Juneau, Alaska

EFFLUENT

INFLUENT

WEATHER

WEATHER

WEATHER

DAY	DATE	TEMP °F	RAIN FALL INCHES	FLOWS			INFLUENT			EFFLUENT								
				I-D TTL EFFL MGD	T.S.S. mg/L	B.O.D. LBS	T.S.S. mg/L	B.O.D. LBS	FOG mg/L	D.O. mg/L	T.S.S. mg/L	B.O.D. mg/L	FOG mg/L	FOG LBS	FECAL Coliform /100 ml	Ammonia as N, mg/l /180 days		
SUN	30	37	0.11	1.789														
MON	31	37	0.30	0.835														1
TUE	1	38	0.68	1.229														
WED	2	34	0.68	0.696														
THU	3	32	0.05	0.655														
FRI	4	33	0.32	0.612														
SAT	5	33	0.00	0.626														
SUN	6	35	0.01	0.676														1
MON	7	34	0.26	0.879														
TUE	8	34	0.37	0.848														
WED	9	25	0.09	0.663	208	1150	211	1167	45	249	5	28	4	22	6	33		
THU	10	36	0.00	0.785					21						5			
FRI	11	31	0.24	0.663														
SAT	12	32	0.38	0.695														
SUN	13	36	0.53	1.446														
MON	14	40	1.59	2.669														
TUE	15	37	1.00	2.562														
WED	16	34	1.67	2.768											12		26	2
THU	17	38	0.64	2.408					22						7			2
FRI	18	32	0.64	1.058														
SAT	19	31	0.00	0.745														
SUN	20	33	0.00	1.266														
MON	21	36	1.01	1.064														5
TUE	22	35	0.07	0.990														2
WED	23	36	0.28	1.077	196	1761	198	1778	56	499	1	9	4	36	7	63		
THU	24	36	0.23	1.050														
FRI	25	37	0.09	1.205														
SAT	26	36	0.60	1.119														
TOTAL				11.84														
MAXIMUM		40	1.67	2.77	208	1761	211	1778	56	499	1	9	4	36	12	63		2
MINIMUM		25	0.00	0.61	196	1150	198	1167	21	249	1	9	4	22	5	33		2
AVERAGE		34	0.423	1.18	202	1455	205	1473	36	374	1	3	4	29	7	48		2
Number Of Analysis		26	28	28	2	2	2	2	4	2	5	2	2	2	5	2	4	5

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

Comments: Fecal Coliform average is actually the geometric mean
Yellow FOG results represent composite samples

Weekly TSS/BOD Aver.	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	5	28	4	22	1
WEEK2	1	9	4	36	5
WEEK3	5	28	4	22	1
WEEK4	1	9	4	36	5
MAX.	5	28	4	36	26

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
2012	12	30	2013
YR	MO	DAY	TO
2012	1	26	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Temperature, water deg. C	*****	*****	****	*****	15.1			0		
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	*****	****	*****	4.1			0		
00300 10 Effluent Gross	*****	*****	*****	*****	2	mg/L		0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	*****	36	****	*****	DAILY MIN.			0		
00310 10 Effluent Gross	*****	690	lbs/d	*****	30	mg/L		0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	MO AVG	****	*****	DAILY MAX			0		
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	205			0		
BOD, 5-day, 20 deg. C	*****	36	****	*****	Req. Mon. MO AVG	mg/L		0	MONTHLY	COMP24
00310 W 0 See Comments	*****	1035	lbs/d	*****	45	mg/L		0		
pH	*****	WKLY AVG	****	*****	WKLY AVG			0	MONTHLY	COMP24
00400 10 Effluent Gross	*****	*****	****	*****	6.6			0		
Solids, Total suspended	*****	*****	****	*****	7.2			0		
00530 10 Effluent Gross	*****	*****	*****	*****	8.5	SU		0	WEEKDAYS	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	*****	MINIMUM			0		
Tom Trego W/W Utilities Superintendent	*****	18	lbs/d	*****	3			0		
	*****	690	*****	*****	MO AVG	mg/L		0	MONTHLY	COMP24
	*****	MO AVG	*****	*****	DAILY MAX			0		
	*****	1380	*****	*****	30			0		
	*****	DAILY MAX	*****	*****	DAILY MAX			0		
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										
907 AREA CODE 586-0393										
PHONE NUMBER										
DATE										
2013 YEAR 2 MO 10 DAY										

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)
The reporting period was from 12/30/2012 through 01/26/2013.
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) **AK-002321-3** PERMIT NUMBER
DISCHARGE NUMBER **001 A**

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

MONITORING PERIOD
YR 2012 MO 12 DAY 30 TO 2013 YEAR 1 MO 1 DAY 26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS				
Solids, Total suspended	*****	*****	*****	*****	*****	*****	*****	0		
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	mg/L	0	Monthly	COMP24
Solids, Total suspended	28	*****	*****	*****	*****	*****		0		
00530 W 0	1035	*****	*****	*****	*****	*****	mg/L	0	Monthly	COMP24
See Comments	WKLY AVG	*****	*****	*****	*****	*****		0		
Nitrogen, ammonia total (as N)	NA	NA	*****	*****	*****	*****		0		
00610 1 0 Effluent Gross	Req. Mon. MO AVG	*****	*****	*****	*****	*****	mg/L	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****		0		
31616 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	#100/ml	0	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****		0		
31616 W 0	*****	*****	*****	*****	*****	*****	#100/ml	0	Weekly	GRAB
See Comments	*****	*****	*****	*****	*****	*****		0		
Flow, in conduit or through treatment plant	1.18	2.77	*****	*****	*****	*****		0		
50050 1 0 Effluent Gross	2.76	6.0	*****	*****	*****	*****		0	Continuous	RCORDR
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****		0		
81010 K 0 Percent Removal	*****	*****	*****	*****	*****	*****	%	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.									
Tom Trego W/W Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Tom Trego</i>									
TYPED OR PRINTED	907 AREA CODE 2013 YEAR 2 MO 10 DAY									
COMMENT AND EXPLANATION OF ANY VIOLATIONS	TELEPHONE 586-0393 PHONE NUMBER DATE									

The reporting period was from 12/30/2012 through 01/26/2013.
EPA Form 3320-1 (Rev.01/06) Previous editions may be used. PAGE 2 OF 3

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	NO. EX
2012	12	30	0
FROM	TO	YEAR	FREQUENCY OF ANALYSIS
		2013	MONTHLY
			SAMPLE TYPE
			CALCTD

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE				
Solids, Total suspended, percent removal	*****	*****	*****	99	*****	*****		0		
81011 K 0 0	*****	*****	*****	85	*****	*****	%			
Percent removal	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD

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
Tom Trego
W/W Utilities Superintendent

TYPED OR PRINTED
Tom Trego

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 12/30/2012 through 01/26/2013.
(Reference all attachments here)

TELEPHONE
907 AREA CODE 586-0393

PHONE NUMBER
DATE

2013 YEAR 2 MO 10 DAY

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	TO
2012	12	30	
YR	MO	DAY	TO
2013	1		26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0	0	Monthly
31616 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
									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 907 AREA CODE 586-0393	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		PHONE NUMBER DATE	
TYPED OR PRINTED		2013	2	10
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)			
The reporting period was from 12/30/2012 through 01/26/2013.				