Juneau Douglas Treatment Plant FEBRUARY 2013

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						пштин и прина	VALIANOL	AVERAGE *	MINIMUM	MAXIMUM	TOTAL	SAT	Æ	UHT	WED	TUE	MON	NUS	SAT	FRI	H	WED	JUE	MON	SUN	SAT	FRI	H	WED	3UT	MON	NUS	SAT	FRI	UHT	WED	TUE	MON	SUN	3	ĎΑΥ		
						THE PRINT IN	i di mali mana					23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	ω	2	1	31	30	29	28	27	1	DATE		
	colonies.	Commen				40	3	ı,	8	39		34	36	37	37	36	35	33	35	38	37	34	33	36	39	39	36	36	34	35	34	37	39	35	31	25	12	8	25	op	TEMP	WEATHER	
	** FOG sa	ts: *Geom					70.07	0.34	0.00	1.20	9.53	0.10	0.19	0.30	0.47	0.17	0.30	0.10	0.40	0.37	0.11	0.04	0.11	0.61	0.90	0.52	0.73	0.08	0.00	0.00	0.30	1.20	0.45	0.44	0.36	0.66	0.31	0.12	0.19	INCHES	FALN	TEX	1
	colonies. ** FOG samples highlighted in yellow are composite samples	etric mean				- 40	70.00	1 65	0.64	4.21	46.25	0.990	0.999	1.155	1.358	1.137	1.197	0.982	1.020	1.837	1.748	0.893	0.986	1.431	1.926	1.455	2.950	3.680	4.210	3.720	2.910	1.755	2.210	1.826	0.808	0.640	0.755	0.808			# - E		1
	ghted in ye	is used to c						+	+	241				7	241			200-0		9.		188			3000					205					1 1	189				mg/L	5,8		
	llow are con	alculate the					102	2875	1009	6360					2729							1400								6360						1009				CBJ	5.5	,	
	nposite sar	average fe								350		A Company of the Comp			350							) 171								) 186						230				mg/L	6.0.0		
	nples	ecal coliforn		0				-	_																																	F	NICI II
		3	S.S.	2	85%		1	3059	1228	5771					3964							1274								5771						1228				LBS	B.O.D. TO		TIM
			96	07		ē	ā	47	27	110		31	58	34	38	37	48	28	27	110		54							49					59		47				mg/L	06	27.88	
							3	567	225	1703		252	483	323	430	351	479	225	225	1678		402							1703							248			L	LBS	as N. mg/	, **. (V	
-1							п	-	5	26					7									5					12		7							26	L	1-11			
MAX 4	WEEK3	WEEK2	WEEK1	Avor	TSS,BOD	Mookly	ηę	93	8.1	10.4			9.9	10.4	9.4	9.7	8.8			8.1	9.4	8.6	8.8	8.3			9.8	10.2	9.4	8.9	9.8			10.4	9.4	9.3	8.8	9.5		°C	dMat		
14	14	(J)	4	300	-	t	70		6.7	7.3			7.0	7.2	7.1	7.0	6.9			6.7	6.8	7.1	7.3	7.2			6.9	7.2	7.2	7.1	7.2			7.1	7.1	7.2	7.1	7.2	5		모		
155	104	155	21		TSS	MEEKI	77	5.6	5.1	6.2			5.5	6.1	5.9	5.5	6.1			6.2	5.4	5.4	5.3	5.4			5.8	5.3	5.1	5.8	5.1			5.4	5.1	5.6	5.8	5.7		mg/L	ÇÇ	7	
<del>1</del> 0	18	ω	3	m	SS BO	AVEDACE	A.	7	4	14					o							14								O						4				mg/L	0,0,	0.0	
134	134	93	16		BOD		Α	87	21	155					68							104								155						21				LBS	0,0	00	11111111
100	100	6	1	Geo Mean	Coliform	Weekly	7	7	3	18					o							18								ω						ω				mg/L	0.00	ביים	TUTILITAT
			-	3			7	77	16	134					65							134								93						16				LBS		E 0.0	T
						Service Servic	מט	5	ω	9				o								9							ω					5		5				mg/1		8	
						100000000000000000000000000000000000000	7	59	27	88	2000			58								63	3						88							27				mg/L:: LBS	Š	** 503 ** 504	
						* * * * * * * * * * * *	4	46	-	100							75					100	3								o							_	25	/100 ml	200	* #CA1	
						4 4 7 7 7 7 7 7	<b></b>	2	_	8	1.3				2									00	,				2		_					_		_		7171	as N mg		

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01) 4

\*\*\* NO DISCHARGE

\* \*

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)	Facility name/Location	f different)					*** NO DISCHARGE	RGE [		* *	
NAME:	JUNEAU, CITY AND BOROUGH OF	BOROUGH OF			AK-002321-3	321-3				001 A	Α
ADDRESS:	155 SOUTH SEWARD,	D,	M		PERMIT NUMBER	UMBER				DISCHARGE NUMBER	NUMBER
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	S TREATMENT P	LANT				MONITORING PERIOD	NG PER			
LOCATION:	JUNEAU, ALASKA 99801	99801			YR	MO	DAY	5	YEAR	3	DAY
ATT:	Tom Trego, WW Utilities Superintendent	Jtilities Superinte	ndent	FROM	2013	-	27	To	2013	2	23
PARAMETER		QUANTITY OR LOADING	RLOADING		JUD QU/	QUALITY OR CONCENTRATION	TRATION		Σ.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	SAMPLE						10.4	9	0		
20	MEASUREMENT	****	****	***	****	****					
00010 10	PERMIT						REPORT	deg.C			
Effluent Gross	REQUIREMENT	****	****	*****	****	****	DAILY MAX			WEEKDAYS	GRAB
Oxygen dissolved (DO)	SAMPLE				5.1		6.2		0		A STATE OF THE PERSON NAMED IN
	MEASUREMENT	****	****	***		****					
00300 10	PERMIT				2		17	mg/L			
-	REQUIREMENT	****	****	****	DAILY MIN.	****	DAILY MAX			WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE	77	134			7	18		0		
	MEASUREMENT					) }	)				
00310 10 Effluent Gross	PERMIT REQUIREMENT	MO AVG	DAILY MAX	lbs/d	** ** **	MO AVG	DAILY MAX	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE	* * * * * *	* * * * *	* * *	****	234	****		0		
00310 G 0	PERMIT					Req. Mon.		mg/L			
Raw Sewage Influent	REQUIREMENT	****	****	****	****	MO AVG	****			MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE	134				18	+++++		0		
	MEASUREMENT		***		****		****				
00310 W 0	PERMIT	1035		lbs/d		45		mg/L			
See Comments	REQUIREMENT	WKLY AVG	****		****	WKLY AVG	****			MONTHLY	COMP24
PH	SAMPLE				6.7		7.3		0		
	MEASUREMENT	****	****	***		****					
00400 10	PERMIT				6.0		8.5	NS		WEEKDAYS	
Eflfuent Gross	REQUIREMENT	****	****	*****	MINIMUM	****	MAXIMUM				GRAB
Solids, Total suspended	SAMPLE	87	155			7	14		0		
	MEASUREMENT				****						
00530 10	PERMIT	690	1380	lbs/d		30	6	mg/L			
Efifuent Gross	REQUIREMENT	MO AVG	DAILY MAX		****	MO AVG	DAILY MAX			MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my dire	of law that this docume ection or supervision in	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	were stem designed					907	TELEPHONE 586-0393	
Tom Treao W/W Utilities Superintendent	to assure that the qualif submitted. Based on m	ied personnel properly y inquiry of the person	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.	information the system,	Fre	_			CODE	PHONE NUMBER	BER
	submitted is, to the best	t of my knowledge and e significant penalties	to move be some more than the move of the movement of the movement of the best of respondence and comments submitted is, to the best of respondence and comment of the movement of the best of the penalties for submitting false information, I am aware that there are significant penalties for submitting false information,	nd complete.	SIGNATUR	SIGNATURE OF PRINCIPAL EXECUTIVE	XECUTIVE		2013	ω	10
COMMENT AND EXPLANATION OF	ANY VIOLATIONS	v of line and imprison	including the possibility of fine and imprisonment for knowing violations.	chments here)	OFFICE	N ON MOTOURING	AGENT		5	Š	55
COMMENT AND EXPLANATION OF ANY VIOLATIONS	ANY VIOLATIONS		(Reference all attachments here)	chments here)							

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

External Outfall \*\*\* NO DISCHARGE

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Tom Treao W/W Utilities Superintendent Effluent Gross Coliform, fecal MF, broth 44.5 C Nitrogen, ammonia total (as N) Solids, Total suspended NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Percent Removal 81010 K 0 BOD, 5-day,percent removal Effluent Gross treatment plant Flow, in conduit or through See Comments 31616 W 0 Coliform, fecal MF, broth 44.5 C 31616 10 Effluent Gross 00610 10 See Comments 00530 W 0 Solids, Total suspended Raw Sewage Influent 00530 G 0 LOCATION ADDRESS: NAME: FACILITY: 50050 1 0 TYPED OR PRINTED PARAMETER JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information Tom Trego, WW Utilities Superintendent JUNEAU, ALASKA 99801 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 certify under penalty of law that this document and all attachments were REQUIREMENT L55 SOUTH SEWARD, I am aware that there are significant penaltics for submitting false information, including the possibility of fine and imprisonment for knowing violations. MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT PERMIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT Req. Mon. MO AVG WKLY AVG 2.76 MO AVG \*\*\*\*\* \*\*\*\*\* 155 \*\*\*\*\* \*\*\*\*\* **OUANTITY OR LOADING** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1035 VALUE 1.65 DAILY MAX DAILY MAX Req. Mon. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE 4.21 6.0 FROM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* STIND Mgal/d b/d lb/d MN % RMV \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2013 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* VALUE \*\*\*\*\* 97 ¥ 85 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AK-002321-3
PERMIT NUMBER QUALITY OR CONCENTRATION WKLY GEO Req. Mon, MO AVG WKLY AVG Req. Mon MO AVG MO GEO \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 800 400 206 VALUE 100 45 14 8 46 DAILY MAX DAILY MAX Req. Mon, \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MONITORING PERIOD
DAY \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\*\* \*\*\*\*\* 1200 100 œ #100/m #100/ml Percent mg/L mg/L mg/L SLIND \*\*\* \*\*\*\* 70 % 2013 YEAR E N 907 CORE P 0 0 0 0 0 0 0 OF ANALYSIS Semi-annual TELEPHONE 586-0393 Continuous Monthly Monthly Monthly Weekly Weekly PHONE NUMBER V 8 DISCHARGE NUMBER  $\frac{3}{6}$ 001 A COMP24 COMP24 COMP24 RCORDR CALCID SAMPLE GRAB GRAB TYPE DAY 23 DAY DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 01/27/2013 through 02/23/2013

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

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

JUNEAU, CITY AND BOROUGH OF

NAME:

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

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

001 A

FACILITY: LOCATION: Percent removal 81011 K 0 0 removal Solids, Total suspended, percent ADDRESS: PARAMETER 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT
JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent MEASUREMENT REQUIREMENT PERMIT SAMPLE \*\*\*\*\* \*\*\*\*\* QUANTITY OR LOADING VALUE \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\*\* FROM \*\*\*\* STINU MN % RMV 2013 VALUE 96 85 ¥ AK-002321-3
PERMIT NUMBER QUALITY OR CONCENTRATION \*\*\*\*\* \*\*\*\*\* VALUE 8 DAY TO 2 \*\*\*\*\* \*\*\*\* VALUE PERCENT SLINO % 2013 YEAR 0 E S FREQUENCY OF ANALYSIS MONTHLY N DISCHARGE NUMBER CALCID SAMPLE TYPE DAY 23

907 AREA CODE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  P)  907 AREA CODE 2013	VATURE OF PREFICER OR A	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.  Reference all attachments here)  FANY VIOLATIONS	Tom Trego  W/W Utilities Superintendent  W/W Utilities Superintendent  Tom Trego  W/W Utilities Superintendent  I am aware that including the po  Typed OR PRINTED  COMMENT AND EXPLANATION OF ANY VIOLATIONS
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## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: ADDRESS:

FACILITY: LOCATION: ATT:

Effluent Gross 31616 10

REQUIREMENT

\*\*\*\*\*

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) Coliform, fecal MF, broth 44.5 C PARAMETER 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF Tom Trego, WW Utilities Superintendent MEASUREMENT PERMIT SAMPLE \*\*\*\* QUANTITY OR LOADING VALUE \*\*\*\*\* \*\*\*\*\* VALUE FROM SLIND \*\*\*\*\* \*\*\*\*\* VALUE YR 2013 AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION \*\*\*\*\* \*\*\*\*\* VALUE MO DMR Mailing ZIP CODE: 99801
MAJOR
(SUB 01)
UPSTREAM RECEIVING WATER
External Outfall DAILY MAX ML100 \*\*\* NO DISCHARGE Req. Mon. VALUE MONITORING PERIOD
DAY 40 #/ STIND 7 2013 YEAR 0 ΞŅ. OF ANALYSIS \*\* Monthly ~ DISCHARGE NUMBER SAMPLE GRAB DAY 23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference a)	TYPED OR PRINTED   including the possibility of fine and imprisonment for knowing violation:	I am aware that there are significant penalties for submitting false information,	submitted is, to the best of my knowledge and belief, true, accurate, and complete.	W/W dulides subclinically or those persons directly responsible for aghering the information the information			NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   I certify under negative of law that this document, and all attachments were
(Reference all attachments here)	olations. OFFICER OR AUTHORIZED AGENT	information, SIGNATURE OF PRINCIPAL EXECUTIVE	_	the information		e system designed	nts were
	TEAK	2013	l		CODE	907	
		5 w	)	DATE	PHONE NUM	586-0393	TELEPHONE
					BER		