

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
July, 2013

Juneau, Alaska

| DAY | DATE | WEATHER | | | | FLOWS | | | | INFLUENT | | | | EFFLUENT | | | | | | |
|--------------------|------|---------|------------------|-------------------|-------------|---------------|--------------|------------|------------|----------|-----|-------------|-------------|------------|---------------|--------------|------------|-----------|------------------------|-------------------|
| | | TEMP °F | RAIN FALL INCHES | J-D TFL EFFL MKSD | S.S. (mg/L) | B.O.D. (mg/L) | B.O.D. (LBS) | FOG (mg/L) | NH3 (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 |
| SUN | 30 | 64 | 0.00 | 0.858 | | | | | | | | | | | | | | | | |
| MON | 1 | 56 | 0.21 | 1.860 | | | | | | | | | | | | | | | | |
| TUE | 2 | 53 | 1.63 | 0.901 | | | | | | | | | | | | | | | | |
| WED | 3 | 53 | 0.31 | 1.213 | 204 | 2064 | 210 | 2124 | | | | | | | | | | | | |
| THU | 4 | 54 | 0.57 | 0.758 | 336 | 2124 | 295 | 1865 | | | | | | | | | | | | |
| FRI | 5 | 54 | 0.05 | 0.822 | | | | | | | | | | | | | | | | |
| SAT | 6 | 57 | 0.02 | 0.759 | | | | | | | | | | | | | | | | |
| SUN | 7 | 57 | 0.02 | 1.235 | | | | | | | | | | | | | | | | |
| MON | 8 | 54 | 1.15 | 1.765 | | | | | | | | | | | | | | | | |
| TUE | 9 | 51 | 0.62 | 0.972 | | | | | | | | | | | | | | | | |
| WED | 10 | 56 | 0.20 | 0.836 | 208 | 1450 | 213 | 1485 | | | | | | | | | | | | |
| THU | 11 | 53 | 0.00 | 0.889 | 340 | 2521 | 354 | 2625 | | | | | | | | | | | | |
| FRI | 12 | 53 | 0.06 | 0.695 | | | | | | | | | | | | | | | | |
| SAT | 13 | 56 | 0.07 | 0.628 | | | | | | | | | | | | | | | | |
| SUN | 14 | 55 | 0.00 | 0.729 | | | | | | | | | | | | | | | | |
| MON | 15 | 57 | 0.00 | 0.761 | 344 | 2183 | 361 | 2289 | | | | | | | | | | | | |
| TUE | 16 | 61 | 0.00 | 0.745 | 408 | 2535 | 436 | 2710 | | | | | | | | | | | | |
| WED | 17 | 66 | 0.00 | 0.673 | 268 | 1504 | 317 | 1781 | | | | | | | | | | | | |
| THU | 18 | 60 | 0.00 | 0.694 | | | | | | | | | | | | | | | | |
| FRI | 19 | 58 | 0.00 | 0.771 | | | | | | | | | | | | | | | | |
| SAT | 20 | 56 | 0.10 | 0.832 | | | | | | | | | | | | | | | | |
| SUN | 21 | 55 | 0.28 | 1.013 | | | | | | | | | | | | | | | | |
| MON | 22 | 56 | 0.68 | 0.887 | | | | | | | | | | | | | | | | |
| TUE | 23 | 60 | 0.06 | 0.947 | | | | | | | | | | | | | | | | |
| WED | 24 | 57 | 0.21 | 0.884 | 356 | 2625 | 251 | 1851 | | | | | | | | | | | | |
| THU | 25 | 56 | 0.18 | 0.960 | 532 | 4259 | 300 | 2402 | | | | | | | | | | | | |
| FRI | 26 | 55 | 0.24 | 0.791 | | | | | | | | | | | | | | | | |
| SAT | 27 | 58 | 0.04 | 0.661 | | | | | | | | | | | | | | | | |
| TOTAL | | | 6.70 | 25.54 | | | | | | | | | | | | | | | | |
| MAXIMUM | | 66 | 1.63 | 1.86 | 532 | 4259 | 436 | 2710 | 24 | 17.8 | 7.2 | 4.7 | 17 | 118 | 11 | 81 | | 89 | 25 | |
| MINIMUM | | 51 | 0.00 | 0.63 | 204 | 1450 | 210 | 1485 | 12 | 15.1 | 6.7 | 3.9 | 4 | 25 | 4 | 27 | | 3 | 15 | |
| AVERAGE* | | 56 | 0.239 | 0.91 | 333 | 2363 | 304 | 2126 | 19 | 16.4 | | 4.2 | 9 | 64 | 7 | 51 | | 33 | 19 | |
| Number of Analyses | | 26 | 20 | 23 | 3 | 3 | 3 | 3 | 7 | 20 | 20 | 20 | 3 | 3 | 3 | 3 | 0 | 3 | 5 | 7 |

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

Comments: *Geometric mean is used to calculate the average fecal coliform colonies.
 ** FOG samples highlighted in yellow are composite samples

| Weekly | TSS | | BOD | | Weekly |
|--------|------|-----|------|-----|--------|
| | mg/l | lbs | mg/l | lbs | |
| WEEK1 | 7 | 57 | 7 | 51 | 3 |
| WEEK2 | 5 | 36 | 5 | 32 | 32 |
| WEEK3 | 10 | 61 | 8 | 49 | 9 |
| WEEK4 | 14 | 103 | 10 | 73 | 89 |
| MAX | 14 | 103 | 10 | 73 | 89 |

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: Jim Westcott, WW Utilities Supervisor

AK-002321-3
PERMIT NUMBER


001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|-----|
| YR | MO | DAY | TO |
| 2013 | 6 | 30 | TO |
| YEAR | MO | DAY | DAY |
| 2013 | 7 | 7 | 27 |

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------|---------------------|-------|--------------------------|-------|-------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | UNITS | | | | |
| Temperature, water deg. C | ***** | ***** | ***** | ***** | **** | 0 | | |
| 00010 10 Effluent Gross | ***** | ***** | ***** | ***** | ***** | 0 | deg.C | GRAB |
| Oxygen, dissolved (DO) | ***** | ***** | ***** | ***** | **** | 0 | | |
| 00300 10 Effluent Gross | ***** | ***** | ***** | ***** | ***** | 0 | mg/L | GRAB |
| BOD, 5-day, 20 deg. C | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00310 10 Effluent Gross | ***** | ***** | ***** | ***** | ***** | 0 | | |
| BOD, 5-day, 20 deg. C | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00310 G 0 Raw Sewage Influent | ***** | ***** | ***** | ***** | ***** | 0 | | |
| BOD, 5-day, 20 deg. C | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00310 W 0 See Comments | ***** | ***** | ***** | ***** | ***** | 0 | | |
| pH | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00400 10 Effluent Gross | ***** | ***** | ***** | ***** | ***** | 0 | | |
| Solids, Total suspended | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00530 10 Effluent Gross | ***** | ***** | ***** | ***** | ***** | 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
W/W Utilities Supervisor

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
907 AREA CODE 586-0393
PHONE NUMBER
DATE

TYPED OR PRINTED
2013 YEAR 7 MO 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 06/30/2013 through 07/27/2013.
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 0.1)

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: Jim Westcott, WW Utilities Supervisor

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|------|
| YR | MO | DAY | TO |
| 2013 | 6 | 30 | 2013 |
| YEAR | MO | DAY | YEAR |
| 2013 | 7 | 27 | 2013 |

| 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 | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| Raw Sewage Influent | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Monthly | COMP24 |
| Solids, Total suspended | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| 00530 W 0 | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Monthly | COMP24 |
| See Comments | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| Nitrogen, ammonia total (as N) | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| 00610 1 0 | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Semi-annual | COMP24 |
| Effluent Gross | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| Coliform, fecal MF, broth 44.5 C | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Weekly | GRAB |
| 31616 1 0 | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Weekly | GRAB |
| Effluent Gross | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| Coliform, fecal MF, broth 44.5 C | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Weekly | GRAB |
| 31616 W 0 | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Weekly | GRAB |
| See Comments | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| Flow, in conduit or through treatment plant | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| 50050 1 0 | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Continuous | RCORDR |
| Effluent Gross | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| BOD, 5-day, percent removal | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| 81010 K 0 | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | | |
| Percent Removal | ***** | ***** | ***** | ***** | ***** | ***** | | 0 | Monthly | CALCTD |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
W/W Utilities Supervisor

TELEPHONE
586-0393

PHONE NUMBER
DATE

907 AREA CODE
2013 YEAR
7 MO
10 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 06/30/2013 through 07/27/2013.

(Reference all attachments here)

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.

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: Jim Westcott, W/W Utilities Supervisor

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | | |
|-------------------|------|------|-----------------------|
| YR | MO | DAY | NO. EX |
| 2013 | 6 | 30 | 0 |
| FROM | TO | YEAR | FREQUENCY OF ANALYSIS |
| 2013 | 2013 | 7 | MONTHLY |
| | | MO | SAMPLE TYPE |
| | | 7 | CALCTD |
| | | DAY | |
| | | 27 | |

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | UNITS | VALUE | UNITS | PERCENT | SAMPLE TYPE |
|--|---------------------|-------|--------------------------|-------|-------|-------|-------|---------|-------------|
| | VALUE | UNITS | VALUE | UNITS | | | | | |
| Solids, Total suspended, percent removal | ***** | ***** | 97 | ***** | ***** | ***** | ***** | ***** | |
| 81011 K 0 0 | ***** | ***** | 85 | ***** | ***** | ***** | ***** | ***** | |
| Percent removal | ***** | ***** | MN: % RMV | ***** | ***** | ***** | ***** | ***** | CALCTD |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---|----------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Supervisor | 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 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  | PHONE NUMBER DATE |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 06/30/2013 through 07/27/2013. | (Reference all attachments here) | YEAR | MO |
| EPA Form 3320-1 (Rev.01/06) Previous editions may be used. | | 2013 | 7 |
| | | 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)

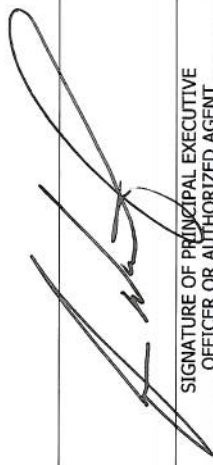
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Supervisor

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|--------|
| YR | MO | DAY | NO. EX |
| 2013 | 6 | 30 | 0 |
| 2013 | 7 | 27 | |

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | FREQ. OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|---------------------|-------|-------|--------------------------|-------|---------------------------|-------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | UNITS | VALUE | | |
| Coliform, fecal MF, broth 44.5 C | ***** | | ***** | ***** | | 5 | Monthly | GRAB |
| 31616 10 Effluent Gross | ***** | | ***** | ***** | | Req. Mon. DAILY MAX ML100 | | |

| | | |
|---|---|-------------------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Supervisor | 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 |
| TYPED OR PRINTED | | PHONE NUMBER DATE |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 06/30/2013 through 07/27/2013. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  | 2013 YEAR 7 MO 10 DAY |

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Tony Stoinich
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

TO 7/31/2013

MONITORING PERIOD: 7/1/2013

MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: **X**

| Parameter | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|------------------------|---------|--------------------------|-------------------------------|----------------------|------------|---------|-----------------------|-------------|
| | Average | Maximum | | Minimum | Average | Maximum | | | | |
| Biochemical Oxygen Demand (BOD5) | Sample meas. | | | ***** | | | | | | |
| | Permit reqmt. | Report monthly average | lbs/day | ***** | Report monthly average | Report daily maximum | mg/l | | When Discharging | Grab |
| Total Suspended Solids | Sample meas. | | | ***** | | | | | | |
| | Permit reqmt. | Report monthly average | lbs/day | ***** | Report monthly average | Report daily maximum | mg/l | | When Discharging | Grab |
| Coliform, fecal MF, M-FC broth, 44.5 C | Sample meas. | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | | ***** | Report monthly geometric mean | Report daily maximum | cts/100 ml | | When Discharging | Grab |
| Flow | Sample meas. | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | MGD | ***** | ***** | ***** | | | When Discharging | Recorded |
| Duration of Discharge | Sample meas. | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | min/day | ***** | ***** | ***** | | | When Discharging | Recorded |

COMMENTS:

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617

Attach an explanation of any violations. Reference all attachments below.

| | | | |
|--|--|--|-----------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TONY STOINICH W/W COLLECTIONS SUPV. TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE 907-790-2525 AREA NUMBER | DATE 8/6/13 Y M D |
|--|--|--|-----------------------------|

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.

Alaska Department of Environmental Conservation Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Tony Stoinich
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213


MONITORING PERIOD: 7/1/2013 TO 7/31/2013

MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: **X**

| Parameter | Sample meas. Permit reqmt. | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|-------------------------------|------------------------|----------------------|---------|--------------------------|-------------------------------|----------------------|------------|---------|-----------------------|-----------------------|
| | | Average | Maximum | | Minimum | Average | Maximum | | | | |
| Biochemical Oxygen Demand (BOD5) | 1 - Final Effluent 00310 R | Report monthly average | Report daily maximum | lbs/day | ***** | Report monthly average | Report daily maximum | mg/l | | When Discharging | Grab |
| Total Suspended Solids | Sample meas. | | | | ***** | | | | | | |
| 1 - Final Effluent 00530 R | Permit reqmt. | Report monthly average | Report daily maximum | lbs/day | ***** | Report monthly average | Report daily maximum | mg/l | | When Discharging | Grab |
| Coliform, fecal MF, M-FC broth, 44.5 C | Sample meas. | ***** | ***** | | ***** | | | | | | |
| 1 - Final Effluent 31616 R | Permit reqmt. | ***** | ***** | | ***** | Report monthly geometric mean | Report daily maximum | cts/100 ml | | When Discharging | Grab |
| Flow | Sample meas. | | | | ***** | ***** | ***** | | | | |
| 1 - Final Effluent 50050 R | Permit reqmt. | Report monthly average | Report daily maximum | MGD | ***** | ***** | ***** | | | When Discharging | Recorded |
| Duration of Discharge | Sample meas. | ***** | ***** | | ***** | ***** | ***** | | | | |
| 1 - Final Effluent 81381 R | Permit reqmt. | ***** | report daily maximum | min/day | ***** | ***** | ***** | | | When Discharging | Instantaneous Reading |
| COMMENTS: | | | | | | | | | | | |

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617

Attach an explanation of any violations. Reference all attachments below.

| | | | |
|---|---|----------------------------|----------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TONY STOINICH W/w Collections SOPV. | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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 907-790-2525 | DATE 8/6/13 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  | | AREA NUMBER Y M D | |

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Tony Stoinich
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801


FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 7/1/2013 TO 7/31/2013
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE:

| Parameter | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|------------------------|---------|--------------------------|-------------------------------|------------|-------|------------------|-----------------------|-------------|
| | Average | Maximum | | Minimum | Average | Maximum | | | | |
| Biochemical Oxygen Demand (BOD5) | Sample meas. | | | ***** | | | | | | |
| | Permit reqmt. | report monthly average | lbs/day | ***** | report daily maximum | mg/l | | When Discharging | Grab | |
| Total Suspended Solids | Sample meas. | | | ***** | | | | | | |
| | Permit reqmt. | report monthly average | lbs/day | ***** | report daily maximum | mg/l | | When Discharging | Grab | |
| Coliform, fecal MF, M-FC broth, 44.5 C | Sample meas. | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | | ***** | report monthly geometric mean | cts/100 ml | | When Discharging | Grab | |
| Flow | Sample meas. | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | MGD | ***** | ***** | | | When Discharging | Recorded | |
| Duration of Discharge | Sample meas. | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | min/day | ***** | ***** | | | When Discharging | Recorded | |
| COMMENTS: | | | | | | | | | | |

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

| | | |
|---|--------------|---------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Tony Stoinich w/w Collections SOTU. | 907-790-2525 | 8/6/13 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA NUMBER |
|  | | Y M D |
| TYPED OR PRINTED | | |