



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	7	28	2013 8 24

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. C	*****	****	19.0		*****		0		
00010 10 Effluent Gross	*****	*****	REPORT DAILY MAX	deg.C	*****		0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	****	3.3		*****		0		
00300 10 Effluent Gross	*****	*****	2	mg/L	*****		0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	96	*****	DAILY MIN.		*****		0		
00310 10 Effluent Gross	690	lbs/d	13		*****		0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	****	361		*****		0		
00310 G 0 Raw Sewage Influent	*****	*****	Req. Mon. MO AVG	mg/L	*****		0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	118	*****	16		*****		0		
00310 W 0 See Comments	1035	lbs/d	45		*****		0	MONTHLY	COMP24
pH	*****	****	6.8		*****		0		
00400 10 Effluent Gross	*****	*****	6.0	SU	*****		0	WEEKDAYS	GRAB
Solids, Total suspended	117	*****	MINIMUM		*****		0		
00530 10 Effluent Gross	690	lbs/d	16		*****		0	MONTHLY	COMP24

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

2013 YEAR 9 MO 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
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)

The reporting period was from 7/28/2013 through 08/24/2013.

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) \$

External Outfall  
\*\*\* NO DISCHARGE

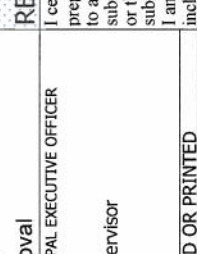
AK-002321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

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

MONITORING PERIOD  
YR 2013 MO 7 DAY 28 FROM  
YEAR 2013 MO 8 DAY 24 TO

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	*****	0		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Raw Sewage Influent	SAMPLE MEASUREMENT	20	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00530 W 0	MEASUREMENT	1035	lb/d	*****	*****	*****			
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	NA	*****	*****	*****	*****	0	Monthly	COMP24
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
31616 1 0	MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
See Comments	MEASUREMENT	0.850	Mgal/d	*****	*****	*****	0	Continuous	RCORDR
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
50050 1 0	MEASUREMENT	2.76	DAILY MAX	*****	*****	*****	0	Monthly	CALCTD
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Percent Removal	MEASUREMENT	96	*****	*****	*****	*****	0	Continuous	RCORDR
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
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.								
Jim Westcott W/W Utilities Supervisor	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  TELEPHONE 586-0393 AREA CODE 907 PHONE NUMBER DATE YEAR 2013 MO 9 DAY 10								

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

The reporting period was from 7/28/2013 through 08/24/2013.

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  
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	YEAR	MO	DAY
2013	7	28	TO	2013	8	24

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, Total suspended, percent removal	*****	*****	*****	95	*****	*****	0		
81011 K 0 0	*****	*****	*****	85	*****	*****			
Percent removal	*****	*****	*****	MN % RMV	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jim Westcott  
W/W Utilities Supervisor

TYPED OR PRINTED

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COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 7/28/2013 through 08/24/2013.

(Reference all attachments here)



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

586-0393

907

AREA CODE

PHONE NUMBER

DATE

2013

YEAR

9

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  
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	TO
2013	7	28	
			YEAR
			MO
			DAY
			24

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	*****		*****		*****		0	0	
31616 10 Effluent Gross	*****		*****		*****			Monthly	GRAB
					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 586-0393
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 7/28/2013 through 08/24/2013.</b>	(Reference all attachments here)	907 AREA CODE 2013 YEAR 9 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

MONITORING PERIOD: 8/1/2013 TO 8/31/2013  
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
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	*****	Report daily maximum			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 STAINICH W/W Collections Supv.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907-790-2895	DATE 9/10/13
TYPED OR PRINTED		AREA   NUMBER 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 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: 8/1/2013 TO 8/31/2013  
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE:

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)	Sample meas.				*****						
	Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.				*****						
	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.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****						
	Permit reqmt.	*****	Report daily maximum	MGD	*****					When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****						
	Permit reqmt.	*****	report daily maximum	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 Collectors Supv.	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 9/10/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA   NUMBER	Y   M   D 9   10   13

# 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: 8/1/2013 TO 8/31/2013  
 MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

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:											

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TONY STOINICH w/w Collections Supv.	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 9/10/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE 	AREA   NUMBER Y   M   D	Y   M   D