

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

October 2013

Juneau, Alaska

WEATHER				FLOWS			INFLUENT						EFFLUENT									
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TITL EFFL MGD	S.S. mg/L	S.S. LBS	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	29	46	0.19	0.697			180	1111			14.6	7.2	4.0			15	93			15		
MON	30	49	0.02	0.740		2235	270	1547			15.0	7.3	4.2	6	34	20	115					
TUE	1	48	0.13	0.697	390		250	1266		26	15.0	7.2	4.4			17	86				22	
WED	2	47	0.11	0.607			380	3657			15.0	7.3	4.2			22	212					
THU	3	46	0.00	1.154			230	3689		16	13.4	7.2	5.1	9	144	11	176				10	
FRI	4	46	1.21	1.923	540	8660	230															
SAT	5	46	1.00	0.934																		
SUN	6	42	0.21	0.748			190	994			13.4	7.1	4.6			10	52			4		
MON	7	41	0.06	0.627			410	7454			13.7	7.2	5.1			12	218					
TUE	8	42	0.00	2.180			180	1986			11.3	7.2	6.7	17	188	19	210					
WED	9	45	1.81	1.323	550	6069	160	1454			12.5	7.1	5.9	7	64	14	127					
THU	10	45	0.39	1.090	290	2636	170	1311		10	12.9	7.1	5.1			10	77				10	
FRI	11	45	0.43	0.925																		
SAT	12	44	0.16	0.741																		
SUN	13	45	0.02	2.098			110	1670			11.9	7.1	6.9	6	91	12	182			33		
MON	14	47	1.81	1.820	210	3188	85	649			12.1	7.1	5.9	4	31	11	84					
TUE	15	44	0.62	0.916	120	917	200	1344		20	12.8	7.1	4.9			7	47				9	
WED	16	45	0.10	0.806			240	1441			13.3	7.2	4.6			12	72					
THU	17	42	0.01	0.720			430	3228		31	13.7	7.1	4.3			9	68				16	
FRI	18	43	0.00	0.900																		
SAT	19	48	0.58	1.284																		
SUN	20	50	0.83	1.751																		
MON	21	42	0.82	0.955	120	956	98	781			12.5	7.0	5.2	6	48	11	88			2		
TUE	22	40	0.00	1.007			160	1344			12.7	7.1	4.9			9	76					
WED	23	46	0.64	2.300			210	4028		16	12.6	7.1	5.4			10	192				7	
THU	24	42	0.42	1.810	260	3925	320	4831			12.5	7.0	4.6	5	75	11	166					
FRI	25	48	0.05	2.040			300	5104			13.8	7.2	3.9			16	272					
SAT	26	46	1.14	2.090																		
TOTAL				34.87																		
MAXIMUM		50	1.81	2.30	550	8660	430	7454		31	15.0	7.3	6.9	17	188	22	272			33	22	
MINIMUM		40	0.00	0.61	120	917	85	649		10	11.3	7.0	3.9	4	31	7	47			2	7	
AVERAGE*		45	0.458	1.25	310	3573	229	2444		20	13.2		5.0	8	84	13	131			8	12	
Number Of Analyses		28	26	28	8	8	20	20	0	8	20	20	20	20	8	20	20	20	0	0	4	6

85%	
B.O.D.	94
S.S.	98

Weekly		TSS		BOD		Weekly	
TSS BOD	Aver.	mg/L	lbs	mg/L	lbs	Coliform	Geo. Mean
WEEK1	8	89	17	136	15		
WEEK2	12	126	13	137	4		
WEEK3	5	61	10	91	33		
WEEK4	6	62	11	159	2		
MAX	12	126	17	159	33		

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

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

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2013	9	29	2013	10	26

FROM

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Temperature, water deg. C							0		
00010 10 Effluent Gross	MEASUREMENT	*****	****	*****	15.0				
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MAX	deg.C			
00300 10 Effluent Gross	MEASUREMENT	*****	****	*****	6.9		0	WEEKDAYS	GRAB
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	17	mg/L		WEEKLY	GRAB
00310 10 Effluent Gross	SAMPLE	131		272	22		0		
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	690	lbs/d	1380 DAILY MAX	60	mg/L		MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	MEASUREMENT	*****	****	*****	*****		0		
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	mg/L		MONTHLY	COMP24
00310 W 0 See Comments	SAMPLE	159		*****	17		0		
pH	MEASUREMENT	1035	lbs/d	*****	45	mg/L		MONTHLY	COMP24
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7.0		0		
Solids, Total suspended	MEASUREMENT	*****	****	*****	7.3				
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	8.5	SU		WEEKDAYS	GRAB
00530 10 Effluent Gross	SAMPLE	84		188	17		0		
00530 10 Effluent Gross	MEASUREMENT	690	lbs/d	1380 DAILY MAX	60	mg/L		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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
907 AREA CODE
586-0393 TELEPHONE
2013 YEAR
11 MO
12 DAY

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

The reporting period was from 09/29/2013 through 10/26/2013.

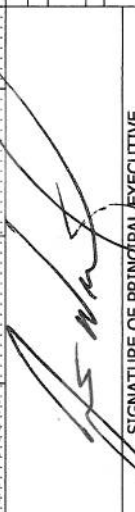
DMR Mailing ZIP CODE: 99801
MAJOR
(SUB 01)

External Outfall
*** NO DISCHARGE

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD					
YR	MO	DAY	YEAR	MO	DAY
2013	9	29	TO	10	26

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended	*****	*****	*****	*****	0		
00530 G 0	*****	*****	*****	*****			
Raw Sewage Influent	*****	*****	*****	*****			
Solids, Total suspended	84	*****	*****	*****	0	Monthly	COMP24
00530 W 0	1035	lb/d	*****	*****			
See Comments	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	NA	*****	*****	*****	0	Monthly	COMP24
00610 1 0	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	0	Semi-annual	COMP24
31616 1 0	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	*****	*****	*****	*****			
See Comments	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	*****	*****	*****	*****			
50050 1 0	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	0	Weekly	GRAB
BOD, 5-day, percent removal	*****	*****	*****	*****			
81010 K 0	*****	*****	*****	*****	0	Continuous	RCORDR
Percent Removal	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	*****		Monthly	CALCTD
Jim Westcott					TELEPHONE 586-0393		
W/W Utilities Supervisor					AREA CODE 907		
					PHONE NUMBER DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				2013	11	12
					YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 09/29/2013 through 10/26/2013.

DMR Mailing ZIP CODE: 99801
MAJOR
(SUB 01)

External Outfall
*** NO DISCHARGE

AK-002321-3
PERMIT NUMBER

AK-002321-3
PERMIT NUMBER

MONITORING PERIOD

DAY	
-----	--

FROM

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.			
Jim Westcott W/W Utilities Superintendent	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
COMMENT AND EXPLANATION OF ANY VIOLATIONS		(Reference all attachments here)		
The reporting period was from 09/29/2013 through 10/26/2013.				

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	YR	MO	DAY
2013	9	29	2013	10	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	*****	*****		*****	1		0	1	1
31616 10 Effluent Gross	*****	*****		*****	Req. Mon. DAILY MAX	#/ ML100		Monthly	GRAB

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907	586-0393
			AREA CODE	PHONE NUMBER
TYPED OR PRINTED			2013	11
COMMENT AND EXPLANATION OF ANY VIOLATIONS			YEAR	MO
The reporting period was from 09/29/2013 through 10/26/2013.			12	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: 10/1/2013 TO 10/31/2013
MONITORING POINT: 004 (N-15.1) (R) Douglas 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	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 monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****	*****		*****	*****	*****				
	Permit reqmt.	*****	*****	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 <i>Tony Stoinich</i> <i>Waste Collections Supv.</i>	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE 907-790-2525	DATE 11/12/13
	TYPED OR PRINTED	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
PERMIT NUMBER: AK0023213

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

MONITORING PERIOD: 10/1/2013 TO 10/31/2013
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	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 Collections SURV.	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 11/12/13
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA NUMBER Y M D	
TYPED OR PRINTED				

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: 10/1/2013 TO 10/31/2013
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	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 maximum monthly average	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 <i>Tony Stoinich</i> w/w Collections Supv.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 407-790-2525	DATE 11/14/13
		AREA NUMBER	Y M D
TYPED OR PRINTED			