

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

November 2013

Juneau, Alaska

DAY	DATE	WEATHER				FLOWS				INFLUENT						EFFLUENT						
		TEMP °F	RAIN FALL INCHES	3-D TITL EFFL MGD	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG ** mg/L	FOG ** LBS	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	27	40	0.10	0.808		250	1495				7.0	4.8			10	60			3			
MON	28	44	0.01	0.717							13.0	7.1	4.2									
TUE	29	44	0.15	0.697					14		13.3	7.2	4.4	6	63	94				9		
WED	30	45	0.10	1.252	340	3550					12.4	7.0	4.3		9	68						
THU	31	44	0.94	0.909	190	1440					12.5	7.1	4.4		17	102						
FRI	1	41	0.28	0.717	160	957																
SAT	2	41	0.06	0.674																		
SUN	3	31	0.00	0.664							12.5	7.2	4.5		7	36						
MON	4	34	0.00	0.625							12.3	7.1	4.6		9	59			2			
TUE	5	40	0.28	0.789	190	1250					11.5	7.2	6.2	21	245	23	269					
WED	6	39	0.80	1.400	340	3970					11.6	7.0	5.6									
THU	7	36	0.57	1.019					16		11.8	7.1	5.7							6		
FRI	8	33	0.12	0.745																		
SAT	9	26	0.00	0.611																		
SUN	10	32	0.00	0.601																		
MON	11	32	0.00	0.610	930	4731					12.0	6.9	4.2	4	20	31			2			
TUE	12	35	0.06	0.667	200	1146			16		12.3	7.0	4.2		7	40						
WED	13	35	0.13	0.695	290	1881					12.4	7.0	4.0		5	29				7		
THU	14	39	0.19	1.133	220	2079					12.6	6.9	4.1	4	38	5	47					
FRI	15	34	0.75	0.708	180	1063					11.5	6.8	4.4		5	30						
SAT	16	27	0.00	0.613																		
SUN	17	21	2.00	0.659																		
MON	18	15	0.00	0.643	210	1126					10.4	7.0	4.3	5	27							
TUE	19	15	0.00	0.606	220	1112					10.5	7.1	4.5	4	20	4	20					
WED	20	17	0.00	0.622	260	1349					10.6	7.0	4.2	4	21	4	21					
THU	21	21	0.70	0.567	260	1229					13.4	7.2	3.8	4	19	4	19					
FRI	22	37	0.44	2.513																		
SAT	23	30	1.37	1.306																		
TOTAL			8.85	23.61																		
MAXIMUM		45	2.00	2.51	520	3550			16		13.4	7.2	6.2	21	245	23	269			3	9	
MINIMUM		15	0.00	0.57	160	910			14		10.4	6.8	3.8	4	19	4	19			2	6	
AVERAGE*		33	0.316	0.84	274	1870			15		12.1		4.5	7	57	8	62			2	7	
Number of Analytes		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

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

10-29 no sampling tubing split on Inf. Comp. 11-7,8 No sampling switching from Basin 2 to Basin 1.

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

Weekly	TSS	mg/l	lbs	mg/l	lbs	BOD	mg/l	lbs	Coliform	Geo Mean
Weekly	TSS BOD	Aver	6	63	11	81	3	3	3	3
WEEK1			6	63	11	81	3	3	3	3
WEEK2			21	245	13	121	2	2	2	2
WEEK3			4	29	6	35	2	2	2	2
WEEK4			4	22	4	20	3	3	3	3
MAX			21	245	13	121	3	3	3	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, WW Utilities Supervisor

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2013	10	27	2013 11 11
YR	MO	DAY	TO
2013	10	27	2013 11 11

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. C	*****	****	13.4	deg.C	*****	0	0		
00010 1.0 Effluent Gross	*****	*****	REPORT DAILY MAX		*****	0	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	****	3.8		*****	0	0		
00300 1.0 Effluent Gross	*****	*****	2	mg/L	*****	0	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	*****	****	269		*****	0	0		
00310 1.0 Effluent Gross	*****	lbs/d	1380	DAILY MAX	*****	0	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	****	62		*****	0	0		
00310 G 0 Raw Sewage Influent	*****	*****	121		*****	0	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	****	1035	WEEKLY AVG	*****	0	0	MONTHLY	COMP24
pH	*****	****	6.8		*****	0	0		
00400 1.0 Effluent Gross	*****	*****	6.0	MINIMUM	*****	0	0	WEEKDAYS	GRAB
Solids, Total suspended	*****	****	57		*****	0	0		
00530 1.0 Effluent Gross	*****	lbs/d	1380	DAILY MAX	*****	0	0	MONTHLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
WW Utilities Supervisor

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
2013 YEAR
12 MO
586-0393 TELEPHONE

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 10/27/2013 through 11/23/2013.
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 hereto)

TYPED OR PRINTED
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 ***

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	YEAR
2013	10	27	2013
FROM	TO	MO	DAY
2013	10	27	2013
NO. EX	FREQUENCY OF ANALYSIS	MO	DAY
0	Monthly	11	23

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	57	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	*****			
00530 W 0	PERMIT REQUIREMENT	1035	*****	*****	*****	*****			
See Comments	MEASUREMENT	WKLY AVG	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	SAMPLE	NA	*****	*****	*****	*****	0	Monthly	COMP24
00610 1 0	MEASUREMENT	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****		Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	SAMPLE	*****	*****	*****	*****	*****	0		
31616 1 0	MEASUREMENT	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	MEASUREMENT	*****	*****	*****	*****	*****			
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE	0.843	*****	*****	*****	*****	0	Weekly	GRAB
50050 1 0	MEASUREMENT	2.76	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE	*****	*****	*****	*****	*****	0	Continuous	RCORDR
81010 K 0	MEASUREMENT	*****	*****	*****	*****	*****			
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		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
Jim Westcott
W/W Utilities Supervisor

TELEPHONE
907 586-0393

AREA CODE
PHONE NUMBER
DATE

2013 12 9
YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

The reporting period was from 10/27/2013 through 11/23/2013.

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

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE ***

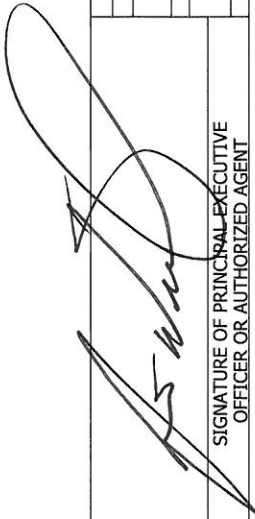
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
NAME: JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Supervisor

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	YEAR
2013	10	27	2013
FROM			TO
			11
			23

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Solids, Total suspended, percent removal	*****	*****	*****	98	*****	*****	0		
81011 K 0 0	*****	*****	*****	85	*****	*****			
Percent removal	*****	*****	*****	MN % RMV	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Supervisor	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 586-0393
TYPED OR PRINTED		AREA CODE 907 PHONE NUMBER DATE YEAR 2013 MO 12 DAY 9
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 10/27/2013 through 11/23/2013. (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.		

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

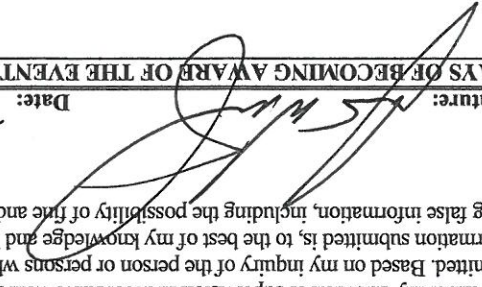
AK-002321-3
PERMIT NUMBER


REC-1
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2013	10	27	0
2013	11	11	0

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE		
Coliform, fecal MF, broth 44.5 C	*****		*****	*****		*****	0	Monthly
31616 10 Effluent Gross	*****		*****	*****	Req. Mon. #/ DAILY MAX ML100	*****	0	

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. <i>(Reference all attachments here)</i>	TELEPHONE 586-0393
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 10/27/2013 through 11/23/2013.		PHONE NUMBER DATE
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.		YEAR 2013
		MO 12
		DAY 9

GENERAL INFORMATION		PERMIT# (if any): AK-002321-3	
Owner or Operator:	CBJ	Facility Name:	Juneau-Douglas WWTP
Facility Location:	1540 Thane Rd., Juneau	Reported How? (e.g. by phone):	Phone/Mail
Person Reporting:	Jim Westcott	Phone Numbers of Person Reporting:	586.0741
Date/Time Event was Noticed:	11/25/13 0930	Date/Time Reported:	11/25/13 1030
Name of DEC Staff Contacted:		Name of DEC Staff Contacted:	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 11/22/13	End Date/Time (exact): 11/22/2013	If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
Estimated Quantity involved (volume or weight):			
Description of the noncompliance and its cause (be specific):			
A pH grab sample of the effluent was drawn 4 times versus the 5 times required by the permit. Primarily due to miscommunication amongst staff and knowledge of permit requirements.			
Actions taken to reduce, eliminate, and prevent recurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)			
A directive was initiated to read the NPDES permit from each of the three facilities regarding testing requirements and discharge parameters.			
Permit Condition Deviation (Identify each permit condition exceeded during the event):			
Parameter (e.g. BOD, pH)	Permit Limit	Exceedance (sample result)	Sample Date
pH	5 x week	4 x week	11/22/13
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
A directive was initiated to all staff to read the NPDES permit from each of the three facilities regarding testing requirements and discharge parameters.			
Environmental Damage: (if yes, provide details below)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual/Potential Impact on Environment/Public Health (describe in detail)			
Unknown			
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.			
Name:	Jim Westcott	Title:	WWTP Supervisor
Signature:			
Date:	11/25/13		
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			


	NONCOMPLIANCE NOTIFICATION
Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program 555 Cordova Street Anchorage, Alaska 99501 Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov	

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: 11/1/2013 TO 11/30/2013
 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				
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	1 - Final Effluent 00530 R	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	1 - Final Effluent 31616 R	Report monthly average	Report daily maximum	cts/100 ml	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	Report monthly average	Report daily maximum			When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 R	Report monthly average	Report daily maximum	min/day	Report monthly average	Report daily maximum			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 SWM	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 12-9-13
		SIGNATURE OF PRINCIPAL EXECUTIVE 	OFFICER OR AUTHORIZED AGENT AREA NUMBER Y M D 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: 11/1/2013 TO 11/30/2013
 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				
Biochemical Oxygen Demand (BOD5)	Sample meas.			*****					
	Permit reqmt. 00310 Q	Report monthly average	lbs/day	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****					
	Permit reqmt. 00530 Q	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. 31616 Q	Report monthly average		Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.			*****					
	Permit reqmt. 50050 Q	Report daily maximum	MGD	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.			*****					
	Permit reqmt. 81381 Q	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 SOAV.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907-790-2525	DATE 12-9-13
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.		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: 11/1/2013 TO 11/30/2013
 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	*****				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: TONY STOINICH W/W COLLECTIONS SUPERV.	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: 12-9-13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE 	AREA NUMBER	Y M D