

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

December 2013

DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL WGD	INFLUENT								EFFLUENT										
					S.S. mg/l	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	Ammonia mg %	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	
SUN	24	27	0.22	0.767																			
MON	25	33	0.04	0.766																			
TUE	26	36	0.19	0.810	170	1148	160	1022															
WED	27	37	0.19	1.437	180	2157	180	2966			16									10			
THU	28	38	0.95	1.086																			
FRI	29	36	0.38	0.961																			
SAT	30	25	0.21	0.765																			
SUN	1	25	0.06	0.745																			
MON	2	24	0.00	0.714			200	1191															
TUE	3	20	0.00	0.678	200	1131	220	1244															
WED	4	21	0.00	0.720	200	1201	200	1201															
THU	5	27	0.00	0.661	190	1047	200	1103															
FRI	6	19	0.00	0.631	170	895																	
SAT	7	23	0.00	0.551																			
SUN	8	28		0.598																			
MON	9	33	0.80	0.632			230	1212															
TUE	10	34	0.05	1.409	240	2820	270	3173															
WED	11	33	1.62	1.403	210	2457	140	1638															
THU	12	25		0.725	150	907	160	967															
FRI	13	32	1.30	1.605																			
SAT	14	41		3.077																			
SUN	15	33		0.981																			
MON	16	32	0.10	0.722	130	783	120	723															
TUE	17	32	0.00	0.699			180	1049															
WED	18	13	0.00	0.774	180	1162	260	1678															
THU	19	24	0.11	0.666	210	1166	370	2065															
FRI	20	23		0.635																			
SAT	21	22		0.599																			
SUN	22	22		1.431																			
MON	23	35		1.000	140	1168	150	1251															
TUE	24	34	0.12	1.900																			
WED	25	38	1.29	1.707																			
THU	26	37	0.23	1.478	78	961																	
FRI	27	31		0.56																			
SAT	28	33	0.16	1.352																			
TOTAL			8.68	35.56																			
MAXIMUM		41	1.62	3.08	240	2820	370	3173			16				12.3	7.5	8.9	12	108	13	156	4	10
MINIMUM		13	0.00	0.55	78	783	120	723			16				7.0	6.7	4.0	4	23	4	22	1	10
AVERAGE		29	0	1	173	1369	206	1482			16				10	10	5	6	45	7	52	2	10
Number of Analyzes		35	27	35	13	13	16	16	0	0	25				74	13	13	16	16	16	16	1	10

% REMOVAL	
B.O.D.	97
S.S.	97

	TSS		BOD		Coliform	
	mg/l	lbs	mg/l	lbs	Geo. Mean	Coliform
Weekly TSS/BOD	7	67	8	78	1	
WEEK1	5	29	5	26	2	
WEEK2	7	63	9	80	4	
WEEK3	5	28	5	31	1	
WEEK4	5	46	5	42	4	
WEEK5	7	67	9	80	4	
MAX.	7	67	9	80	4	

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 ***

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2013	11	24	2013	12	28
FROM			TO		

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	*****	*****	12.3	deg.C	0		
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MAX	deg.C	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	*****	4.0		0		
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	mg/L	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	MEASUREMENT	52	lbs/d	156	7		0		
00310 10 Effluent Gross	PERMIT REQUIREMENT	690	lbs/d	1380	30	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	MEASUREMENT	*****	*****	*****	206		0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO.AVG	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	MEASUREMENT	80		*****	9		0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035	lbs/d	*****	45	mg/L	0	MONTHLY	COMP24
pH	MEASUREMENT	*****	*****	*****	6.7		0		
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0	SU	0	WEEKDAYS	GRAB
Solids, Total suspended	MEASUREMENT	45		108	6		0		
00530 10 Effluent Gross	PERMIT REQUIREMENT	690	lbs/d	1380	30	mg/L	0	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.

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

TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
 586-0393 TELEPHONE
 2014 YEAR
 1 MO
 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 11/24/2013 through 12/28/2013.

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
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	MO	DAY
2013	11	24	2013	12	28
FROM			TO		

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	*****	*****	*****	*****	0		
Raw Sewage Influent	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	67	*****	*****	*****	0		
00530 W 0	1035	lb/d	*****	*****	0	Monthly	COMP24
See Comments	WKL Y AVG		*****	*****	0		
Nitrogen, ammonia total (as N)	NA	*****	*****	*****	0		
00610 1 0	Req. Mon.	lb/d	*****	*****	0	Semi-annual	COMP24
Effluent Gross	MO AVG	DAILY MAX	*****	*****	0		
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	0		
31616 1 0	*****	*****	*****	*****	0		
Effluent Gross	*****	*****	*****	*****	0	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	0		
31616 W 0	*****	*****	*****	*****	0	Weekly	GRAB
See Comments	*****	*****	*****	*****	0		
Flow, in conduit or through treatment plant	1.02	3.08	*****	*****	0		
50050 1 0	2.76	6.0	*****	*****	0		
Effluent Gross	MO AVG	DAILY MAX	*****	*****	0	Continuous	RCORDR
BOD, 5-day, percent removal	*****	*****	97	*****	0		
81010 K 0	*****	*****	*****	*****	0		
Percent Removal	*****	*****	85	*****	0	Monthly	CALCTD
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 WW Utilities Supervisor	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						
TYPED OR PRINTED	2014 YEAR 1 MO 10 DAY 907 AREA CODE 586-0393 TELEPHONE PHONE NUMBER DATE						

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

The reporting period was from 11/24/2013 through 12/28/2013.

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
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	MO	DAY
2013	11	24	2013	12	28
FROM			TO		

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	*****	*****	*****	97	*****	*****	0		
81011 K 0 0	*****	*****	*****	85	*****	*****			
Percent Removal	*****	*****	*****	MN % RMV	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jim Westcott
WW 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

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER
DATE
2014 YEAR 1 MO 10 DAY

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 11/24/2013 through 12/28/2013.

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 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	NO. EX
2013	11	24	0
		TO	
		2013	12
			28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	NO. EX		
Coliform, fecal MF, broth 44.5 C	*****		*****	NA		0	0	
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.		TELEPHONE 586-0393
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		907 AREA CODE
2014 YEAR			1 MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 11/24/2013 through 12/28/2013.
(Reference all attachments here)

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

CONTACT NAME: Mark Mow
 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: 12/1/2013 TO 12/31/2013
 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 monthly average	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****					
	Permit reqmt.	report monthly average	lbs/day	*****	report monthly average	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 MARK J. MOW SR. OPERATOR TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OFFICER OR AUTHORIZED AGENT	TELEPHONE (907) 790-2525	DATE 1/8/14
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Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow
 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: 12/1/2013 TO 12/31/2013
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Biochemical Oxygen Demand (BOD5)	Sample meas.			*****					
	Permit reqmt. 00310 Q	Report monthly average	lbs/day	*****	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****					
	Permit reqmt. 00530 Q	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. 31616 Q	Report monthly average		*****	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.			*****					
	Permit reqmt. 50050 Q	Report daily maximum	MGD	*****	Report daily maximum			When Discharging	Recorded
Duration of Discharge	Sample meas.			*****					
	Permit reqmt. 81381 Q	Report daily maximum	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 MARK T. MOW SIC. OPERATOR TYPED OR PRINTED	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 	TELEPHONE (907) 790-2525 AREA NUMBER Y M D 11/8/14
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Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow
 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: 12/1/2013 TO 12/31/2013
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Biochemical Oxygen Demand (BOD5)	Sample meas.			*****					
	Permit reqmt.	Report monthly average	Report daily maximum	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****					
	Permit reqmt.	Report monthly average	Report daily maximum	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 average	Report daily maximum	Report monthly average	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.			*****	*****				
	Permit reqmt.	Report monthly average	Report daily maximum	Report monthly geometric mean	Report daily maximum			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****	*****	*****	*****				
	Permit reqmt.	Report monthly average	Report daily maximum	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 MARK F. MOW SR. OPERATOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Mark F. Mow</i>	TELEPHONE	DATE
		(907) 790-2525	1/8/14
TYPED OR PRINTED	AREA NUMBER	Y M D	