



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

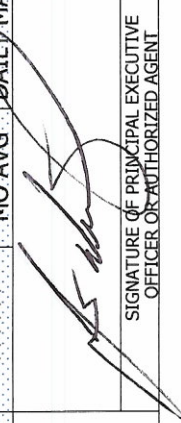
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)  
JUNEAU, CITY AND BOROUGH OF  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY:  
JUNEAU-DOUGLAS TREATMENT PLANT  
LOCATION:  
JUNEAU, ALASKA 99801  
ATT:  
Jim Westcott, WW Utilities Sr. Operator

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2013	12	29		2014	2	1

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	****	*****	11.1		0		
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE	*****	****	*****	8.6		0		
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	17	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE	107.1	933.1	*****	7.0	26.0	0		
00310 10 Effluent Gross	MEASUREMENT	690	1380	lbs/d	30	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	DAILY MAX	*****	180.0		0		
00310 G 0 Raw Sewage Influent	SAMPLE	*****	*****	*****	*****	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG		0		
00310 W 0 See Comments	SAMPLE	303.6	*****	*****	10.5				
pH	MEASUREMENT	1035	*****	*****	45	mg/L		MONTHLY	COMP24
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	WKLY AVG		0		
Solids, Total suspended	SAMPLE	125.6	1435.5	*****	6.4	6.9			
00530 10 Effluent Gross	MEASUREMENT	690	1380	*****	6.0	8.5		WEEKDAYS	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	MAXIMUM		MONTHLY	COMP24
Jim Westcott W/W Utilities Sr. Operator	SAMPLE	*****	*****	*****	7.2	40.0	0		
TYPED OR PRINTED	MEASUREMENT	*****	*****	*****	30	60		MONTHLY	COMP24
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MAX		TELEPHONE	
The reporting period was from 12/29/2013 - 02/01/2014.	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MAX		907	
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MAX		AREA CODE	
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MAX		PHONE NUMBER	
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MAX		DATE	
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MAX		YEAR	
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MAX		DAY	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



(Reference all attachments here)

The reporting period was from 12/29/2013 - 02/01/2014.

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

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

External Outfall  
\*\*\* NO DISCHARGE \*\*\*

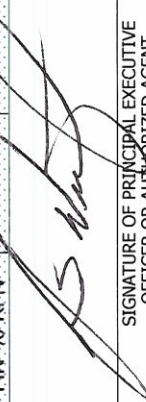
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)  
**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Jim Westcott, WW Utilities Sr. Operator

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2013	12	29	2014
YR	MO	DAY	TO
2014	2	1	

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	151.2	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****		Monthly	COMP24
00530 G 0	MEASUREMENT	*****	*****	*****	*****	14.3	*****	0		
Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	45	*****		Monthly	COMP24
00530 W 0	MEASUREMENT	*****	*****	*****	*****	NA	*****	0		
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	NA	*****			
Nitrogen, ammonia total (as N)	MEASUREMENT	*****	*****	*****	*****	NA	*****	0		
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MAX	*****		Semi-annual	COMP24
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	3	*****	0		
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	400	*****		Weekly	GRAB
31616 1 0	MEASUREMENT	*****	*****	*****	*****	12	*****	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	MO GEO DAILY MAX	*****		Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	MEASUREMENT	*****	*****	*****	*****	800	*****	0		
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****		Weekly	GRAB
See Comments	MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0	MEASUREMENT	*****	*****	*****	*****	96	*****	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****		Continuous	RCORDR
BOD, 5-day, percent removal	MEASUREMENT	*****	*****	*****	*****	MN % RMV	*****			
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	CALCTD

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


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

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

The reporting period was from 12/29/2013 - 02/01/2014.

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

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

External Outfall  
\*\*\* NO DISCHARGE \*\*\*

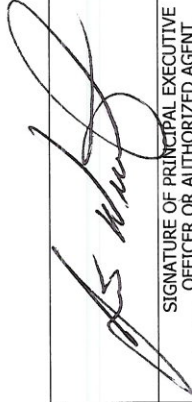
PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)  
**NAME:** JUNEAU, CITY AND BOROUGH OF  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Jim Westcott, WW Utilities Sr. Operator

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**MONITORING PERIOD**  
YR 2013 MO 12 DAY 29 TO 2014 MO 2 DAY 1

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 Percent Removal	*****	*****	*****	85 MN % RMV	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Sr. Operator	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 <b>586-0393</b>
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 12/29/2013 - 02/01/2014.</b>		YEAR <b>2014</b> MO <b>2</b> DAY <b>10</b>

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 Sr. Operator


**AK-002321-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2013	12	29	2014	2	1

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	0	0	
31616 10 Effluent Gross	*****	*****	*****	Reg. Mon. #/ DAILY MAX ML100		Monthly	GRAB

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.		TELEPHONE	907
Jim Westcott W/W Utilities Sr. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	586-0393
TYPED OR PRINTED			PHONE NUMBER DATE	2014
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)		YEAR	MO
<b>The reporting period was from 12/29/2013 - 02/01/2014.</b>			DAY	10

# 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 TO 1/31/2014 NO DISCHARGE:   
 MONITORING PERIOD: 1/1/2014  
 MONITORING POINT: 004 (N-15.1) (R) Douglas

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		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	TELEPHONE	DATE
MARK F. MOW SP. OPERATOR	907-790-2625	2/11/14
TYPED OR PRINTED	AREA   NUMBER	Y   M   D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		

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: 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: 1/1/2014 TO 1/31/2014  
 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	Average	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 Q	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
	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 Q	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	cts/100 ml		When Discharging	Grab
	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C 1 - Final Effluent 31616 Q	*****	*****		*****	*****	*****				
	*****	*****	MGD	*****	*****	*****			When Discharging	Recorded
Flow 1 - Final Effluent 50050 Q	*****	Report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 Q	*****	*****		*****	*****	*****				
	*****	*****		*****	*****	*****				
COMMENTS:										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <div style="text-align: center; font-size: 1.2em;">                     MARK T. MOW                      SR. OPERATOR                 </div> 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 fines and imprisonment for knowing violations.	TELEPHONE <div style="text-align: center; font-size: 1.2em;">                     907-790-2525                 </div> AREA   NUMBER	DATE <div style="text-align: center; font-size: 1.2em;">                     2/10/14                 </div> Y   M   D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <div style="text-align: center; font-size: 1.5em;">                     Mark T. Mow                 </div>			

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

CONTACT NAME: Mark Mow  
 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: 1/1/2014 TO 1/31/2014  
 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	Maximum				
Biochemical Oxygen Demand (BOD5)	report monthly average	report daily maximum	lbs/day	report monthly average	report daily maximum	mg/l		When Discharging	Grab
	1 - Final Effluent 00310 P								
Total Suspended Solids	report monthly average	report daily maximum	lbs/day	report monthly average	report maximum monthly average	mg/l		When Discharging	Grab
	1 - Final Effluent 00530 P								
Coliform, fecal MF, M-FC broth, 44.5 C	*****	*****		*****	*****				
	1 - Final Effluent 31616 P			report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	*****	*****		*****	*****				
	1 - Final Effluent 50050 P	report daily maximum	MGD	*****	*****			When Discharging	Recorded
Duration of Discharge	*****	*****		*****	*****				
	1 - Final Effluent 81381 P	Report daily maximum	min/day	*****	*****			When Discharging	Recorded

COMMENTS:

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NAME/TITLE: <b>MARK J. MOW</b> SR. 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 OFFICER OR AUTHORIZED AGENT	TELEPHONE 907-790-2525 AREA   NUMBER Y   M   D 2/1/14
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