

**JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
FEBRUARY 2014**

Juneau, Alaska

DAY	WEATHER				FLOWS				INFLUENT				EFFLUENT									
	DATE	TEMP °E	RAIN FALL INCHES	J-D TITL EFFL MGCD	S.S. (mg/L)	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	2	28	0.00	0.680	176.0	983.7	160.0	903.4				10.6	6.8	5.3	5.6	31.6	8.0	45.2			2	
MON	3	31	0.00	0.677	288.0	1513.2	350.0	1835.0				10.6	6.9	6.0	6.4	33.6	8.6	45.2				
TUE	4	27	0.00	0.630	224.0	1203.1	470.0	2524.4				10.3	6.8	5.2	4.4	23.6	9.2	49.4				
WED	5	28	0.00	0.644	288.0	1479.6	400.0	2055.0				10.1	6.8	5.7	8.0	41.1	5.9	30.3				
THU	6	17	0.00	0.616	372.0	1917.3	380.0	1956.6				10.2	6.8	5.5	7.6	39.2	8.1	41.7				
FRI	7	20	0.00	0.618																		
SAT	8	23	0.00	0.611																		
SUN	9	20	0.00	0.580																		
MON	10	17	0.00	0.621	216.0	1118.7	150.0	776.9				9.1	6.9	5.4	1.0	5.2	4.3	22.3			30	
TUE	11	12	0.00	0.582	200.0	970.8	290.0	1407.6				8.5	6.8	6.1	4.8	23.3	5.2	25.2				
WED	12	12	0.00	0.725	256.0	1547.9	460.0	2781.4				9.0	6.8	4.7	4.8	29.0	6.1	36.9				
THU	13	23	0.42	0.641	228.0	1218.9	360.0	1924.5				10.1	6.6	5.2	4.0	21.4	7.6	40.6				
FRI	14	32	0.67	0.995	208.0	1726.0	270.0	2240.5				10.1	6.7	5.2	6.4	53.1	8.6	71.4				
SAT	15	36	0.75	1.255																		
SUN	16	32		0.772																		
MON	17	32	0.28	0.719	148.0	887.5	250.0	1495.1				12.9	6.5	8.5	4.4	26.4	5.4	32.4			2	
TUE	18	30	0.22	0.717	228.0	1363.4	370.0	2212.5				9.5	6.6	5.7	4.4	26.3	5.1	30.5				
WED	19	24	0.00	0.683	236.0	1344.3	380.0	2164.6				10.7	6.8	5.5	8.0	44.1	7.4	40.8				
THU	20	28	0.00	0.661	292.0	1609.7	430.0	2370.5				10.3	6.6	5.6								
FRI	21	28	0.00	0.560								10.3	6.7	5.8								
SAT	22	25	0.00	0.595								10.4	6.7	5.6								
SUN	23	28	0.00	0.589								10.3	6.7	5.6								
MON	24	27	0.00	0.591	236.0	1163.2	290.0	1425.4				10.0	6.8	5.2	8.8	43.4	7.9	38.9			82	
TUE	25	26	0.00	0.637	328.0	1742.5	370.0	1965.7				10.8	6.8	4.8	7.6	40.4	6.4	34.0				
WED	26	38	0.00	0.589								11.1	6.7	5.2								
THU	27	36	0.00	0.625								10.1	6.8	4.8								
FRI	28	37	0.00	0.610								10.6	6.7	4.5								
SAT	1	32	0.00	0.617																		
TOTAL			2.34	18.84																		
MAXIMUM		38	0.75	1.26	372	1917	470	2781				12.9	6.9	8.5	9	53	9	71			82	
MINIMUM		12	0.00	0.56	148	887	150	777				8.5	6.5	4.5	1	5	4	22			2	
AVERAGE*		27	0.087	0.67	245	1362	336	1878				10.3	6.7	5.5	6	32	7	39			10	
Number of Analyzes		28	27	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

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

Data from 02/26/2014 - 02/28/2014 will be sent at a later date when the reports come in from the lab.

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

Weekly	TSS		BOD		Coliform	
	mg/l	lbs	mg/l	lbs	Geo. Mean	Geo. Mean
WEEK1	6	34	8	42	2	2
WEEK2	4	26	6	39	30	30
WEEK3	6	33	6	35	2	2
WEEK4	8	42	7	36	82	82
MAX	8	42	8	42	82	82

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

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

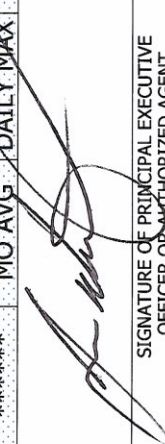
External Outfall
*** NO DISCHARGE ***

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
2014	2	2	2014 3 1

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS		VALUE	UNITS				
Temperature, water deg. C	*****	*****	****	12.9		0			
00010 10 Effluent Gross	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB	
Oxygen, dissolved (DO)	*****	*****	****	4.5		0			
00300 10 Effluent Gross	*****	*****	*****	2	mg/L		WEEKLY	GRAB	
BOD, 5-day, 20 deg. C	39	71		DAILY MIN.		0			
00310 10 Effluent Gross	690	1380	lbs/d	30	mg/L		MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	*****	*****	****	336		0			
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	mg/L		MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	42.4	*****	*****	8		0			
00310 W 0 See Comments	1035	*****	lbs/d	45	mg/L		MONTHLY	COMP24	
pH	*****	*****	****	6.5		0			
00400 10 Effluent Gross	*****	*****	*****	6.0	SU		WEEKDAYS	GRAB	
Solids, Total suspended	32	53		6		0			
00530 10 Effluent Gross	690	1380	lbs/d	30	mg/L		MONTHLY	COMP24	
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 Sr. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED	2014			3			10		
COMMENT AND EXPLANATION OF ANY VIOLATIONS	The reporting period was from 02/02/2014 through 03/01/2014.								

(Reference all attachments here)

The reporting period was from 02/02/2014 through 03/01/2014.

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

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

External Outfall
*** NO DISCHARGE ***

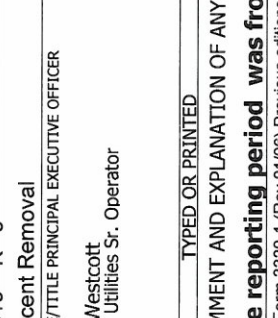
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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
2014	2	2	2014 3 1

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	245	0		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG			
Raw Sewage Influent	SAMPLE MEASUREMENT	32	*****	*****	*****	6	0	Monthly	COMP24
00530 W 0	PERMIT REQUIREMENT	1035	*****	*****	*****	45			
See Comments	MEASUREMENT	NA	*****	*****	*****	WKLY AVG			
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	NA	*****	*****	*****	NA	0	Monthly	COMP24
00610 1 0	MEASUREMENT	Req. Mon. MO AVG	*****	*****	*****	Req. Mon. MO AVG			
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MAX	*****	*****	*****	Req. Mon. DAILY MAX			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	0	Semi-annual	COMP24
31616 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	400			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	MO GEO			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	82	0	Weekly	GRAB
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	800			
See Comments	MEASUREMENT	*****	*****	*****	*****	WKLY GEO			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	0.6729	*****	*****	*****	1.2550	0	Weekly	GRAB
50050 1 0	PERMIT REQUIREMENT	2.76	*****	*****	*****	6.0			
Effluent Gross	MEASUREMENT	MO AVG	*****	*****	*****	DAILY MAX			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	98	0	Continuous	RCORDR
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	85			
Percent Removal	MEASUREMENT	*****	*****	*****	*****	MN % RMV			
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 Sr. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED	TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE 2014 YEAR 3 MO 10 DAY								
COMMENT AND EXPLANATION OF ANY VIOLATIONS	The reporting period was from 02/02/2014 through 03/01/2014. (Reference all attachments here) 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)

External Outfall
*** NO DISCHARGE ***

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

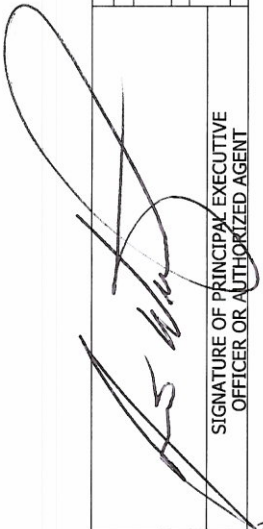
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott WW Utilities Supervisor

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2014	2	2	0
FROM	TO	YEAR	FREQUENCY OF ANALYSIS
		2014	MONTHLY
		3	
		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	*****	*****	*****	98	*****	*****	0		
81011 K 0 0	*****	*****	*****	85	*****	*****			
Percent removal	*****	*****	*****	MN % RMV	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	
Jim Westcott W/W Utilities Sr. Operator	907 AREA CODE	586-0393
TYPED OR PRINTED	PHONE NUMBER	DATE
COMMENT AND EXPLANATION OF ANY VIOLATIONS	2014 YEAR	3 MO
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	
	 (Reference all attachments here) The reporting period was from 02/02/2014 through 03/01/2014.	

**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 Sr. Operator

AK-002321-3
 PERMIT NUMBER

REC-1
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2014	2	2	0
2014	3	1	

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	*****	*****		*****	*****		0		
31616 10 Effluent Gross	*****	*****		*****	*****	#/ ML100		Monthly	GRAB



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Sr. Operator	TELEPHONE 586-0393
	AREA CODE 907
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NUMBER DATE
	YEAR 2014
TYPED OR PRINTED	MO 3
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 02/02/2014 through 03/01/2014.	DAY 10

(Reference all attachments here)

The reporting period was from 02/02/2014 through 03/01/2014.

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: 2/1/2014 TO 2/28/2014
 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	Average	Maximum				
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 <div style="text-align: center; font-size: 1.2em;"> MARK T. MOW SR. OPERATOR TYPED OR PRINTED </div>	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 <div style="text-align: center; font-size: 1.2em;"> Mark T. Mow </div>	TELEPHONE DATE
		907-790-2525 3/10/14	AREA NUMBER Y M D

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: 2/1/2014 TO 2/28/2014
 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	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****						
	Permit reqmt.	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.	*****		*****	Report monthly geometric mean	Report daily maximum	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 A. MOW SR. DIRECTOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907-790-2525	DATE 3/10/14
TYPED OR PRINTED		AREA NUMBER	Y M D

Alaska Department of Environmental 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: 2/1/2014 TO 2/28/2014
 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. 00310 R	Report monthly average	lbs/day	*****	Report daily maximum	mg/l		When Discharging	Grab	
Total Suspended Solids	Sample meas.			*****						
	Permit reqmt. 00530 R	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 R	Report monthly average	cts/100 ml	*****	Report daily maximum	cts/100 ml		When Discharging	Grab	
Flow	Sample meas.			*****						
	Permit reqmt. 50050 R	Report monthly average	MGD	*****	Report daily maximum			When Discharging	Recorded	
Duration of Discharge	Sample meas.			*****						
	Permit reqmt. 81381 R	Report monthly average	min/day	*****	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 J. MOW SR. OPERATOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907-790-2525	DATE 3/10/14
TYPED OR PRINTED		AREA NUMBER	Y M D