JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY March 2014

								Number Of Analyses	AVERAGE*	MINIMUM	MAXIMUM	TOTAL	SAT	FRI	THU	WED	TUE	MON	NUS	SAT	FRI	THU	WED	JUE	MON	NUS	SAT	FRI	Ħ	WED	TUE	MON	NUS	SAT	FRI	크	WED	IUE	MON	NUS		DAY	
			1					lyses					29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	00	7	6	G	4	ω	2		DATE	
		Comment						28	34	20	39		38	35	34	37	38	35	34	34	35	34	35	35	35	35	37	38	38	37	38	39	39	36	28	26	21	20	24	29	ę.	TEMP	WEATHER
	i.	e. *Caome						28	0.174	0.00	1.02	4.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.46	0.37	0.07	0.07	0.46	0.07	0.11	1.02	0.60	0.15	0.82	0.68	0.00	0.00	0.00	0.00	0.00	0.00	INCHES	RAIN	בות
	colonies	atric mean i						28	0.82	0.57	1.96	22.86	0.594	0.589	0.651	0.572	0.662	0.638	0.595	0.623	0.709	0.679	0.888	0.997	0.987	0.731	0.782	1.141	0.760	0.900	1.957	1.029	0.802	1.469	0.949	0.650	0.687	0.567	0.604	0.651	MGD		FLOVVO
0000	colonies	e lieed to co						5	235.8	92.0	525.0				204.0	288.0	244.0	188.0				152.0	296.0	200.0	160.0				204.0	92.0	184.0	160.0				525.0	276.0	336.0	264.0		mg/L	5.5	
	alcolor in io	alculate the						6	1535.5	690.6	3003.1				1107.6	1373.9	1347.1	1000.3				860.8	2192.2	1663.0	1317.1				1293.0	690.6	3003.1	1373.1				2846.0	1581.4	1588.9	1329.9		SBJ	.5.2	
	average	average fo						63	321.9	160.0	920.0				230.0	920.0	430.0	200.0				160.0	460.0	290.0	200.0				390.0	170.0	190.0	170.0				450.0	390.0	200.0	300.0		mg/L	8.O.D.	
	cal colliding	nal coliform		S.S.	B.O.D.			帝	2055.3	906.1	4388.8				1248.7	4388.8	2374.1	1064.2				906.1	3406.7	2411.3	1646.3				2472.0	1276.0	3101.1	1458.9				2439.5	2234.5	945.8	1511.2		: LBS	8.0.0.	INCLUENT
				96		85%		. 0							-	w		10													_					O.	O.		.0		1/6w:	FOG **	
								0																																	L. LBS	FOG	
																																									S mg/L	G NES	
	WEEK4	WEEK3	WEEK2	WEEK1	Aver.	TSS,BOD	Weekly	28	9.4	1.0	10.8		9.7	9.8	10.5	9.9	9.8	10.2	10.1	1.0	9.4	10.4	9.1	9.4	9.7	10.0	9.9	9.6	9.8	8.6	8.8	9.6	8.6	10.6	10.8	9.7	10.1	9.6	8.8	_	ಗಿ		
	4 6.7	3 7.0	2 7.5	1 13.3	mg/i	0		28		6.1	7.0		6.8	6.9	7.0	7.0	6.9	6.8	6.8	6.8	6.8	6.5	6.5	6.6	6.1	6.6	6.5	6.5	6.5	6.4	6.6	6.5	6.4	6.5	6.5	6.4	6.4	6.5	6.6	6.7	, i		
70.0	35.2	50.7	79.0	70.5	: lbs	TSS		77	5.3	4.0	6.2		4.7	5.3	5.3	4.0	4.2	5.3	4.5	5.0	5.4	5.4	4.8	4.7	4.9		5.7	5.4	5.7	6.2	6.1	6.0	5.9	4.8	4.9	6.1	5.8	5.8	5.9	4.5	J/gm.	D.0.	
מ	8.5	5.6	6.4	8.0	i mg/l			6	8.6	1.0	29.0				5.2	6.8	7.2	7.6				8.8	7.2	11.0	1.0				4.0	9.2	10.0	6.8				29.0	8.4	6.8	8.8		mg/L	5.5	
747	43.9	39.6	71.7	42.2	sd]	BOD			58.8	8.2	163.2				28.2	32.4	39.8	40.4				49.8	53.3	91.5	8.2				25.4	69.1	163.2	58.4				157.2	48.1	32.2	44.3		CBS	S.S.	
			_			Col	We																																				
470	13.0	2.0	14.0	17.0	Geo. Mean	Coliform	Weekly	亩	7.1	2.7	18.0				5.9	12.0	8.1	7.8				7.9	5.5	6.1	2.7				4.6	5.6	11.0	4.2				18.0	4.0	4.9	5.0		mg/L	8.O.D	EFFLUENI
								6	49.3	22.2	179.5				32.0	57.2	44.7	41.5				44.7	40.7	50.7	22.2				29.2	42.0	179.5	36.0				97.6	22.9	23.2	25.2		LBS	B.O.D.	2
																																									mg/L	G *	
								0																																	LBS	FOG	
									9	2	17							13							2							14							17		100 th	FECAL	
								В																																		Ammonia	

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

External Outfall

DISCHARGE NUMBER 001 A

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) ATT: ADDRESS: LOCATION: FACILITY: JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, X AK-002321-3 PERMIT NUMBER *** NO DISCHARGE DAY

Jim Westcott W/W Utilities Sr. Operator Solids, Total suspended NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BOD, 5-day, 20 deg. C BOD, 5-day, 20 deg. C BOD, 5-day, 20 deg. C Oxygen, dissolved (DO) Effluent Gross 00010 10 Eflfuent Gross 00530 10 Eflfuent Gross 00400 10 See Comments 00310 W 0 Raw Sewage Influent 00310 G 0 Effluent Gross 00310 10 Effluent Gross 00300 10 Temperature, water deg. C PARAMETER 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. 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, Jim Westcott, WW Utilities Sr. Operator certify under penalty of law that this document and all attachments were REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE SAMPLE SAMPLE PERMIT PERMIT WKLY AVG MO AVG MO AVG **** ***** 71.7 **** ***** ***** ***** ***** ***** 1035 49.3 58.8 VALUE **QUANTITY OR LOADING** 690 690 DAILY MAX DAILY MAX 163.2 179.5 ***** ***** **** ***** **** ***** ***** **** 1380 ***** ***** 1380 VALUE **** **** **** ***** FROM lbs/d *** STIND lbs/d *** lbs/d *** *** DAILY MIN MINIMUM ***** ***** ***** ***** ***** ***** ***** **** ***** **** 2014 6.0 6.1 4.0 VALUE QUALITY OR CONCENTRATION WKLY AVG Req. Mon. MO AVG MO AVG MO AVG 321.9 **** ***** **** **** **** **** VALUE 8.6 00 30 7.1 30 45 ω∣₹ BAILY MAX DAILY MAX DAILY MAX DAILY MAX MAXIMUM REPORT ***** ***** ***** 10.8 ***** 6.2 29.0 7.0 18.0 VALUE 8 60 17 **MONITORING PERIOD** mg/L mg/L mg/L mg/L mg/L deg.C STIND S 7 2014 YEAR AREA CODE ΞŠ 0 0 0 0 C 0 0 FREQUENCY OF ANALYSIS WEEKDAYS TELEPHONE 586-0393 WEEKDAYS MONTHLY MONTHLY MONTHLY MONTHLY WEEKLY PHONE NUMBER DATE 30 ω COMP24 COMP24 COMP24 SAMPLE COMP24 GRAB GRAB GRAB DAY 29

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COMMENT AND EXPLANATION OF ANY VIOLATIONS

TYPED OR PRINTED

including the possibility of fine and imprisonment for knowing violations

(Reference all attachments here)

SIGNATURE ÓF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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DA)

am aware that there are significant penalties for submitting false information,

EPA Form 3320-1 (Rev.01/06) Previous editions may be used. The reporting period was from 03/02/2014 through 03/29/2014.

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

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801 ₩.

External Outfall
*** NO DISCHARGE

*** 001 A

NAME:	JUNEAU, CITY AND BOROUGH OF	BOROUGH OF			AK-0023	2321-3		<u> </u>		001 A
ADDRESS:	155 SOUTH SEWARD,	Ď,			PERMI	PERMIT NUMBER				
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	S TREATMENT P	LANT				MONIT	MONITORING PERIOD	RIOD	
LOCATION:	JUNEAU, ALASKA 99801	99801			¥	МО	DAY		YEAR	
АТТ:	Jim Westcott, WW Utilities Sr. Operator	/ Utilities Sr. Ope	erator	FROM	2014	ω	2	0 0	2014	
PARAMETER		OUANTITY OR LOADING	R LOADING		QUA	QUALITY OR CONCENTRATION	TRATION		E NO.	- 1
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU		
Solids, Total suspended	SAMPLE					235.8			0	
	MEASUREMENT	****	****	****	****		****			
00530 G 0	PERMIT					Reg. Mon		mg/L		
Raw Sewage Influent	REQUIREMENT	** ** **	* * * *	****	****	MO AVG	****			
Solids, Total suspended	SAMPLE	58.8				8.6			0	
8	MEASUREMENT		****	****	****		****			
00530 W 0	PERMIT	1035		lb/d		45		mg/L		
See Comments	REQUIREMENT	WKLY AVG	* * * *		* * * *	WKLY AVG	****			
Nitrogen, ammonia total (as N)	SAMPLE	NA	NA			NA	NA		0	
	MEASUREMENT			***	****					
00610 10	PERMIT	Req. Mon.	Req. Mon.	lb/d		Req. Mon,	Req. Mon,	mg/L		1.1.1
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		****	MO AVG	DAILY MAX			
Coliform, fecal MF, broth 44.5 C	SAMPLE					8.9	17.0		0	
	MEASUREMENT	****	****	****	****					
31616 1 0	PERMIT					400	1200	#100/ml		
Effluent Gross	REQUIREMENT	****	****	****	****	MO GEO	DAILY MAX			
Coliform, fecal MF, broth 44.5 C	SAMPLE					17			0	- 1
	MEASUREMENT	****	****	****	****		****			
31616 W 0	PERMIT					800		#100/ml		
See Comments	REQUIREMENT	****	****	****	****	WKLY GEO	****			
Flow, in conduit or through	SAMPLE	0.8165	1.9570						0	
treatment plant	MEASUREMENT			****	****	****	****	* * *		
50050 1 0	PERMIT	2.76	6.0	Mgal/d						
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		* * * *	****	****			
BOD, 5-day,percent removal	SAMPLE				97.8				0	- 1
;	MEASUREMENT	** ** *	* * * *	****		****	***	**		11
81010 K 0	PERMIT				****		\	%		
Percent Removal	REQUIREMENT	****	****	****	MN % RMV	*****	****	Percent		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	f law that this docume	nt and all attachments	were			/			
Jim Westcott	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	ed personnel properly	gather and evaluate the	ystem designed e information		A			907 AREA	-
W/W Utilities Sr. Operator	submitted. Based on my inquiry of the person or persons who manage the system.	inquiry of the person	or persons who manag	e the system,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10/01	X		CODE	-
	submitted is, to the best of my knowledge and belief, true, accurate, and complete.	of my knowledge and	belief, true, accurate,	and complete.	The state of the s	ATURE OF PRINC		L	2012	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	of fine and imprisoning	ent for knowing violat	ions.	OFFIC	OFFICER OR AUTHO	ER OR AUTHORIZED AGENT		YEAR	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	IY VIOLATIONS		(Reference all attachments here	achments her						
The reporting period was for	FOCTOR SENSON A FOCTOR OF SENSON A	יו כח לבייים לי	2010		8					

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

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801 ₩

External Outfall
*** NO DISCHARGE

*** 001 A

NAME:	JUNEAU, CITY AND BOROUGH OF	BOROUGH OF			AK-002321-3	321-3				001 A	l A
ADDRESS:	155 SOUTH SEWARD,	D,			PERMIT NUMBER	NUMBER				DISCHARGE NUMBER	NUMBER
	JUNEAU, ALASKA 99801	9801									
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	S TREATMENT P	LANT				MONITORING PERIOD	RING P	ERIOD		
LOCATION:	JUNEAU, ALASKA 99801	99801			ΥR	MO	DAY		YEAR	MO	DAY
ATT:	Jim Westcott, WW Utilitities Sr. Operator	Utilitities Sr. Op	erator	FROM	2014	ω	2	ТО	2014	ω	29
PARAMETER		QUANTITY OR LOADING	R LOADING		QUALITY	TY OR CONCENTRATION	RATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	,		i
Solids, Total suspended, percent	SAMPLE				96.3				0		
removal	MEASUREMENT	****	****	****		****	****				
81011 K 0 0	PERMIT				85			%			
Percent removal	REQUIREMENT	****	*****	* * * *	***** MN % RMV	****	****	PERCENT		MONTHLY CALCTD	CALCTD
								20			
				0							

			The reporting period time from 03/01/101/4 through 03/01/101/	
			ANY VIOLATIONS (Reference all attachments here)	COMMENT AND EXPLANATION OF ANY VIOLATIONS
MO DAY	YEAR	OFFICER OR AUTHORIZED AGENT	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
4 7	2014	// SIGNATURE OF PRINCIPAL EXECUTIVE	I am aware that there are significant penalties for submitting false information,	
			submitted is, to the best of my knowledge and belief, true, accurate, and complete.	
DATE		W-WI-	or those persons directly responsible for gathering the information, the information	
PHONE NUMBER	CODE	11 what	submitted. Based on my inquiry of the person or persons who manage the system,	W/W Utilities Sr. Operator
	AREA		to assure that the qualified personnel properly gather and evaluate the information	Jim Westcott
586-0393	907		prepared under my direction or supervision in accordance with the system designed	!
TELEPHONE			I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
		1 4/		
)		

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

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

FACILITY: LOCATION:

JUNEAU, ALASKA 99801

Jim Westcott, WW Utilities Sr. Operator

JUNEAU-DOUGLAS TREATMENT PLANT

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

JUNEAU, CITY AND BOROUGH OF

ADDRESS:

ATT:

PARAMETER

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

UPSTREAM RECEIVING WATER

External Outfall
*** NO DISCHARGE

*** DISCHARGE NUMBER

AK-002321-3 PERMIT NUMBER

MONITORING PERIOD

***** FROM STINU ***** ***** 2014 VALUE ¥ QUALITY OR CONCENTRATION **** ***** VALUE 8 ω Req. Mon. #/
DAILY MAX ML100 VALUE DAY STINU 5 2014 YEAR ENO. 0 FREQUENCY OF ANALYSIS Monthly **™** 0 ω SAMPLE TYPE GRAB 29 DAY

Effluent Gross 31616 10

REQUIREMENT

MEASUREMENT PERMIT

VALUE

VALUE

QUANTITY OR LOADING

SAMPLE

Coliform, fecal MF, broth 44.5 C

COMMENT AND EXPLANATION OF ANY VIOLATIONS	TYPED OR PRINTED			Jim Westcott W/W Utilities Sr. Operator	!	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
VIOLATIONS (Reference all attachments here)	including the possibility of fine and imprisonment for knowing violations.	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,	or those persons directly responsible for gathering the information, the information	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,	prepared under my direction or supervision in accordance with the system designed	I certify under penalty of law that this document and all attachments were	
(✓ OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE		Asket		1 4	
	YEAR	2014		AREA CODE	907		
	MO	4	DATE	PHONE NUMBER	586-0393	TELEPHONE	
	DAY	7		/BER			

The reporting period was from 03/02/2014 through 03/29/2014. EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

<u>Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)</u>

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: 3/1/2014

 T_0

NO DISCHARGE:

MONITORING POINT: 002 (N-11) (P) Sta AE

							טסק (וא דד/ (ו / סנם צוב	20		C DISCHILLINGE.	^
Parameter		Quantity or Loading	or Loading	Units	Qual	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				* * * *				·		
1 - Final Effluent Permit 00310 P reqmt.	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.				* * * * *						
1 - Final Effluent 00530 P	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.	* * * *	* * * *		* * * *						
1 - Final Effluent 31616 P	Permit reqmt.	* * * *	* * * *		* * * *	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	* * * * *			* * * * *	* * * * *	* * * * *				
1 - Final Effluent 50050 P	Permit reqmt.	** ** ** *	report daily maximum	MGD	** ** **	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	* * * * * *			* * * * *	* * * * *	* * * * *				
1 - Final Effluent Permit 81381 P reqmt.	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.

MALL I. MOW I SR. OPSEATOR TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

possibility of fine and imprisonment for knowing violations. gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there who manage the system, or those persons directly responsible for the information submitted. Based on my inquiry of the person or persons orepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate certify under penalty of law that this document and all attachments were

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 2525-364-408 AREA | NUMBER

YIMID DATE

<u>Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)</u>

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: 3/1/2014

TO

MONITORING POINT: 003 (N11.2) (Q) Sta C

NO DISCHARGE:

							000 (11277) (2)	0			
Parameter		Quantity or Loading	r Loading	Units	Qual	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand	Sample				***						
(BOD5)	meas.)))						
1 - Final Effluent Permit 00310 Q reqmt.	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.				* * * * *						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					**			,		?)
1 - Final Effluent 00530 Q	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.	* * * * *	* * * * *		* * * * *						
1 - Final Effluent	:	* * * * *	****		****	Report	Report	cts/100 ml		When Discharging	Grab
31616 Q	Permit reqmt.					monthly geometric mean	daily maximum				
Flow	Sample meas.	* * * * *			* * * * *	* * * * *	* * * * *				
1 - Final Effluent	Permit	* * * * * *	Report	MGD	* * * * * *	* * * *	** ** *			When Discharging	Recorded
50050 Q	reqmt.		daily maximum								
Duration of Discharge	Sample meas.	* * * * *			* * * * *	* * * * *	* * * * *				
1 - Final Effluent 81381 Q	Permit reqmt.	******	report daily maximum	min/day	******	***	*****			When Discharging	Recorded
COMMENTS:											
						å					

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.

MARK I. MOW/SR. OFRERTON TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

who manage the system, or those persons directly responsible for possibility of fine and imprisonment for knowing violations gathering the information, the information submitted is, to the best of my designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons knowledge and belief, true, accurate, and complete. I am aware that there prepared under my direction or supervision in accordance with a system certify under penalty of law that this document and all attachments were

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 907-790-2525 AREA | NUMBER YIMID DATE

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: 3/1/2014

3/31/2014

MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

											COMMENTS:
Instantaneous Reading	When Discharging			* * * * *	* * * * *	* * * * *	min/day	report daily maximum	* * * * *	Permit reqmt.	1 - Final Effluent Permit 81381 R reqmt.
				****	* * * * *	* * * *			* * * * *	Sample meas.	Duration of Discharge
Recorded	When Discharging			* * * * *	* * * * *	* * * * *	MGD	Report daily maximum	Report monthly average	Permit reqmt.	1 - Final Effluent Permit 50050 R reqmt.
				* * * *	* * * * * *	* * * * *				Sample meas.	Flow
Grab	When Discharging		cts/100 ml	Report daily maximum	Report monthly geometric mean	* * * * *		* * * * *	* * * * * * * * * * * * * * * * * * *	Permit reqmt.	1 - Final Effluent 31616 R
						* * * * *		* * * * *	* * * * *	Sample meas.	Coliform, fecal MF, M-FC broth, 44.5 C
Grab	When Discharging		mg/l	Report daily maximum	Report monthly average	* * * * *	lbs/day	Report daily maximum	Report monthly average	Permit reqmt.	1 - Final Effluent 00530 R
						* * * * *				Sample meas.	Total Suspended Solids
Grab	When Discharging		mg/l	Report daily maximum	Report monthly average	* * * * *	lbs/day	Report daily maximum	Report monthly average	Permit reqmt.	1 - Final Effluent Permit 00310 R reqmt.
						* * * * *				Sample meas.	Biochemical Oxygen Demand (BOD5)
	Analysis	Ex.		Maximum	Average	Minimum		Maximum	Average		
Sample Type	Frequency of	No.	Units	ition	Quality or Concentration	Qual	Units	r Loading	Quantity or Loading		Parameter

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

-	MARK X.
TYPED OR PRINTED	mow/sa.onecoror

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

possibility of fine and imprisonment for knowing violations. gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate who manage the system, or those persons directly responsible for certify under penalty of law that this document and all attachments were he information submitted. Based on my inquiry of the person or persons

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	OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	Mal J. Mow	α.
	AREA NUMBER	,	907-780-2525	TELEPHONE
	YIMID		1/4/14	DATE