

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

March 2014

Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT											
DAY	DATE	TEMP °F	RAIN INCHES	J-D TLE FHL MGD	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	29	0.00	0.651	284.0	1329.9	300.0	1511.2				10.8	6.7	4.5	8.8	44.3	5.0	25.2				17	
MON	3	24	0.00	0.664	336.0	1588.9	200.0	945.8				8.8	6.6	5.9	6.8	32.2	4.9	23.2					
TUE	4	20	0.00	0.567	276.0	1581.4	390.0	2234.5				9.6	6.5	5.8	8.4	48.1	4.0	22.9					
WED	5	21	0.00	0.687	525.0	2846.0	450.0	2439.5				10.1	6.4	5.8	6.1	29.0	157.2	18.0	97.6				
THU	6	26	0.00	0.650								9.7	6.4	6.1									
FRI	7	28	0.00	0.949								10.8	6.5	4.9									
SAT	8	36	0.68	1.489								10.6	6.5	4.8									
SUN	9	39	0.82	0.802								8.6	6.4	5.9									
MON	10	39	0.15	1.029	180.0	1373.1	170.0	1458.9				8.6	6.5	6.0	6.8	58.4	4.2	36.0				14	
TUE	11	38	0.60	1.957	184.0	3003.1	190.0	3101.1				8.8	6.6	6.1	10.0	163.2	11.0	179.5					
WED	12	37	1.02	0.900	92.0	690.6	170.0	1278.0				8.6	6.4	6.2	9.2	69.1	5.6	42.0					
THU	13	38	0.11	0.760	204.0	1293.0	390.0	2472.0				9.8	6.5	5.7	4.0	25.4	4.6	29.2					
FRI	14	38	0.07	1.141								9.6	6.5	5.4									
SAT	15	37	0.46	0.782								9.9	6.5	5.7									
SUN	16	35	0.07	0.731								10.0	6.6										
MON	17	35	0.07	0.987	180.0	1317.1	200.0	1848.3				9.7	6.1	4.9	1.0	8.2	2.7	22.2				2	
TUE	18	35	0.37	0.987	200.0	1683.0	290.0	2411.3				9.4	6.8	4.7	11.0	91.5	6.1	50.7					
WED	19	35	0.46	0.888	296.0	2192.2	460.0	3408.7				9.1	6.5	4.8	7.2	53.3	5.5	40.7					
THU	20	34	0.00	0.679	152.0	860.8	160.0	908.1				10.4	6.5	5.4	8.9	49.8	7.9	44.7					
FRI	21	35	0.00	0.709								9.4	6.8	5.4									
SAT	22	34	0.00	0.623								1.0	6.8	5.0									
SUN	23	34	0.00	0.595								10.1	6.8	4.5									
MON	24	35	0.00	0.638	188.0	1000.3	200.0	1094.2				10.2	6.8	5.3	7.6	40.4	7.8	41.5				13	
TUE	25	38	0.00	0.662	244.0	1347.1	430.0	2374.1				9.8	6.9	4.2	7.2	39.8	8.1	44.7					
WED	26	37	0.00	0.572	288.0	1373.9	920.0	4388.8				9.9	7.0	4.0	6.8	32.4	12.0	57.2					
THU	27	34	0.00	0.651	204.0	1107.6	230.0	1248.7				10.5	7.0	5.3	5.2	28.2	5.9	32.0					
FRI	28	35	0.00	0.589								9.8	6.9	5.3									
SAT	29	38	0.00	0.594								9.7	6.8	4.7									
TOTAL				4.88	22.86																		
MAXIMUM		39	1.02	1.96	525.0	3003.1	920.0	4388.8				10.8	7.0	6.2	29.0	163.2	18.0	179.5				17	
MINIMUM		20	0.00	0.57	92.0	690.6	160.0	908.1				1.0	6.1	4.0	1.0	8.2	2.7	22.2				2	
AVERAGE*		34	0.174	0.82	235.8	1535.5	321.9	2058.3				9.4		5.3	8.6	58.8	7.1	49.3				9	

85%	B.O.D.	98
	S.S.	96

Comments: *Geometric mean is used to calculate the average fecal coliform colonies.

Weekly	TSS			BOD			Weekly		
	Aver	mg/L	lbs	Aver	mg/L	lbs	Geo. Mean	Coliform	mg/L
WEEK1	13.3	70.5	8.0	42.2	17.0				
WEEK2	7.5	79.0	6.4	71.7	14.0				
WEEK3	7.0	50.7	5.6	39.6	2.0				
WEEK4	6.7	35.2	8.5	43.9	13.0				
MAX	13.3	79.0	8.5	71.7	17.0				

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

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

External Outfall
*** NO DISCHARGE

001 A
DISCHARGE NUMBER

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

FROM

2014

3

MONITORING PERIOD

DAY

2

TO

2014

MO

3

DAY

29

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	10.8	deg.C	0	WEEKDAYS	GRAB
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	4.0	*****	6.2	mg/L	0	WEEKDAYS	GRAB
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2	*****	DAILY MIN.	mg/L			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49.3	179.5	*****	*****	7.1	18.0	mg/L	0	WEEKLY	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	30	60	mg/L			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	321.9	DAILY MAX	mg/L	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71.7	*****	*****	*****	8.5	*****	mg/L	0	MONTHLY	COMP24
00310 W 0 See Comments	PERMIT REQUIREMENT	1035	*****	lbs/d	*****	45	*****	mg/L			
pH	SAMPLE MEASUREMENT	*****	*****	****	6.1	*****	7.0	mg/L	0	MONTHLY	COMP24
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	8.5	SU		WEEKDAYS	
Solids, Total suspended	SAMPLE MEASUREMENT	58.8	163.2	*****	MINIMUM	*****	MAXIMUM				GRAB
00530 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	30	60	mg/L			
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										
COMMENT AND EXPLANATION OF ANY VIOLATIONS											
The reporting period was from 03/02/2014 through 03/29/2014. (Reference all attachments here)											
TYPED OR PRINTED											
907 AREA CODE											
586-0393 TELEPHONE											
PHONE NUMBER											
DATE											
2014 YEAR											
4 MO											
7 DAY											

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			
YEAR	MO	DAY	TO
2014	3	2	2014
2014	YEAR	MO	DAY
2014	3	29	

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	58.8	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	NA	NA	*****	*****	*****	*****	*****	0		
00530 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	0.8165	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.76 MO AVG	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:
Jim Westcott
WW Utilities Sr. Operator

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 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.

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)
The reporting period was from 03/02/2014 through 03/29/2014.

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	YEAR	MO	DAY
2014	3	2		2014	3	29

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	*****	96.3	*****	*****	0		
Percent removal		*****	*****	*****	85	*****	*****		MONTHLY	CALCTD
					MIN % RMV		PERCENT			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
WW Utilities Sr. Operator

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TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE **586-0393** TELEPHONE
2014 YEAR **4** MO **7** DAY PHONE NUMBER DATE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The reporting period was from 03/02/2014 through 03/29/2014.

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 ***

REC-1

DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2014	3	2	2014
YEAR	MO	DAY	YEAR
2014	3	29	2014

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
WW Utilities Sr. Operator

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TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2014 YEAR
4 MO
7 DAY

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

The reporting period was from 03/02/2014 through 03/29/2014.

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: 3/1/2014 TO 3/31/2014
 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					Average	Maximum			
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310 P	Permit reqmt.	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 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	1 - Final Effluent 31616 P	Permit reqmt.	*****	*****	cts/100 ml	*****	report monthly geometric mean	report daily maximum				When Discharging	Grab
FLOW	1 - Final Effluent 50050 P	Sample meas.	*****	*****	MGD	*****	*****	*****				When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 P	Sample meas.	*****	*****	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	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.	
<i>Mark T. Mow / SR. OPERATOR</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>Mark T. Mow</i>
TYPED OR PRINTED	TELEPHONE	DATE
	207-796-2525	4/7/14
	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: 3/1/2014 TO 3/31/2014
 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	Maximum				
Biochemical Oxygen Demand (BOD5)	Sample meas. Report monthly average	Report daily maximum	lbs/day	*****	*****	mg/l		When Discharging	Grab
1 - Final Effluent 00310 Q	Permit reqmt.	Report daily maximum	lbs/day	*****	*****	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas. Report monthly average	Report daily maximum	lbs/day	*****	*****	mg/l		When Discharging	Grab
1 - Final Effluent 00530 Q	Permit reqmt.	Report daily maximum	lbs/day	*****	*****	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas. Report monthly average	Report daily maximum	cts/100 ml	*****	*****	cts/100 ml		When Discharging	Grab
1 - Final Effluent 31616 Q	Permit reqmt.	Report daily maximum	cts/100 ml	*****	*****	cts/100 ml		When Discharging	Grab
FLOW	Sample meas. Report monthly average	Report daily maximum	MGD	*****	*****	MGD		When Discharging	Recorded
1 - Final Effluent 50050 Q	Permit reqmt.	Report daily maximum	MGD	*****	*****	MGD		When Discharging	Recorded
Duration of Discharge	Sample meas. Report monthly average	Report daily maximum	min/day	*****	*****	min/day		When Discharging	Recorded
1 - Final Effluent 81381 Q	Permit reqmt.	Report daily maximum	min/day	*****	*****	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	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.	
<i>MARK J. MOW/SR. OPERATOR</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>Mark J. Mow</i>
TYPED OR PRINTED	TELEPHONE	DATE
	907-590-2525	4/7/14
	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
 PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

MONITORING PERIOD: 3/1/2014 TO 3/31/2014
 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	Maximum				
Biochemical Oxygen Demand (BOD5)	Sample meas.	Report monthly average	lbs/day	*****	Report monthly average	mg/l		When Discharging	Grab
	Permit reqmt.	Report daily maximum		*****	Report daily maximum				
	1 - Final Effluent								
	00310 R								
Total Suspended Solids	Sample meas.	Report monthly average	lbs/day	*****	Report monthly average	mg/l		When Discharging	Grab
	Permit reqmt.	Report daily maximum		*****	Report daily maximum				
	1 - Final Effluent								
	00530 R								
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	Report monthly average	cts/100 ml	*****	Report monthly geometric mean			When Discharging	Grab
	Permit reqmt.	Report daily maximum		*****	Report daily maximum				
	1 - Final Effluent								
	31616 R								
FLOW	Sample meas.	Report monthly average	MGD	*****	Report monthly geometric mean			When Discharging	Recorded
	Permit reqmt.	Report daily maximum		*****	Report daily maximum				
	1 - Final Effluent								
	50050 R								
Duration of Discharge	Sample meas.	Report monthly average	min/day	*****	Report monthly geometric mean			When Discharging	Instantaneous Reading
	Permit reqmt.	Report daily maximum		*****	Report daily maximum				
	1 - Final Effluent								
	81381 R								
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
<i>MARK T. MOW / SR. MANAGER</i>	907-780-2535	4/7/14
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	AREA NUMBER	Y M D
<i>Mark T. Mow</i>		
TYPED OR PRINTED		