



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:** Cort Franklin Wastewater Utilities Sr. Operator

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**MONITORING PERIOD**  
 YR MO DAY TO YR MO DAY  
 2014 3 30 TO 2014 5 3

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	UNITS			
Temperature, water deg. C	*****	*****	****	*****	14.2	0		
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	*****	****	*****	5.8	0		
00300 10 Effluent Gross	*****	*****	*****	*****	17		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	DAILY MIN.	0		
00310 10 Effluent Gross	44	175	****	*****	6			
BOD, 5-day, 20 deg. C	*****	*****	****	*****	30		MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	*****	*****	****	*****	327	0		
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	Req. Mon. MO AVG		MONTHLY	COMP24
00310 W 0 See Comments	84	*****	****	*****	8	0		
pH	*****	*****	****	*****	45		MONTHLY	COMP24
00400 10 Effluent Gross	*****	*****	****	*****	WKLY AVG	0	MONTHLY	COMP24
Solids, Total suspended	*****	*****	****	*****	7.2			
00530 10 Effluent Gross	*****	*****	*****	*****	8.5		WEEKDAYS	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	****	*****	MAXIMUM			
Cort Franklin W/W Utilities Sr. Operator	42	175	****	*****	6	0		
TYPED OR PRINTED	*****	*****	****	*****	30		MONTHLY	COMP24
COMMENT AND EXPLANATION OF ANY VIOLATIONS	*****	*****	****	*****	DAILY MAX		MONTHLY	COMP24
The reporting period was from 03/30/2014 - 05/03/2014.	*****	*****	****	*****	60		TELEPHONE	
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.	*****	*****	****	*****	60		907 AREA CODE	
	*****	*****	****	*****	DAILY MAX		586-0393	
	*****	*****	****	*****	60		PHONE NUMBER	
	*****	*****	****	*****	DAILY MAX		DATE	
	*****	*****	****	*****	60		2014 YEAR	5 MONTH
	*****	*****	****	*****	DAILY MAX		9 DAY	

*Cort Franklin*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(Reference all attachments here)

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:** Cort Franklin Wastewater Utilities Sr. Operator

**AK-002321-3**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

**MONITORING PERIOD**  
 YR MO DAY TO YR MO DAY  
 2014 3 30 TO 2014 5 3

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, Total suspended	*****	*****	*****	249	*****	*****	0		
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Solids, Total suspended	64	*****	*****	11	*****	*****	0		
00530 W 0	1035	lb/d	*****	45	*****	mg/L		Monthly	COMP24
See Comments	WKLY AVG	*****	*****	NA	*****	*****	0		
Nitrogen, ammonia total (as N)	NA	*****	*****	NA	*****	*****	0		
00610 1 0 Effluent Gross	Req. Mon. MO AVG	*****	*****	Req. Mon. MO AVG	*****	mg/L		Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	14	*****	*****	0		
31616 1 0 Effluent Gross	*****	*****	*****	400	*****	#100/ml		Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	56	*****	*****	0		
31616 W 0	*****	*****	*****	800	*****	#100/ml		Weekly	GRAB
See Comments	*****	*****	*****	WKLY GEO	*****	*****	0		
Flow, in conduit or through treatment plant	0.78	*****	1.75	*****	*****	*****			
50050 1 0	2.76	Mgal/d	*****	*****	*****	*****			
Effluent Gross	MO AVG	*****	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, percent removal	*****	*****	*****	98	*****	*****	0		
81010 K 0	*****	*****	*****	85	*****	*****			
Percent Removal	*****	*****	*****	MN % RMV	*****	Percent		Monthly	CALCTD
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			

*Cort Franklin*  
 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  
 Cort Franklin  
 W/W Utilities S. Operator

TELEPHONE  
 907 AREA CODE 586-0393  
 PHONE NUMBER  
 DATE

2014 YEAR 5 MO 9 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
**The reporting period was from 03/30/2014 - 05/03/2014.**  
 (Reference all attachments here)

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

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

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:** Cort Franklin Wastewater Utilities Sr. Operator

**AK-002321-3**  
PERMIT NUMBER

**MONITORING PERIOD**  
YR MO DAY TO YR MO DAY  
2014 3 30 TO 2014 5 3

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

001 A  
DISCHARGE NUMBER

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Solids, Total suspended, percent removal	*****	*****	*****	97	*****	*****	0		
81011 K 0 0 Percent Removal	*****	*****	*****	85	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Cort Franklin 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 907 AREA CODE 586-0393
TYPED OR PRINTED		PHONE NUMBER DATE
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 03/30/2014 - 05/03/2014.</b>	(Reference all attachments here)	2014 YEAR 5 MO 9 DAY
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 \*\*\*

AK-002321-3 PERMIT NUMBER	REC-1 DISCHARGE NUMBER
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YR	MO	DAY	YEAR	MO	DAY
2014	3	30	2014	5	3

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: Cort Franklin Wastewater Utilities Sr. Operator

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

MONITORING PERIOD FROM TO

YR 2014 MO 3 DAY 30 YEAR 2014 MO 5 DAY 3

Req. Mon. #/ DAILY MAX ML100

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE
Cort Franklin W/W Utilities Sr. Operator	907 AREA CODE
TYPED OR PRINTED	586-0393 PHONE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS	DATE
The reporting period was from 03/30/2014 - 05/03/2014.	2014 YEAR
	5 MO
	9 DAY

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(Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



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

CONTACT NAME: William Cameron  
 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: 4/1/2014 TO 4/30/2014  
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: X

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 P	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	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	*****	*****		*****	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:										

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  TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  	TELEPHONE  907-790-2525	DATE  14/5/19
		AREA   NUMBER	Y   M   D

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, 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: William Cameron  
 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: 4/1/2014 TO 4/30/2014  
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: X

Parameter	Sample meas. / Permit reqmt.	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	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.				*****						
	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.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****						
	Permit reqmt.	*****	Report daily maximum	MGD	*****					When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****						
	Permit reqmt.	*****	report daily maximum	min/day	*****					When Discharging	Recorded
COMMENTS:											

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  OFFICER OR AUTHORIZED AGENT	TELEPHONE  907-790-2525	DATE  1/4/19
		AREA   NUMBER	Y   M   D

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

CONTACT NAME: William Cameron  
 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: 4/1/2014 TO 4/30/2014  
 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				
Biochemical Oxygen Demand (BOD5)	Sample meas.			*****					
	Permit reqmt.	Report monthly average	lbs/day	*****	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****					
	Permit reqmt.	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.	Report monthly average		*****	Report monthly geometric mean	cts/100 ml		When Discharging	Grab
Flow	Sample meas.			*****					
	Permit reqmt.	Report monthly average	MGD	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****		*****					
	Permit reqmt.	Report monthly average	min/day	*****	*****			When Discharging	Instantaneous Reading
COMMENTS:									

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <div style="text-align: center; font-size: 1.2em; font-family: cursive;">William Cameron</div> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <div style="text-align: center; font-size: 1.2em; font-family: cursive;">William Cameron</div> OFFICER OR AUTHORIZED AGENT	TELEPHONE  907-790-2525	DATE  14/5/14
		AREA   NUMBER	Y   M   D

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.