### JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY May 2014

Juneau, Alaska

DDO   S.S.   S.S.		244.9	174.4	33.5	162.7		MAX				5	as they come	th as soon a	Its for the 27.	resul		
New Part   HEAP   HEA		244.9	174.4	33.5	162.7	4 29.7	WEEK4			I follow with	nded page wil	e.* An ammer.	ekly average	e monthly/we	ere used fior the	numbers we	
		28.0	34.5	4.8	34.4		WEEK3			ne following	1 37 and 36 th	e greater than	results were	28 BOD final	*On 5/26&5/2	Comments:	
		2.0	107.7	19.6	100.0		WEEK2										
WEATHER   FLOWS   S.   WALLEY   WALLE		1.0	48.4	10.6	44.1		WEEK1		93.4	S.S.							
WEATHER   FLOWS   SALE   WALL   WAL	in	Geo. Mea		mg/l	lbs	: mg/l	Aver.		94.1	B.O.D.							
OMITE         TROPH         FLANIA         1400         SS.         BODIT         TROPH         PLANIA         1400         SS.         BODIT         TROPH         MATE         MATE<	_	Coliforn	GOD		SS		TSS,BOL		0,	85%							
NUMBATHER   PROVINCY   PROVINCY		Weekly					Weekly				1						
NAME THERN         FRANK         11000         S.S.		8	6	奇	28	28	28			· · · · · · · · · · · · · · · · · · ·	E	8	16	28	28	28	Of Ahalyses
NAME THERN         FAUNS         15000         S.S.		17.1	85.3	15.7	5.0		15.3			1539.3	291.1	1275.3	240.0	0.65	0.077	53	*
NAME   TROP   PAN     PAN		3.5	23.9	4.4	4.3	5.6	13.9			537.7	108.0	285.4	48.0	0.42	0.00	49	-
	Г	37.0	273.2	47.0	6.7	7.2	16.6			2245.8	460.0	2107.6	496.0	1.02	0.51	60	_
WEATHER   FLOWS   S.S.   SOLO   MODE   MOD														18.19	2.16		
WEATHER   FLOWS   WIST   WIS					4.5	7.0	15.3							0.683	0.51	51	31
Note		27.00	35.89	8.80	4.3	6.9	15.7			1876.00	460.00	2022.82	496.00	0.489	0.00	52	30
WEATHER   FLOWS   WATER   WA		34.00	90.97	18.00	5.4	7.0	15.3			657.03	130.00	1374.70	272.00	0.606	0.00	52	29
DATE   TRANS   PALL   TRANS   PALL		36.00	250.70	45.00	4.4	7.0	15.5			2117.03	380.00	1448.49	260.00	0.668	0.00	50	28
WIEATHER					4.5	6.8	15.0							0.645	0.00	51	27
NAME   PANN   1-00   15.5   15.5   16.00   1		37.00	273.21	47.00	6.7	6.5	15.7			2150.80	370.00	1209.10	208.00	0.697	0.00	55	26
NAME   TEMP   PAUN   TEMP   TEMP   PAUN   TEMP   TEMP   PAUN   TEMP   TEMP   PAUN   TEMP					5.9	6.3	15.0							0.609	0.00	54	25
NATION   PANIN   PANIN   171, 171, 171, 171, 171, 171, 171, 17					4.9	5.6	15.2							0.635	0.00	52	24
MATHER   FLOWS   S.S.   S.S.   BODD   BODD   BODG   FOG **   FOG   M43   TIGMP   FALL   TILEMP   TILEMP					4.6	6.3	15.0							0.606	0.00	53	23
NAME   TRANS   FLOWS   NAME   FLOWS   NAME   FLOWS   NAME   TRANS   FLOWS   FRANK   FLOWS		3.80	23.86	4.80	5.0	6.2	15.1			1441.49	290.00	1391.78	280.00	0.596	0.00	51	22
WEATHER   FLOWS   S.S.   BAOL   BAOL   FOG.**   FOG.   NH3   TEMP   PALL   TILEFH   TILEFH   S.S.   S.S.   BAOL   BAOL   S.S.   S.S.   S.S.   S.S.   BAOL   S.S.   S.S.   S.S.   BAOL   S.S.   S.S.   S.S.   BAOL   S.S.   S.S.   S.S.   BAOL   S.S.   S.S.   S.S.   S.S.   BAOL   S.S.   S.S.		3.50	26.16	4.40	5.5	6.5	16.2			832.50	140.00	285.43	48.00	0.713	0.35	50	21
PATHER   FLOWS   FLOWS   FRAIN   1-D   5-S.   5-S.   BOJD.   BOJD.   FOG.**   FOG.		4.0	33.3	4.4	5.1	6.8	15.3			1966.7	260.0	1482.6	196.0	0.907	0.40	49	20
DATE   TEMP   PALL   TILEFI   LOWS   MEDICAL   LBS   MEDICAL   M		8.0	54.4	6.4	5.5	6.5	15.9			1529.7	180.0	2107.6	248.0	1.019	0.20	55	19
WEATHER   FLOWS   WILLIAM   S.5.   S.5.   BOAD   BOAD   FOG ***   FOG   NH3   TEMP   PH   MOL   MOL					4.5	6.7	16.6							0.763	0.00	55	18
WEATHER   FLOWS   WILLIAM   S.S.   BO.D.   BO.D.   FOG.***   FOG   NH3   TEMP   PH   NO.   S.S.   S.S.   BO.D.   BO.D.   FOG.***   FOG   NH3   TEMP   PH   NO.   NH3   TEMP   PH   NO.   NH3   TEMP   PH   NO.   NH3   TEMP   PH   NO.   NH3   TEMP   PH   NH3   NH3   TEMP   PH   NH3					4.7	6.7	16.6							0.598	0.00	57	17
Mathematical Nation   Mathematical Nation					5.2	6.6	15.8							0.719	0.00	60	16
WEATHER   FLOWS   WILLIAM   S.S.   BO.D.   BO.D.   FOG.**   FOG.   NH3   TEMP   PALL   TILEFI   NGC   NH3   TEMP   PALL   NGC   NH3   TEMP   PALL   NGC   NGC		23.0	130.7	24.0	4.9	6.6	15.1			1579.3	290.0	1045.6	192.0	0.653	0.00	57	15
WEATHER   FLOWS   WITCHIEN   WI		31.0	128.0	25.0	5.1	6.5	15.4			1382.6	270.0	778.4	152.0	0.614	0.26	53	14
WEATHER   FLOWS   WITCHING   WI		15.0	99.3	15.0	5.2	6.1	15.4			1655.5	250.0	1271.4	192.0	0.794	0.03	2	13
WEATHER   FLOWS   WITCHIEN   WITCHIEN   WHITCHIEN   WITCHIEN   W		9.5	41.8	8.4	5.1	5.7	15.3			537.7	108.0	537.7	108.0	0.597	0.10	2	12
WEATHER   FLOWS   WITCHING   NH3   NH3   NH4   NH5					4.9	6.1	15.2							0.635	0.31	52	11
WEATHER   FLOWS   WITCHING   WI					4.8	6.1	14.9							0.661	0.00	54	10
WEATHER   FLOWS   NFLUENT   NFLUEN					4.9	6.3	14.9							0.572	0.00	55	9
WEATHER   FLOWS   WIFLUENT   WI		11.0	36.7	7.2	5.3	6.8	14.6			2245.8	440.0	1612.9	316.0	0.612	0.00	51	8
WEATHER   FLOWS   WIFLUENT   WI		14.0	57.0	11.0	4.6	7.2	14.8			2227.0	430.0	2071.7	400.0	0.621	0.00	51	7
WEATHER   FLOWS   WIFLUENT   WI		10.0	45.5	13.0	4.9	7.2	14.6			1541.2	440.0	924.7	264.0	0.420	0.00	50	6
WEATHER   FLOWS     WFLUENT   FOG   NH3   NH3		7.4	37.1	9.2	4.9	7.1	13.9			888.0	220.0	839.6	208.0	0.484	0.00	50	U
WEATHER   FLOWS					4.6	7.0	_	_						0.573	0.00	52	4
WEATHER   FLOWS     INFLUENT   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   FOG ***   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   BOD.   FOG ***   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   BOD.   FOG ***   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   BOD.   FOG ***   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   BOD.   FOG ***   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   BOD.   FOG ***   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   BOD.   BOD.   FOG ***   FOG   NH3   FLOWS   D.O.   S.S.   S.S.   BOD.   BOD.		mg/L	LBS	mg/L	mg/L	, pi				LBS	mg/L	LBS	mg/L	MGP.	INCHES	op	3
FLOWS INFLUENT		B.O.D.		5.5	D.O.	Ł				B.O.D.	B,Q.D.	S.S.		1-D	RAIN	TEMD	DATE.
	m	EFFLU								LUENT	N.			FLOWS	HER	WEATH	

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

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\*\*\* NO DISCH NO DISCHARGE

Jim Westcott W/W Utilities Sr. Operator Solids, Total suspended NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00530 10 Eflfuent Gross See Comments 00310 W 0 BOD, 5-day, 20 deg. C Raw Sewage Influent 00310 G 0 BOD, 5-day, 20 deg. C Effluent Gross BOD, 5-day, 20 deg. C Effluent Gross 00300 10 Oxygen, dissolved (DO) Effluent Gross 00010 10 Temperature, water deg. C Eflfuent Gross 00400 10 00310 10 AT. NAME: ADDRESS: LOCATION: FACILITY: TYPED OR PRINTED PARAMETER **JUNEAU-DOUGLAS TREATMENT PLANT** JUNEAU, ALASKA 99801 including the possibility of fine and imprisonment for knowing violations. 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. Jim Westcott, WW Utilities SR. Operator prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF am aware that there are significant penalties for submitting false information, submitted. Based on my inquiry of the person or persons who manage the system, I certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT PERMIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE WKLY AVG MO AVG MO AVG 174.4 \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 1035 91.2 QUANTITY OR LOADING 85.3 VALUE 690 690 DAILY MAX (Reference all attachments here) DAILY MAX 215.1 \*\*\*\*\* 273.2 \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 1380 \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* 1380 VALUE \*\*\*\*\* \*\*\*\* \*\*\*\* FROM \*\*\*\*\* STIND \*\*\* \*\*\* \*\*\* \*\*\* lbs/d lbs/d lbs/d DAILY MIN MINIMUM \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* VALUE 2014 \*\*\*\*\* \*\*\*\* 6.0 5.6 \*\*\*\*\* 4.3 ⋨ AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG Req. Mon. MO AVG MO AVG MO AVG 291.1 \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 33.5 17.1 \*\*\*\* \*\*\*\* VALUE 15.7 30 30 45 屷 DAILY MAX DAILY MAX DAILY MAX DAILY MAX MAXIMUM REPORT \*\*\*\*\* 16.6 \*\*\*\* \*\*\*\* \*\*\*\* 37.0 6.7 VALUE 47.0 7.2 8.5 DAY 60 17 9 4 **MONITORING PERIOD** mg/L mg/L mg/L mg/L mg/L deg.C SLIND 5 S 2014 2014 YEAR YEAR 907 AREA CODE E N 0 0 0 0 0 0 0 FREQUENCY OF ANALYSIS TELEPHONE **586-0393** WEEKDAYS WEEKDAYS MONTHLY MONTHLY MONTHLY MONTHLY WEEKLY PHONE NUMBER DATE **∽**| ₹ 30 DISCHARGE NUMBER 001 A COMP24 COMP24 COMP24 COMP24 SAMPLE TYPE GRAB GRAB **GRAB** DAY 31 DAY

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COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (Rev.01/06) Previous editions may be used. The reporting period was from **05/04/2014-05/31/2014**.

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

External Outfall

\*\* NO DISCHARGE

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Jim Westcott W/W Utilities Sr. Operator NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BOD, 5-day,percent removal COMMENT AND EXPLANATION OF ANY VIOLATIONS Percent Removal 81010 K 0 **Effluent Gross** treatment plant Flow, in conduit or through See Comments 31616 W 0 Coliform, fecal MF, broth 44.5 C Effluent Gross 31616 10 Coliform, fecal MF, broth 44.5 C Effluent Gross 00610 10 Nitrogen, ammonia total (as N) See Comments 00530 W 0 Solids, Total suspended 00530 G 0 Solids, Total suspended 50050 1 0 Raw Sewage Influent LOCATION ADDRESS: FACILITY: TYPED OR PRINTED 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. 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, JUNEAU-DOUGLAS TREATMENT PLANT I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. REQUIREMENT prepared under my direction or supervision in accordance with the system designed JUNEAU, ALASKA 99801 certify under penalty of law that this document and all attachments were Jim Westcott WW Utilities Sr. Operator JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE WKLY AVG MO AVG Req. Mon MO AVG 0.650 \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 85.3 \*\*\*\* \*\*\*\*\* 1035 2.76 VALUE **OUANTITY OR LOADING** Z (Reference all attachments here) DAILY MAX DAILY MAX Req. Mon. 1.019 \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* VALUE 6.0 Z \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* FROM \*\*\*\* \*\*\*\* Mgal/d STIND b/d b/d MN % RMV \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 2014 94.1 VALUE 85 ⋨ AK-002321-3 PERMIT NUMBER SIGNATURE OF/PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY GEO WKLY AVG Req. Mon, Req. Mon \*\*\*\*\* MO GEO MO AVG MO AVG 244.9 240.0 \*\*\*\*\* \*\*\*\*\* \*\*\*\* 800 400 15.7 20.2 VALUE 45 Z 屷종 DAILY MAX DAILY MAX Req. Mon, \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1200 600 \*\*\*\*\* \*\*\*\* VALUE Z DAY 4 MONITORING PERIOD Percent \*\*\*\* #100/m mg/L #100/m \*\*\* mg/L mg/L SLIND % 5 2014 2014 YEAR ODE AREA YEAR E S 0 0 0 0 0 0 0 OF ANALYSIS Semi-annual TELEPHONE **586-0393** FREQUENCY Continuous Monthly Monthly Weekly Monthly Weekly PHONE NUMBER DATE 30 U MO DISCHARGE NUMBER 001 A RCORDR COMP24 COMP24 COMP24 CALCID **GRAB** SAMPLE GRAB TYPE 31 DAY DAY

The reporting period was from 05/04/2014-05/31/2014.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

External Outfall
\*\*\* NO DISCHARGE

001 A

\*\*\*

81011 K 0 Percent removal removal Solids, Total suspended, percent ATT: ADDRESS: LOCATION: NAME: FACILITY: PARAMETER JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF Jim Westcott WW Utilitities Sr. Operator 155 SOUTH SEWARD, MEASUREMENT REQUIREMENT PERMIT SAMPLE \*\*\*\* \*\*\*\* VALUE **QUANTITY OR LOADING** \*\*\*\* \*\*\*\*\* VALUE \*\*\*\* \*\*\*\* FROM SLIND MN % RMV 93.4 2014 VALUE ⋨ AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION \*\*\*\* \*\*\*\*\* VALUE ᄶ \*\*\*\* \*\*\*\*\* VALUE DAY 4 MONITORING PERIOD PERCENT SLIND 5 % 2014 YEAR ΕÑ 0 FREQUENCY OF ANALYSIS MONTHLY **5** 0 DISCHARGE NUMBER CALCTD SAMPLE TYPE 31 DAY

Jim Westcott W/W Utilities Sr. Operator NAME/TITLE PRINCIPAL EXECUTIVE OFFICER COMMENT AND EXPLANATION OF ANY VIOLATIONS TYPED OR PRINTED 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. I certify under penalty of law that this document and all attachments were (Reference all attachments here) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SOPE AREA TELEPHONE **586-0393** PHONE NUMBER 30

EPA Form 3320-1 (Rev.01/06) Previous editions may be used. The reporting period was from 05/04/2014-05/31/2014.

DAY

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

ADDRESS: NAME: FACILITY: LOCATION: JUNEAU-DOUGLAS TREATMENT DI JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

ATT:

PARAMETER

Effluent Gross

31616 10

Coliform, fecal MF, broth 44.5 C

AK-002321-3 PERMIT NUMBER

DMR Mailing ZIP CODE: 99801 ₩

(SUB 01)

UPSTREAM RECEIVING WATER

\*\*\* NO DISCHARGE \*\*\*

DISCHARGE NUMBER REC-1

JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801	99801	AN I	EROM	YR 2014	MO	DAY	AY TO 70	YEAR 2014	МО	
JIII AAESICOLL AAAA	oullues of Opera	ator	ROM	4T07	U	1	2	4T07	U	
	QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		NO.	FREQUENCY	NCY
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU			
SAMPLE						1.0		0	1.0	
MEASUREMENT	****	****		****	****					
PERMIT						Req. Mon. #/	#/		Mont	₹
REQUIREMENT	****	****		****	****	****** DAILY MAX ML100	ML100			

Jim Westcott W/W Utilities Sr. Operator COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED 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, 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, including the possibility of fine and imprisonment for knowing violations. I certify under penalty of law that this document and all attachments were (Reference all attachments here) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 2014 YEAR ODE AREA TELEPHONE **586-0393** PHONE NUMBER DATE 30

DAY

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

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: William Cameron Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

MONITORING PERIOD: 5/1/2014

TO 5/31/2014

MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE:

							00. ( =0.=) ()	0		_	
Parameter		Quantity or Loading	r Loading	Units	Quali	<b>Quality or Concentration</b>	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand	Sample				* * * * * *						
(BOD5)	meas.										
1 - Final Effluent 00310 R	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 R	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 31616 R	Permit reqmt.	** ** ** *	* * * * * * * * * * * * * * * * * * *		* * * *	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.				* * * * *	* * * * *	* * * * *				
1 - Final Effluent 50050 R	Permit reqmt.	Report monthly average	Report daily maximum	MGD	** ** **	** ** ** *	** ** ** *			When Discharging	Recorded
Duration of Discharge	Sample meas.	* * * * * *			* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * *				
1 - Final Effluent 81381 R	Permit reqmt.	* * * *	report daily maximum	min/day	** ** ** *	****	* * * * *			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.

0	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
SIG	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	NILLIAM AMERON
7	who manage the system, or those persons directly responsible for	1
1	the information submitted. Based on my inquiry of the person or persons	
	designed to assure that qualified personnel properly gather and evaluate	
	prepared under my direction or supervision in accordance with a system	
	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

OFFICER OR AUTHORIZED AGENT	ISMANN ANNUAL OF PRINCIPAL EXECUTIVE	2
AREA   NUMBER	907-780-2515	TELEPHONE
YIMID	14/6/11	DATE

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

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: William Cameron

PERMIT NUMBER: AK0023213 Juneau, AK 99801

> LOCATION: 1540 Thane Rd FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

Juneau, AK 99801

MONITORING PERIOD: 5/1/2014

TO 5/31/2014

MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE:

	-						-			-11	
Parameter		Quantity or Loading	r Loading	Units	Quality or	ty 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 P regmt.	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	Dormit	report	report	lbs/day	***	report	report	mg/l		When Discharging	Grab
	reqmt.	monthly average	daily maximum			monthly average	maximum monthly average				
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	* * * * *	* * * * *		* * * * *						7
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 Permit 50050 P reqmt.	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.

Γ	0.00	possibility of fine and imprisonment for knowing violations.	TTELOXTANIEL
	OFFICER OF ALTHORIZED AGENT	are significant penalties for submitting false information, including the	
1/6	SIGNATURE OF PRINCIPAL EXECUTIVE	gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there	WIIIIAM (AMERON
0	Villan mille	who manage the system, or those persons directly responsible for	
	Company of the Company	the information submitted. Based on my inquiry of the person or persons	
		designed to assure that qualified personnel properly gather and evaluate	
		prepared under my direction or supervision in accordance with a system	
TEL	2	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

OFFICER OR AUTHORIZED AGENT ARE	SIGNATURE OF PRINCIPAL EXECUTIVE 907-	TELEPHONE
AREA I NI IMBER	790-2525	TONE
Y   M   D	14/6,	DAIE

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

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: William Cameron

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 5/1/2014

TO 5/31/2014

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

NO DISCHARGE:

					INOINI	MONITORING POINT: 003 (NTL.2) (Q) Sta C	003 (NII.2) (Q)	Stac	7	NO DISCHARGE:	×
Parameter		Quantity or Loading	r Loading	Units	Qual	Quality or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand	Sample				* * * * *						
(BOD5)	meas.										
1 - Final Effluent	Permit	Report	Report	lbs/day	* * * * * *	Report	Report	mg/l		When Discharging	Grab
00310 Q reqmt.	reqmt.	montnly average	daliy maximum			montnly average	dally maximum				
Total Suspended Solids	Sample				* * * * *						
	meas.										
1 - Final Effluent	Permit	Report	Report	lbs/day	****	Report	Report	mg/l		When Discharging	Grab
00530 Q reqmt.	reqmt.					O	,				
Coliform, fecal MF, M-FC broth,	Sample	* * * *	* * * * *		* * * * * * * * * * * * * * * * * * *						
44.5 C	meas.										
1 - Final Effluent		****	****		****	Report	Report	cts/100 ml		When Discharging	Grab
31616 Q	reqmt.			180000- 2200-000		geometric mean	dally maximum				
Flow	Sample	* * * * *			* * * * *	* * * * *	* * * * *				
1 - Final Efflient pomit	Domnit	****	Report	MGD	****	****	****			When Discharging	Recorded
50050 Q	reqmt.		daily maximum								
Duration of Discharge	Sample	* * * * * * * * * * * * * * * * * * *			* * * * *	****	****				
	meas.										
1 - Final Effluent Permit 81381 Q regmt.	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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED CAMERON

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 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 certify under penalty of law that this document and all attachments were

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE AREA | NUMBER YIMID DATE



### Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATIO	N	PERMIT# (if a	nw). ALC	00221-2				
Owner or Operator:	IN .	Facility Name:		102321-3		Facility L	ocation:	
CBJ		Juneau-D		s WWTP		Juneau		
Person Reporting:		Phone Number	_				How? (e.g.	hy nhone).
Jim Westcott		586.0801	5 01 1 6150	on Aceporting.		Phone	11011. (6.6.	by phone).
Date/Time Event was Notice		Date/Time Rep	orted:				EC Staff C	Contacted:
5/12/2014 @ 1300		5/13/2014		725			Hotline	
VERBAL NOTIFICATION	MUST BE N	MADE TO ADEC	WITHI	N 24 HOURS OF DI	SCOV	ERY OF N	ONCOMPL	JANCE
INCIDENT DETAILS	(attach ad	lditional sheets	s, lab re	ports, and photo	s as n	ecessary)		
Period of Noncompliance	Start Date/	Time (exact): 5/	12/20	14 @ 1300	End l	Date/Time (	exact): 5/1	13/2014 @ 0730
If noncompliance has not be	en corrected	l, provide a staten	nent rega	rding the anticipated	d time	the noncom	pliance is ex	xpected to continue:
Estimated Quantity involved	d (volume or	weight):						
N/A								
Description of the noncompl	iance and its	s cause (be specifi	c):	1900				
Effluent pH below a	cceptable	e range.						
Actions taken to reduce, elir (describe in detail) (e.g. Sup notice)	plied drinkin	ng water to nearb	y well ow	ners and informed w	vell ow	ners not to	drink from	wells until further
Staff observed excessive d increased turbidity, potential drawn several times throug	ally indicating	g the discharge of	of an unk	nown substance into				
Permit Condition Deviation	(Identify eac	ch permit conditio	n exceed	ed during the event.	)			
Parameter (e.g. BOD pH)	Per	mit Limit		Exceedance (sampl	le resul	<u>t)</u>	Sample Da	<u>ate</u>
PΗ	6.0	) - 8.5		5.67			5/12/20	13
	4			-				
								19
Corrective Actions (Attach a chances of recurrence.)	description	of corrective acti	ons taker	to restore the system	m to no	ormal opera	ition and to	minimize or eliminate
Decreased aeration	and incre	ased waste	remova	al. pH returned	to ac	ceptable	e permit	range.
								Ü
Environmental Damage: (i	f yes, provide	e details below)		Yes		No		Unknown
Actual /Potential Impact on	Environmen	nt/Public Health (e	describe i	n detail)				
Unknown								
I certify under penalty of law the to assure that qualified personned system, or those persons directly accurate, and complete. I am awknowing violations.  Name: Jim Westcott	el properly gat y responsible f yare that there	ther and evaluate the for gathering the inf	e informati ormation, lities for su	on submitted. Based on the information submit	n my in tted is, t	quiry of the potential of the best of	person or per my knowled ossibility of	sons who manage the ge and belief, true,
FORMS M				VE DAYS OF BECO	OMIN	GAWARE		



### Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program
555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-7508 E-mail address: dec-wqreporting@alaska.gov.

### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	N	PERMIT	# (if any): AK-0	02321-3		9		
Owner or Operator:		Facility N				Facility Lo		
CBJ		Junea	u-Douglas	s WWTP		1540 TI	nane Ro	oad, Juneau, AK
Person Reporting:			imbers of Perso	n Reporting:		_	How? (e.g. b	y phone):
Jim Westcott		586.08	301			Phone		
Date/Time Event was Notice	d:		e Reported:			2	EC Staff Co	ontacted:
5/24/2014		5/24/2	014			ADEC	Hotline	
VERBAL NOTIFICATION	MUST BE	MADE TO	ADEC WITHIN	N 24 HOURS OF D	ISCOV	ERY OF NO	ONCOMPL	IANCE
INCIDENT DETAILS	(attach ad	lditional s	heets, lab rej	ports, and photo	os as n	ecessary)		
Period of Noncompliance			): 5/24/20				200 000	24/2014
If noncompliance has not be	en corrected	l, provide a	statement regar	rding the anticipate	d time	the noncom	oliance is ex	pected to continue:
Estimated Quantity involved	(volume or	weight):						
N/A		0 ,						
Description of the noncompl	iance and its	s cause (be s	specific):		10			
Effluent pH below ac	ceptable	range.						
•	•							
Actions taken to reduce, elin (describe in detail) (e.g. Supportion)	ninate, and p plied drinki	prevent reoding water to	ccurrence of non nearby well own	ncompliance and A ners and informed	ctual/P well ow	otential Imp mers not to o	act on Envi Irink from	ronmental Health wells until further
notice) Staff observed excessive di	ssolved oxy	vaen measi	rement(s) in th	ne aeration basin(s	s) in co	niunction wi	th poor set	tleability and increased
turbidity. Cruise ship discha	rge into the	collection :	system is a pot	tential concern as	the sur	nmer tourist	season ha	is come into full swing.
Permit Condition Deviation	(Identify ea	ch permit co	ondition exceed	ed during the event	t.)			
Parameter (e.g. BOD pH)	Per	rmit Limit		Exceedance (sam)	ple resu	ılt)	Sample Da	<u>ite</u>
pH	6.0	0 - 8.5		5.57			5/24/20	14
				- 2				
Corrective Actions (Attach a	description	of correcti	ve actions taker	1 to restore the syst	em to n	ormal opera	tion and to	minimize or eliminate
Decrease aearation	and incre	eased wa	aste remova	al. pH has retu	ırned	to accep	table pe	rmit range
						,	,	3
Environmental Damage: (i	f yes, provid	le details be	low)	Yes		No		Unknown
Actual /Potential Impact on	Environme	nt/Public He	ealth (describe i	n detail)				
Unknown								
I certify under penalty of law th to assure that qualified personne system, or those persons directly accurate, and complete. I am aw knowing violations.	el properly ga v responsible	ther and evalued for gathering	uate the information,	ion submitted. Based the information subn	on my in	nquiry of the to the best of	erson or per my knowled	sons who manage the ge and belief, true,
Name: Jim Westcott	Title	•	operator	Signature:	hlit			Date: 5.26.2014
			EC WITHIN FI	IVE DAYS OF BE	ČOM/IN	NG AWARE	OF THE E	VENT.
				4/	1		/	



Alaska Department of Environmental Conservation
Division of Water, Compliance and Enforcement Program
555 Cordova Street

Anchorage, Alaska 99501 Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

### NONCOMPLIANCE NOTIFICATION

CENEDAL INFORMATIO	N DEDN	MIT# (36 a). AV 0000	21.0		
GENERAL INFORMATIO Owner or Operator:	Democrate and the second of th	MIT# (if any): AK-00232 ity Name:	21-3	Facility Lo	neation.
CBJ		eau-Douglas V	<b>VWTP</b>		hane road, Juneau,Al
Person Reporting: Jim Westcott		e Numbers of Person Ro -0801	eporting:	Reported I Phone	How? (e.g. by phone):
Date/Time Event was Notice 6/24/2014		Time Reported: 4/2014			DEC Staff Contacted: Hotline
VERBAL NOTIFICATION	MUST BE MADE	TO ADEC WITHIN 24	HOURS OF DISCOV	ERY OF NO	ONCOMPLIANCE
INCIDENT DETAILS					
Period of Noncompliance		exact): 6/24/2014			exact): 6/24/2014
If noncompliance has not be	een corrected, provid	le a statement regarding	g the anticipated time	the noncomp	pliance is expected to continue:
			9		
Estimated Quantity involve N/A	d (volume or weight)	):	V.		No.
Description of the noncomp	liance and its cause (	(be specific):			
Effluent pH below a	aceptable range	е.			
(describe in detail) (e.g. Sup notice) Staff observed excessive of	oplied drinking water dissolved oxygen me	r to nearby well owners easurement(s) in the ac	and informed well ow eration basin(s) in co	ners not to o	eact on Environmental Health drink from wells until further ith poor settleability and increased at season has come into full swing
Permit Condition Deviation	(Identify each perm	it condition exceeded d	uring the event.)		
Parameter (e.g. BOD pH)	Permit Lin		ceedance (sample resu	lt)	Sample Date
pH	6.0 - 8.5	5.5	57		6/24/2014
* * * * * * * * * * * * * * * * * * *					# # # # # # # # # # # # # # # # # # #
Corrective Actions (Attach chances of recurrence.)	a description of corr	ective actions taken to r	estore the system to n	ormal opera	ation and to minimize or eliminate
Decrease aeration a	and increased v	vaste removal. pł	H has returned to	o accepta	able permit range.
Environmental Damage: (	if yes, provide details	s below)	Yes	No	✓ Unknown
Actual /Potential Impact on	Environment/Public	c Health (describe in de	tail)		
Unknown					
to assure that qualified personn system, or those persons direct	el properly gather and ly responsible for gathe	evaluate the information su gring the information, the in	abmitted. Based on my information submitted is,	nquiry of the p to the best of	in accordance with a system designed person or persons who manage the my knowledge and belief, true, cossibility of fine and imprisonment for
				1	
Name: Jim Westcott		or operator Sig	gnature: A Me		Date: 6/26/2014