

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

June 2014

Juneau, Alaska

DAY	DATE	WEATHER			FLOWS			INFLUENT					EFFLUENT										
		TEMP °F	RAIN FALL INCHES	TITLEFFL 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	1	51	0.06	0.683																			
MON	2	51	0.03	0.727	224.0	1358.2	250.0	1515.8															
TUE	3	48	0.15	0.805	288.0	1933.5	720.0	4833.9															
WED	4	54	0.20	0.716	0	0	0	0															
THU	5	53	0.00	0.637	300.0	1594	380.0	2019															
FRI	6	56	0.16	0.859																			
SAT	7	52	1.44	1.173																			
SUN	8	51		1.391																			
MON	9	51	0.75	0.997																			
TUE	10	53	0.18	0.852	192.0	1364.3	330.0	2344.9															
WED	11	55	0.00	0.898	224.0	1677.6	340.0	2546.4															
THU	12	55	0.00	0.809	232.0	1565.3	210.0	1416.9															
FRI	13	52	0.00	0.968																			
SAT	14	50	0.41	0.856																			
SUN	15	55	0.16	0.786																			
MON	16	56	0.00	0.804	272.0	1823.9	270.0	1810.4															
TUE	17	52	0.04	1.202	500.0	5012	600.0	6015															
WED	18	50	0.60	1.021	356.0	3031	420.0	3576															
THU	19	55	0.16	0.729	372.0	2262	310.0	1885															
FRI	20	50	0.22	1.350																			
SAT	21	52	0.68	0.829																			
SUN	22	52	0.08	0.939																			
MON	23	56	0.41	0.962	150.0	1203	170.0	1364															
TUE	24	56	0.22	1.217	220.0	2233	290.0	2943															
WED	25	51	0.54	1.086	140.0	1268	230.0	2083															
THU	26	55	0.10	0.841	170.0	1192	220.0	1543															
FRI	27	59	0.02	0.777	0	0	0	0															
SAT	28	60	0.00	0.777	0	0	0	0															
TOTAL			6.61	25.49																			
MAXIMUM		60	1.44	1.39	500.0	5012.3	720.0	6014.8															
MINIMUM		48	0.00	0.64	140.0	0.0	170.0	0.0															
AVERAGE*		53	0.245	0.91	260.0	1618.8	338.6	2111.6															
Number of Analyses		28	27	28	14	17	14	17	0	0	0	0	0	20	20	14	17	14	17	0	0	0	0

85%
B.O.D. 98.5
S.S. 98.3

Weekly	TSS	mg/L	lbs
WEEK1	1.0	4.5	19.1
WEEK2	3.7	25.7	26.1
WEEK3	5.9	46.7	56.6
WEEK4	7	37	31
MAX.	7	47	57

Weekly	BOD	mg/L	lbs
WEEK1	4.2	18.1	64.0
WEEK2	3.7	26.1	1.0
WEEK3	6.9	56.6	6.7
WEEK4	5	31	2
MAX.	7	57	64

Comments: No Composite samples on 6/9/14. Tubing to Influent Compositor broke.

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

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

External Outfall  
\*\*\* NO DISCHARGE

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

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

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2014	6	1	
YEAR	MO	DAY	DAY
2014	6	28	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Temperature, water deg. C	*****	*****	****	*****	17.2			0		
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX	deg.C			WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	*****	****	*****	6.0			0		
00300 10 Effluent Gross	*****	*****	*****	*****	17	mg/L		0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	33.4	84.2	*****	*****	DAILY MIN.			0		
00310 10 Effluent Gross	690	1380	lbs/d	*****	30	mg/L		0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	DAILY MAX	****	*****	DAILY MAX			0		
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****			0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	56.6	*****	*****	*****	7			0		
00310 W 0 See Comments	1035	*****	lbs/d	*****	45	mg/L		0	MONTHLY	COMP24
pH	*****	*****	****	*****	6.2			0		
00400 10 Effluent Gross	*****	*****	*****	*****	7.1			0	WEEKDAYS	GRAB
Solids, Total suspended	*****	*****	*****	*****	8.5	SU		0		
00530 10 Effluent Gross	29.8	72.5	*****	*****	MINIMUM			0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	690	1380	lbs/d	*****	30	mg/L		0	MONTHLY	COMP24
Jim Westcott	*****	DAILY MAX	*****	*****	DAILY MAX			0		
W/W Utilities Sr. Operator	*****	*****	*****	*****	*****			0		
TYPED OR PRINTED	*****	*****	*****	*****	*****			0		
COMMENT AND EXPLANATION OF ANY VIOLATIONS	*****	*****	*****	*****	*****			0		

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.

(Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE  
586-0393 TELEPHONE  
2014 YEAR  
7 MO  
10 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  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Jim Westcott, WW Utilities Sr. Operator.

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2014	6	1	
YEAR	MO	DAY	DAY
2014	6	28	28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended	*****	*****	*****	*****	*****	*****	14		
00530 G 0	*****	*****	*****	*****	*****	*****			
Raw Sewage Influent	*****	*****	*****	*****	*****	*****			
Solids, Total suspended	29.8	*****	*****	*****	*****	*****	0	Monthly	COMP24
00530 W 0	1035	*****	*****	*****	*****	*****			
See Comments	WKLY AVG	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
00610 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	Req. Mon. MO AVG	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
31616 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	Req. Mon. DAILY MAX	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	*****	*****	*****	*****	*****	*****			
See Comments	Req. Mon. DAILY MAX	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	0.910	*****	*****	*****	*****	*****	0	Weekly	GRAB
50050 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	2.76 MO AVG	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
81010 K 0	*****	*****	*****	*****	*****	*****			
Percent Removal	*****	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	*****	*****	*****			
Jim Westcott	*****	*****	*****	*****	*****	*****			
W/W Utilities Sr. Operator	*****	*****	*****	*****	*****	*****			

907 AREA CODE  
586-0393 TELEPHONE NUMBER  
DATE

2014 YEAR  
7 MO  
10 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

98.5 MN % RMV  
85 Percent

TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 06/01/2014-06/28/2014.  
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)

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

External Outfall  
\*\*\* NO DISCHARGE

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2014	6	1	2014	6	28
FROM			TO		

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott 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 586-0393
TYPED OR PRINTED		907 AREA CODE 2014 YEAR
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 06/01/2014-06/28/2014.</b>		

# 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: 6/1/2014 TO 6/30/2014  
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
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 MARK J. MOW / SR. OPERATOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907-790-2625	DATE 7/19/14
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.		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: 6/1/2014 TO 6/30/2014  
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Biochemical Oxygen Demand (BOD5)	Report monthly average	Report daily maximum	lbs/day	*****		mg/l		When Discharging	Grab
	1 - Final Effluent 00310 Q	Permit reqmt.		Report monthly average	Report daily maximum				
Total Suspended Solids	Report monthly average	Report daily maximum	lbs/day	*****		mg/l		When Discharging	Grab
	1 - Final Effluent 00530 Q	Permit reqmt.		Report monthly average	Report daily maximum				
Coliform, fecal MF, M-FC broth, 44.5 C	*****	*****		*****		cts/100 ml		When Discharging	Grab
	1 - Final Effluent 31616 Q	Permit reqmt.		Report monthly geometric mean	Report daily maximum				
Flow	*****	*****	MGD	*****	*****			When Discharging	Recorded
	1 - Final Effluent 50050 Q	Permit reqmt.		Report daily maximum	*****				
Duration of Discharge	*****	*****	min/day	*****	*****			When Discharging	Recorded
	1 - Final Effluent 81381 Q	Permit reqmt.		report daily maximum	*****				
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>Mark J. Mow / Sr. Appraiser</i>  TYPED OR PRINTED	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.	TELEPHONE  <i>907.790-2525</i>	DATE  <i>7/19/14</i>
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Mark J. Mow</i>		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: 6/1/2014 TO 6/30/2014  
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: X

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. 00310 R	Report monthly average	Report daily maximum	*****	Report monthly average	Report daily maximum		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****					
	Permit reqmt. 00530 R	Report monthly average	Report daily maximum	*****	Report monthly average	Report daily maximum		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.			*****					
	Permit reqmt. 31616 R	*****	*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
Flow	Sample meas.			*****					
	Permit reqmt. 50050 R	Report monthly average	Report daily maximum	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	Sample meas.			*****					
	Permit reqmt. 81381 R	*****	report daily maximum	*****	*****	*****		When Discharging	Instantaneous Reading
COMMENTS:									

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617  
 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>MARK F. MOW / SR. OPERATOR</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Mark F. Mow</i>	TELEPHONE  907-890-2525	DATE  7/9/14
TYPED OR PRINTED		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 fine and imprisonment for knowing violations.