JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

August 2014 Juneau, Alaska INFLUENT **EFFLUENT** RAIN FALL DE TIL FECAL Ammonia as ·S.S. ·S.5. FOG LBS a as N B.Q.D. B.O.D. FOG D.O. TEMP OF · S.S. B.O.D. B.O.D. FOG DAY DATE TEMP . C pH: S.S. LBS FOG LBS Coliform :- N:-mg/L: INCHES! EFFL MGD mg/L LBS mg/L LBS mg/L mg/L mg/L mg/L LBS: mg/L mg/L. 1/100 m[·] 1/180 days SUN 27 55.8 0.37 0.878 MON 28 54.9 0.19 1.226 18.1 6.3 5.3 TUE 29 54.5 0.59 1.660 380.0 5260.9 370.0 5122.4 17.9 6.8 5.3 40.0 553.8 33.0 456.9 6.7 WED 30 56.5 0.84 0.910 180.0 1366.1 230.0 1745.6 17.2 6.8 6.0 60.7 8.0 12.0 91.1 THU 31 58.4 0.03 0.891 17.5 6.8 5.9 FRI 60.5 0.00 0.695 18.2 6.8 5.6 SAT 60.5 0.00 0.770 SUN 3 62.4 0.00 0.696 MON 4 60.1 0.00 0.764 18.9 6.7 4.9 TUE 59.7 0.09 0.906 520.0 3929.1 650.0 4911.4 19.4 7.0 5.3 4.8 36.3 4.5 34.0 2.0 WED 56.4 0.19 0.762 2948.8 6 464.0 450.0 2859.8 193 7.0 5.2 6.0 38.1 6.8 43.2 THU 57.2 0.10 0.677 18.4 6.8 4.5 FRI 55.5 0.01 0.763 18.4 6.6 5.1 SAT 55.0 0.17 1.754 SUN 57.0 10 1.48 2.863 MON 56.9 11 1.50 1.633 15.9 6.6 6.2 TUE 12 60.6 0.29 1.141 236.0 2245.8 360.0 3425.7 16.3 6.9 5.2 1.0 9.5 4.7 44.7 17.0 WED 13 55.6 0.08 1.791 224.0 3345.9 200.0 2987.4 16.6 6.8 5.9 1.0 15 2.50 37 THU 14 55.0 1.27 1.771 16.6 7.0 5.5 FRI 15 55.7 0.51 1.599 16.1 6.8 6.3 SAT 16 55.5 0.61 1.522 SUN 17 55.0 1.00 3.427 MON 54.9 18 1.55 1.443 15.7 6.7 6.0 TUE 55.9 0.24 19 1.061 176.0 1557.4 260.0 2300.7 16.5 6.9 6.0 1.0 8.8 2.2 19.5 2.0 56.0 0.00 WED 20 184.0 0.966 1482.4 280.0 2255.8 16.7 6.9 5.9 1.0 8.1 2.5 20.1 THU 21 56.0 0.00 0.774 16.8 6.9 5.9 FRI 22 58.0 0.00 0.827 17.4 6.4 5.6 SAT 23 59.0 0.06 0.709 SUN 24 54.8 0.02 1.113 MON 25 57.2 0.60 1.009 17.9 6.6 4.9 TUE 52.7 26 0.25 1.345 18.1 6.7 4.9 WED 27 53.8 0.42

16.8

17.4

17.2

19.4

15.7

17.4

25

6.7

6.7

6.6

7.0

6.3

25

5.7

5.4

6.8

6.8

4.5

5.6

25

1.0

40.0

1.0

7.1

9

6.9

553.8

6.9

81.9

9

2.4

33.0

2.2

7.8

9

16.6

456.9

16.6

84.8

9

4.0

17.0

2.0

4.5

. 5

0

% REM	OVAL
B.O.D.	97.8
S.S.	97.5

0.961

0.828

0.835

0.979

41.95

3.43

0.68

1.2

35

THU

FRI

SAT

TOTAL

MAXIMUM

MINIMUM

AVERAGE

Humber Of Analyses

28

29

30

53.4

52.7

53.0

62.4

52.7

56.5

35

0.15

0.25

0.21

13.07

1.55

0.00

0.4

35

Comments: Due to Compositor maintenance, i.e. blown fuse and pump damage, JD only pulled one composite SX on the Last week of the month on 8/27/14

220.0

520.0

176.0

287.1

9

1519.2

5260.9

1366.1

2628.4

9

360.0

650.0

200.0

351.1

9.

2486.0

5122.4

1745.6

3121.6

9

0

Weekly					Weekly
TSS BOD	T	SS	BO	DD	Coliform
Aver.	mg/l	lbs	mg/l	::::lbs::::	Geo Mean
WEEK1	24.0	307.2	22.5	274.0	6.7
WEEK2	5.4	37.2	5.7	38.6	2.0
WEEK3	1.0	12.1	3.6	40.8	17.0
WEEK4	1.0	8.5	2.4	19.8	2.0
WEEK5	1.0	6.9	2.4	16.6	4.0
: :MAX :	24.0	307.2	22.5	274.0	17.0

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

MONITORING PERIOD

YEAR

External Outfall *** NO DISCHARGE

DAY

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

NAME: JUNEAU, CITY AND BOROUGH OF ADDRESS: 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU, ALASKA 99801

FACILITY:

AK-002321-3 PERMIT NUMBER

MO

YR

001 A DISCHARGE NUMBER

DAY

MO

ATT:	Jim Westcott, WV	V Utilities Sr. Ope	erator	FROM	2014	7	27	то	2014	8	30
PARAMETER		QUANTITY C	R LOADING			LITY OR CONCEN	TRATION]	NO. EX	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	***	****	*****	19.4		0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	4.5	*****	6.8		0	WELKDAIS	GIVAD
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84.8	456.9		*****	7.8	33.0		0	WEEKE1	- GRAD
00310 10 Effluent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	***	*****	351.1	*****		0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	274.0	*****		*****	22.5	*****		0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	***	6.3	*****	7.0		0		
00400 1 0 Eflfuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	81.9	553.8		*****	7.1	40.0		0		
00530 1 0 Eflfuent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG/	60° DAILY MAX	mg/L		MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Sr. Operator	prepared under my dire to assure that the qualifi submitted. Based on my or those persons directly	ection or supervision in led personnel properly inquiry of the person responsible for gathe	ent and all attachments a accordance with the sy gather and evaluate the	stem designed information the system, information	1	The state of the s	/		907 AREA CODE	TELEPHONE 586-0393 PHONE NUM DATE	
TYPED OR PRINTED COMMENT AND EXPLANATION OF AN	I am aware that there ar including the possibility	e significant penalties	for submitting false info nent for knowing violati	rmation, ons.	SIGNATU	JRE OF PRINCIPAL CER OR AUTHORIZ	EXECUTIVE ED AGENT		2014 YEAR	9	12 DAY
The reporting period was from		/30/2014.	(Reference all atta	cnments nere)							
EPA Form 3320-1 (Rev 01/06) Previous edition	ons may be used									107797	DACE 1 OF 2

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)

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 YEAR DAY 2014

LOCATION	JUNEAU, ALASKA	33001	1		YK	I MO	DAY	1 1	YEAR	MO	DAY
ATT:	Jim Westcott, WW	Utilities Sr. Ope	erator	FROM	2014	7	27	1 то Г	2014	8	30
PARAMETER		OUANTITY O	R LOADING		QUA	ALITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	287.1	*****		0		
00530 G 0	PERMIT					Req. Mon		mg/L			
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	9		Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	307.2	*****	*****	*****	24.0	*****		0	,	
00530 W 0	PERMIT	1035		lb/d		45		mg/L			
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****	9,-		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	NA	NA	*****	*****	NA	NA		0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
00610 1 0 Effluent Gross	PERMIT RÉQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MAX	lb/d	*****	Req. Mon, MO AVG	Req. Mon, DAILY MAX	mg/L		Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.5	17.0		0		
31616 1 0	PERMIT					400	1200	#100/ml			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX			Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.0	*****		0		
31616 W 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.2	3.4	*****	*****	*****	*****	****	0	**************************************	GIVID
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	Mgal/d	*****	*****	*****			Canting	DCODDD
BOD, 5-day,percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.8	*****	*****	****	0	Continuous	RCORDR
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	% Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Sr. Operator	I certify under penalty of prepared under my directo to assure that the qualifie submitted. Based on my or those persons directly submitted is, to the best of	etion or supervision in ed personnel properly inquiry of the person responsible for gathe of my knowledge and	gather and evaluate the ir or persons who manage t	em designed aformation the system, information the complete	A.	MIT JRE OF PRINCIPAL	EVECUTIVE		907 AREA CODE	TELEPHONE 586-0393 PHONE NUM DATE	BER
TYPED OR PRINTED	including the possibility	of fine and imprisonn	nent for knowing violation	ns.	OFFIC	ER OR AUTHØRIZ	ED AGENT		2014 YEAR	MO	12 DAY
COMMENT AND EXPLANATION OF AN'	Y VIOLATIONS		(Reference all attac	hments here)							

The reporting period was from 07/27/2014-08/30/2014.

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

DMR Mailing ZIP CODE: 99801 **MAJOR**

MONITORING PERIOD

TO

2014

External Outfall *** NO DISCHARGE

27

(SUB 01)

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

NAME: JUNEAU, CITY AND BOROUGH OF ADDRESS: 155 SOUTH SEWARD.

JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU, ALASKA 99801 ATT:

FACILITY:

Jim Westcott, WW Utilities Sr. Operator

AK-002321-3 PERMIT NUMBER

MO

7

YR

2014

YEAR MO DAY

8

001 A

DISCHARGE NUMBER

30

PARAMETER		QUANTITY O	R LOADING		QUAI	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended, percent	SAMPLE				97.5				0		
removal	MEASUREMENT	*****	*****	*****		*****	*****		_		
81011 K 0 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD
	12121212121212121212										

FROM

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 Jim Westcott W/W Utilities Sr. Operator 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, TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 07/27/2014-08/30/2014.

(Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ANTHORIZED AGENT

907 AREA 586-0393 CODE PHONE NUMBER

TELEPHONE

PAGE 3 OF 3

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

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

NAME: JUNEAU, CITY AND BOROUGH OF ADDRESS: JS5 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

REC-1
DISCHARGE NUMBER

MONITORING PERIOD										
YR	MO	DAY		YEAR	МО	DAY				
2014	7	27	TO	2014	8	30				

PARAMETER		QUANTITY OF	RLOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		01.700.01010		
Coliform, fecal MF, broth 44.5 C	SAMPLE								0	0	
	MEASUREMENT	*****	*****		*****	*****				"	
31616 1 0	PERMIT						Reg. Mon.	#/		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100		, ionany	GIVAD

FROM

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 eathering 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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 07/27/2014-08/30/2014.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ANTHORIZED AGENT

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

CONTACT NAME: Bill Cameron

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: 8/1/2014

TO

8/31/2014

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

Report daily maximum	lbs/day	Minimum ****** ******	Average Report monthly average	Maximum Report daily maximum	mg/l	Ex.	Analysis When Discharging	Grab
rage daily maximum Report	lbs/day	*****		100000-000000	mg/l		When Discharging	Grab
rage daily maximum Report	lbs/day			100000-000000	mg/l		When Discharging	Grab

rage daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
* *****		*****						
*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
		*****	*****	*****				
Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
k		*****	*****	*****				
report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading
	***** Report rage daily maximum *	Report MGD daily maximum * report min/day	****** Report daily maximum ****** report min/day *******	******	****** Report monthly geometric mean Report daily maximum ****** ****** ****** Report daily maximum MGD ******* ******* ******* ******* ******* ******* ******* *******	****** Report monthly geometric mean Report daily maximum cts/100 ml ****** ****** ****** Report daily maximum MGD ******* ******* * ****** ******* ******* * ******* ******* *******	##**** Report monthly geometric mean Report daily maximum Report w***** ******************************	****** Report daily maximum Report daily maximum Report daily maximum Report daily maximum ****** Report daily maximum ****** ****** When Discharging ****** ****** ****** ****** When Discharging ****** ****** ****** ****** When Discharging

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		TELEPHONE	DATE
	designed to assure that qualified personnel properly gather and evaluate		N N	
William Cancion	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907-790-2525	14-9-12
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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

CONTACT NAME: Bill Cameron

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: 8/1/2014

TO

8/31/2014

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

NO DISCHARGE:

X

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 P	I CI IIIIC	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	I CI IIIIC	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	Donnie	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 P		*****	report daily maximum	MGD	****	*****	****		-	When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 P		*****	Report daily maximum	min/day	****	*****	*****			When Discharging	Recorded
COMMENTS:		1		•							

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		TELEPHONE	DATE
1.1910	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			
William Canelon	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE	907-790-2525	14-9-12
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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

CONTACT NAME: Bill Cameron

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: 8/1/2014

TO 8/31/2014

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

NO DISCHARGE:

		The second second second		VIII 7 (100 - 10 - 10	PARTIES AND DESCRIPTION		003 (N11.2) (Q	Jota C		NO DISCHARGE:	X
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Typ
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 Q	I CI IIIIC	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 Q	I CI IIIIC	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.	*****	*****		*****	1.0					
1 - Final Effluent 31616 Q	Downit	*****	*****		****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 Q		*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 Q		****	report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded

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.

	I certify under penalty of law that this document and all attachments were	B	TELEPHONE	DATE
William Cameron	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	907-790-2525 area number	14-9-12 YIMID