JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

September 2014 Juneau, Alaska WEATHER **EFFLUENT FLOWS** INFLUENT J-D · S.S. · . S.S. B.O.D. B.O.D. FOG: ** FOG . NH3. D.O. ·.S.S.: .: S:S: B:O.D: . B.O.D. FOG ** FOG · FECAL: . . . Ammonia . Ammonia. DAY DATE TEMP FALL TITL EFFL. TEMP pH: Coliform : as N mg/l LB7S INCHES LBS. LBS LBS °C. MGD mg/L mg/L mg/L ma/L mq/L mq/L. LBS LBS LBS mg/L mq/L /100 ml SUN 31 51.8 0.41 1.316 51.3 MON 0.92 1.249 16.6 6.6 5.1 TUE 2 50.1 0.24 1.005 1676.3 270.0 200.0 2263.1 16.1 6.8 5.1 1.0 8.4 0.5 42 1.0 WED 53.0 0.15 0.966 250.0 2014.1 380.0 3061.4 17.1 7.0 5.3 4.4 35.4 3.5 28.2 THU 4 53.9 0.13 1.196 16.7 6.9 4.8 FRI 56.7 0.87 1.293 SAT 6 54.0 0.40 2.027 SUN 53.4 1.17 1.882 MON 51.4 8 1.103 0.64 15.1 6.8 5.6 TUE 9 50.4 0.00 1.001 1920.1 230.0 380.0 3172.4 15.5 7.0 4.7 1.0 8.3 3.8 31.7 WED 10 50.8 0.02 1.108 256.0 2365.6 320.0 2957.0 17.5 6.7 5.8 1.0 9.2 3.7 34.2 2.0 1.3 12.0 THU 51.7 0.45 0.880 11 16.8 6.7 6.2 FRI 52.5 12 0.05 0.706 16.1 6.3 6.0 SAT 13 54.8 0.03 0.745 SUN 14 53.2 0.02 0.750 MON 15 51.2 0.00 0.768 17.3 6.6 4.0 TUE 16 52.2 0.02 0.625 393.0 2048.5 500.0 2606.3 17.3 3.5 17.0 88.6 12.0 62.6 44.0 WED 17 52.9 0.01 0.780 312.0 2029.6 300.0 1951.6 18.2 6.6 4.1 6.5 42.3 7.0 45.5 52.9 THU 18 0.03 1.424 17.3 6.5 4.0 1.254 FRI 53.4 1.02 19 16.1 6.3 4.6 51.8 0.56 1.738 SAT 20 52.9 2.096 SUN 21 1.36 MON 22 50.9 0.87 1.407 15.0 6.8 7.0 TUE 23 50.9 0.33 0.988 168.0 1384.3 190.0 1565.6 14.7 6.7 7.1 4.4 36.3 37.0 304.9 1.0 WED 24 54.5 0.00 0.935 284.0 2214.6 260.0 2027.5 15.6 6.7 6.9 5.2 40.5 3.5 27.3 THU 25 54.4 0.04 1.159 16.3 6.9 5.3 FRI 51.5 0.17 26 0.712 15.3 7.3 4.9 SAT 27 51.5 0 14 1.468 SUN 28 52.7 1.24 1.4420 MON 29 51.4 0.45 1.2090 15.5 4.5 7.0 TUE 30 47.1 1.1150 245 2278.3 240.0000 2231.8 0.38 15.4 7.0 4.4 7.6 70.7 6.7 62.3 12.0 TOTAL 10.05 35.03 MAXIMUM 56.7 1.36 2.10 393.0 2365.6 500.0 3172.4 18.2 7.3 7.1 17.0 88.6 37.0 304.9 44.0 1.3 12.0 50.1 0.00 168.0 MINIMUM 0.63 1384.3 190.0 1565.6 14.7 6.3 3.5 1.0 8.3 0.5 4.2 1.3 1.0 12.0 AVERAGE* 52.5 0.359 1.16 261.6 1956.7 325.0 2450.6 16.3 5.3 5.1 33.6 8.9 67.3 3.1 1.3 12.0 28 Number Of Analyses 28 28 8 В 8 B Ü a a 8 ġ 4 11:

85% B.O.D. 97.3							
B.O.D.	97.3						
S.S.	98.1						

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

*" FOG samples highlighted in yellow are composite samples

4	Control of the latest			The second second	Contract of
Weekly					Weekly
TSS,BOD	TS	SS	E	BOD	Coliform
Aver	mg/l	. lbs	∷ mg/l ∵	lbs	Geo. Mean
WEEK1	2.7	21.9	2.0	16.2	1.0
WEEK2	1.0	8.8	3.8	33.0	2.0
WEEK3	11.8	65.4	9.5	54.0	44.0
WEEK4	4.8	38.4	20.3	166.1	1.0
MAX	11.8	65.4	20.3	166.1	44.0

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

External Outfall

AK-002321-3

PERMIT NUMBER

*** NO DISCHARGE

001 A

DISCHARGE NUMBER

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

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

JUNEAU, ALASKA 99801

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU, ALASKA 99801

ATT: Jim Westcott, WW Utilities Sr. Operator

			MONI	TORING PE	RIOD		
	YR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	31	ТО	2014	9	30

PARAMETER		QUANTITY O	R LOADING		QUA	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	18.2		0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.5	*****	7.1		0		
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67.3	304.9		*****	8.9	37.0		0	VVLLINEI	······································
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	*****	*****	****	*****	325.0	*****		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	166.1	*****		*****	20.3	*****		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	*****	7.3		0		
00400 1 0 Eflfuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	33.6	88.6		*****	5.1	17.0		0		
00530 1 0 Eflfuent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG/	DAJLY MAX	mg/L		MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Sr. Operator	I certify under penalty of prepared under my direct to assure that the qualifi submitted. Based on my or those persons directly submitted is, to the best I am aware that there ar	of law that this document ection or supervision in ied personnel properly inquiry of the person of v responsible for gather of my knowledge and	nt and all attachments accordance with the syntather and evaluate the propersions who manage ing the information, the belief, true, accurate, a	stem designed information the system, information and complete.	A. N.				907 AREA CODE	TELEPHONE 586-0393 PHONE NUM DATE	BER
TYPED OR PRINTED	including the possibility	of fine and imprisonme	ent for knowing violation	ons.		ATURE OF PRINCI FICER OR AUTHO			2014 YEAR	10 MO	10 DAY

The reporting period was from **08/31/2014-09/30/2014**.

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

DMR Mailing ZIP CODE: 99801 **MAJOR** (SUB 01)

MONITORING PERIOD

External Outfall *** NO DISCHARGE

DAY

YEAR

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 AK-002321-3 PERMIT NUMBER

MO

YR

DISCHARGE NUMBER

МО

001 A

DAY

A	SOILE TO, ALBISTA	JJ001			IK	MO	DAY	J L	YEAR	MO	DAY
ATT:	Jim Westcott WW	Utilities Sr. Oper	ator.	FROM	2014	8	31	TO	2014	9	30
PARAMETER		OUANTITY O	R LOADING		QUALITY OR CONCENTRATION			NO. EX		FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, Total suspended	SAMPLE			0.1.1.0	WILOL	261.6	VALUE	ONITS	0		
·	MEASUREMENT	*****	*****	*****	*****	201.0	*****		U		
00530 G 0	PERMIT					Req. Mon		mg/L			
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****			Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	33.6	*****	*****	****	5.1	*****		0	Honding	· · · · · · · · · · · · · · · · · · ·
00530 W 0	PERMIT	1035		lb/d		45		mg/L			
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****	mg/ L		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE	12.0	12.0			1.3	1.3	1,1,1,1,1,1,1,1,1,1	0	Monthly	COMP24
	MEASUREMENT			*****	*****	210	1.0		Ü		
00610 10	PERMIT	Req. Mon.	Req. Mon.	lb/d		Req. Mon,	Req. Mon,	mg/L			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX			Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	44.0		0	- Scini dinagi	
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	*****	*****	*****	*****	44.0	*****		0	WEERIY	GRAD
31616 W 0	PERMIT					800	888888888	#100/ml			
See Comments	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****	#100/1111		Weekly	GRAB
low, in conduit or through	SAMPLE MEASUREMENT	1.164	2.096	*****	*****	*****	*****	ale de de de	0	Weekly	GRAD
50050 1 0	PERMIT	2.76	6.0		******	******	*****	****			
Effluent Gross	REOUIREMENT	MO AVG	DAILY MAX	Mgal/d	*****	*****	*****				
BOD, 5-day,percent removal	SAMPLE		DALET MAX.		97.3			100000000	•	Continuous	RCORDR
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MEASUREMENT	*****	*****	*****	97.3	*****	*****	****	0		
31010 K 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	Percent		Monthly	CALCTD
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this documer	nt and all attachments v	vere	2.03.70.10.13.			-i-ci-cciti-	turarununun aranan aranan aran	TELEPHONE	CALCID
m Westcott	prepared under my direc to assure that the qualifie	d personnel properly	rather and evaluate the	information		1.14		F	907 AREA	586-0393	50 de 1
/W Utilities Sr. Operator.	submitted. Based on my i	inquiry of the person or	or persons who manage	the system,	pt-	May			CODE	PHONE NUMI	BER
	submitted is, to the best of	of my knowledge and I	belief, true, accurate, ai	nd complete		/)				DATE	17650
TYPED OR PRINTED	I am aware that there are including the possibility of	significant penalties to	or submitting talse info	rmation,	SIGNA	ATURE OF PRINCIP	PAL EXECUTIVE		2014 YEAR	10 MO	10 DAY

The reporting period was from 08/31/2014-09/30/2014.

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

DMR Mailing ZIP CODE: **MAJOR** (SUB 01)

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

*** NO DISCHARGE

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

NAME: JUNEAU, CITY AND BOROUGH OF ADDRESS:

AK-002321-3 155 SOUTH SEWARD, PERMIT NUMBER JUNEAU, ALASKA 99801

001 A DISCHARGE NUMBER

LOCATION:

FACILITY:

JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801

ATT: Jim Westcott WW Utilitities Sr. Operator.

MONITORING PERIOD YR MO DAY YEAR MO DAY 2014 8 31 TO 2014 a 30

PARAMETER	1						J1	10	2014		30
PAIOMETER		QUANTITY O	R LOADING		QUAI	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS	TYPE
Solids, Total suspended, percent	SAMPLE				98.1				0		
removal	MEASUREMENT	*****	*****	*****		*****	*****		0		
81011 K 0 0	PERMIT				85			%			ejeje e e e e e e e e e e e e e e e e e
Percent removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD
										· · · · · · · · · · · · · · · · · · ·	CALCID
										<u>nununununununun</u> nininininiele.	

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 to assure that the qualified personnel properly gather and evaluate the information W/W Utilities Sr. Operator. 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

(Reference all attachments here)

TELEPHONE **907** AREA 586-0393 CODE PHONE NUMBER DATE 2014 YEAR

The reporting period was from 08/31/2014-09/30/2014.

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)

UPSTREAM RECEIVING WATER

External Outfall *** NO DISCHARGE

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD. JUNEAU, ALASKA 99801

FACILITY:

JUNEAU-DOUGLAS TREATMENT PLANT

AK-002321-3 PERMIT NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

REC-1 DISCHARGE NUMBER

LOCATION:	JUNEAU-DOUGLAS TREATMENT PLANT				MONIT	ORING P	ERIOD		
10.000	JUNEAU, ALASKA 99801		YR	MO	DAY		YEAR	MO	DAY
ATT:	Jim Westcott WW Utilities Sr. Operator	FROM	2014	8	31	ТО	2014	9	30
PARAMETER	QUANTITY OR LOADING		QUAL	ITY OR CONCEN	TRATION		NO.	FREQUENCY	SAMPLE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY	SAMPLE
0.115		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS	TYPE
Coliform, fecal MF, broth 44.5 C	SAMPLE						12		n	1	
	MEASUREMENT	*****	*****		*****	*****			J		
31616 1 0	PERMIT						Reg. Mon.	#1		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100		Monuny	GKAB

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.

including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

The reporting period was from 08/31/2014-09/30/2014.

(Reference all attachments here)

TELEPHONE

586-0393

PHONE NUMBER DATE

907 AREA

CODE

2014 YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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: 9/1/2014

TO 9/30/2014

X

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

Parameter		Quantity (or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 R	I CI IIIIC	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Fotal 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, 14.5 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	reimit	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading

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
MARK J. MOW SR. OPERATOR	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	SIGNATURE OF PRINCIPAL EVECUTIVE	907-790-2525	10/1/14
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: 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: 9/1/2014

TO 9/30/2014

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

NO DISCHARGE:

Parameter		Quantity o	r Loading	Units	pro-	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
-		Average	Maximum	0	Minimum	Average	Maximum	1 011163	Ex.	Analysis	Sample Type
Biochemical Oxygen Demand (BOD5)	Sample meas.	ar			*****	morage					
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 IIII	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 Q	Downie	*****	*****		*****	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	I CI IIII	*****	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	I certify under penalty of law that this document and all attachments were	¥	TELEPHONE	DATE
MARK J. MOW/SR. OPERATOR	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	Mal J. Mow. SIGNATURE OF PRINCIPAL EXECUTIVE	907-790-2525	10/1/14
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: 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: 9/1/2014

TO 9/30/2014

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

NO DISCHARGE:

port report daily maximular daily dail	lbs/day	Minimum ****** *******	Average report monthly average	Maximum report daily maximum	mg/l	Ex.	Frequency of Analysis When Discharging	Sample Type
v average daily maximu	Ibs/day	*****		35 CO • CO • CO • CO	mg/l		When Discharging	Grab
v average daily maximu	Ibs/day	*****		35 CO • CO • CO • CO	mg/l		When Discharging	Grab
Market Committee								
Market Committee		*****						
			report monthly average	report maximum monthly average	mg/l		When Discharging	Grab
*** *****		*****						
***	a a	*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
***		*****	*****	*****				
Тероп	MGD	*****	*****	*****			When Discharging	Recorded
		*****	*****	*****				
Keport	min/day m	*****	*****	*****			When Discharging	Recorded
	*** report daily maximu *** Report	*** report MGD daily maximum ***	*** report MGD ***** tdaily maximum *** Report min/day ******	*** report daily maximum	*** report daily maximum *** report daily maximum *** report daily maximum *** Report min/day ***** Report min/day ***** report daily maximum *** ***** ***** ****** ************	*** report daily maximum	***	*** report daily maximum *** report daily maximum *** report daily maximum *** Report min/day **** Report min/day **** ****** ****** ******

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	4	TELEPHONE	DATE
MARK I MOW CO ARGERD A	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	SIGNATURE OF DRINGING EVECUTIVE	907-790-2525	10/1/14
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