# 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) JUNEAU, CITY AND BOROUGH OF NAME: ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT LOCATION: JUNEAU, ALASKA 99801 Grieko Temnel WW Hillities Sr. Operator

FROM

AK-002321-3

PERMIT NUMBER

**MONITORING PERIOD** YR MO DAY YEAR МО DAY 2014

ATT:	Grieko Tempel, W	W Utilities Sr. Op	perator	FROM	2014	10	11	TO [	2014	10	31
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCENT	RATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	LA	OF ANALISIS	ITFE
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15.5		0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.8	*****	5.6		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	26.3	62.3		*****	4.4	10.0		0		
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	*****	*****	****	*****	232.2	*****		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	48.3	*****		*****	9.5	*****		0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.3		0		
00400 1 0 Effuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	18.6	70.7		*****	3.0	7.6		0		
00530 1 0 Eflfuent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX			MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel W/W Utilities Sr. Operator	I certify under penalty of prepared under my direct to assure that the qualific submitted. Based on my or those persons directl submitted is, to the best	of law that this docume tection or supervision in the determination of the person of inquiry of the person of responsible for gather of my knowledge and	ant and all attachments accordance with the s gather and evaluate the or persons who managering the information, the belief, true, accurate, a	ystem designed e information e the system, ne information und complete.	<i>S</i> .				907 AREA CODE	TELEPHONE 586-0393  PHONE NUM DATE	BER
TYPED OR PRINTED  COMMENT AND EXPLANATION OF AN	I am aware that there are including the possibility	e significant penalties of fine and imprisonn	for submitting false inf ment for knowing violat (Reference all atta	ions.	SIGNATU OFFIC	JRE OF PRINCIPAL CER OR AUTHORIZ	EXECUTIVE ED AGENT		2014 YEAR	11	10 DAY

(Reference all attachments here)

The reporting period was from 10/01/2014-10/31/2014.

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

B 01)			

AK-002321-3

PERMIT NUMBER

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,

**FACILITY:** LOCATION: JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

Г			MONIT	ORING PER	SIOD		
	YR	MO	DAY	Old IVO I El	YEAR	МО	DAY
	0011	1.0		+			

ATT:	Grieko Tempel, W	W Utilities Sr. Op	perator	FROM	2014	10	1	] то [	2014	10	31
PARAMETER		OUANTITY O	R LOADING		QUA	LITY OR CONCENT	RATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	224.8	*****		0		
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	48.7	*****	*****	*****	6.0	*****		0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	NA	NA	****	*****	NA	NA		0	Johnson	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	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	*****	*****	*****	*****	2.6	12.0		0		
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	400 MO GEO	1200 DAILY MAX	#100/ml		Weekly	ĠŔĀB
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.0	*****		0		
31616 W 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	0.98	2.42	*****	*****	*****	*****	****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	Mgal/d	*****	*****	*****			Continuous	RCORDR
BOD, 5-day,percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.1	*****	*****	****	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	% Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel W/W Utilities Sr. Operator	I certify under penalty of prepared under my direct to assure that the qualific submitted. Based on my or those persons directly submitted is, to the best I am aware that there are	etion or supervision in ed personnel properly inquiry of the person responsible for gathe of my knowledge and	n accordance with the system and evaluate the or persons who manage ering the information, the belief, true, accurate, an	stem designed information the system, information d complete.	SIGNATI	, URE OF PRINCIPAL	EYECITTVE		907 AREA CODE	TELEPHONE 586-0393 PHONE NUM DATE	
TYPED OR PRINTED  COMMENT AND EXPLANATION OF AN	including the possibility	of fine and imprisonn	nent for knowing violation (Reference all attack)	ons.		CER OR AUTHORIZ			2014 YEAR	MO	10 DAY

The reporting period was from 10/01/2014-10/31/2014.

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)

External Outfall

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

001 A

DISCHARGE NUMBER

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

**FACILITY:** 

LOCATION:

JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

ATT: Grieko Temnel WW Hilities Sr. Operator FROM

AK-002321-3

PERMIT NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

**MONITORING PERIOD** YR MO DAY МО YEAR DAY 2014 10 TO 2014 10 21

AIII	Grieko Terriper, VV	V Ounties St. Op	Ciutoi	FROM	2014	10		] 10	2014	10	31
PARAMETER		QUANTITY OR	LOADING	For Technical Control	QUA	LITY OR CONCENT	RATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Solids, Total suspended, percent	SAMPLE				99.0				0		
removal	MEASUREMENT	*****	*****	*****	3 300 1300 100 000	*****	*****				
81011 K 0 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD
											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								1			
	1					1					1

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 Grieko Tempel 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

(Reference all attachments here)

The reporting period was from 10/01/2014-10/31/2014.

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

PAGE 3 OF 3

TELEPHONE

586-0393

11 MO

PHONE NUMBER DATE

907 AREA CODE

2014 YEAR

### 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

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

FACILITY: LOCATION:

ATT:

JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801 Grieko Tempel, WW Utilities Sr. Operator PERMIT NUMBER

AK-002321-3

REC-1 DISCHARGE NUMBER

\*\*\*

**MONITORING PERIOD** YR MO YEAR МО DAY DAY 2014 10 TO 2014 10 31

L ATT.	Grieko Terripei, WY	W Ounties 31. Op	ciatoi	TROM	2017	10		10	2014	10	31
PARAMETER						LITY OR CONCENT	RATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Coliform, fecal MF, broth 44.5 C	SAMPLE								0	0	
	MEASUREMENT	*****	*****	*	*****	*****			252	***	
31616 1 0	PERMIT						Req. Mon.	#/		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100			

FROM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel 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.

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COMMENT AND EXPLANATION OF ANY VIOLATIONS

PAGE 1 OF 1

TELEPHONE

586-0393

PHONE NUMBER

907 AREA

CODE

### JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

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	1000000	1000000	20000000		and the same	10001207	0.000000	11000000	100000	Facility	Ammonia	1000000		1001200	100200	100000		1000000		10000000	FECAL	Ammonia a
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	S.S. mg/L	S.S. LBS	B,O.D. mg/L	B,Q.D, LBS	FOG mg/L	FOG LB	as N mg/l	TEMP: °C	pН	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D, LBS	FOG	FOG LBS	Coliform /100 ml	N mg/t 1/180 days
SUN	28	53	1.24	1.442																		
MON	29	51	0.45	1.209								15.5	7.0	4.5								
TUE	30	47	0.38	1.115	245	2278	240	2232				15.4	7.0	4.4	8	71	7	62			12	
WED	1	40	0.28	0.799	180	1199	140	933				14.5	7.0	4.4	4	27	3	20				
THU	2	39	0.00	0.777								14.6	7.0	4.5								
FRI	3	48	0.62	1.560								15.5	7.0	5.5								
SAT	4	52	1.08	0.887																		
SUN	5	50	0.06	1.128																		
MON	6	44	0.50	0.979				72				14.5	7.0	4.2								
TUE	7	46	0.27	0.832	160	1110	190	1318				14.3	6.9	4.4	1	7	0.50	3			1	
WED	8	43	0.09	0.768	200	1281	210	1345				14.4	6.9	5.4	1	6	2	13				
THU	9	45	0.08	2.420								14.9	6.9	5.3								
FRI	10	52	1.06	1.776								13.9	6.9	4.8								
SAT	11	50	0.43	1.378																		
SUN	12	50	0.58	1.189																		
MON	13	50	0.69	0.950								13.6	7.0	4.5								
TUE	14	44	0.17	0.747	160	997	190	1184				14.7	6.9	4.6	1	6	5	31			5	
WED	15	47	0.20	0.693	284	1641	250	1445				14.0	7.0	4.5	1	6	2	12				
THU	16	46	0.70	0.558								14.6	7.1	4.1								
FRI	17	47	0.07	0.752								14.7	7.1	4.4								
SAT	18	46	0.40	0.819																		
SUN	19	47	0.46	1.452																		
MON	20	47	1.05	1.450								13.3	6.9	4.4			1000					
TUE	21	47	0.66	0.925	140	1080	130	1003				12.6	6.8	5.2	6	46	5	39			1	
WED	22	47	0.15	0.911	192	1459	210	1596		9		15.5	6.8	5.4	1	8	3	23				
THU	23	40	0.27	0.786								14.7	6.8	5.6								
FRI	24	42	0.13	0.646								14.0	7.0	4.6								
SAT	25	40	0.04	0.629																		
SUN	26	39	0.02	0.714																		
MON	27	42	0.27	0.660								13.8	7.1	4.7								
TUE	28	45	0.00	0.585	512	2498	400	1952				14.1	7.3	4.2	6	29	10	49			2	
WED	29	43	0.09	0.636	195	1034	370	1963				14.8	7.2	4.2	6	32	9	48		ý		
THU	30	44	0.00	0.809								14.8	7.2	3.8								
FRI	31	42	41.60	1.288																		
TOTAL			52.02	30.50	44444	1100000		-1-1-1-1-1-1-1			100000				45444	161466	1414141414	144444		-1-1-1-1-1-1-1-1	-1	
MUMIXAN		52	41.60	2.42	512.00	2498.00	400.00	2231.78				15.50	7.25	5.61	7.60	70.67	10.00	62.30			12	
MUMINIM		39	0.00	0.56	140.00	996.80	130.00	932.91				12.60	6.78	3.78	1.00	5.78	0.50	3.47	1		1	
VERAGE		45	2	1	225	1367	232	1415				14	7	5	3	19	4	26			2	
Number	Of Analyses	34	34	34	10	10	10	ţÓ	Ū	. 0	24	24	10	ro	10	io	ġ	i i	5		a ig	j.

% REM	OVAL
B.O.D.	98
S.S.	99

Comments:		
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74	24	10	. 10	40	10
Weekly TSS BOD	TS	SS	R(	OD.	Weekly
Aver	:::mg/l:::	lbs	::: mg/l	i lbs:	Geo Mean
WEEK1	6	49	5	41	12
WEEK2	1	7	1	8	1
WEEK3	1	6	4	21	5
WEEK4	4	27	4	31	1
WEEK5	6	31	10	48	2
MAX	6	49	10	48	12

## 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: 10/1/2014

TO 10/31/2014

NO DISCHARGE: MONITORING POINT: 004 (N-15.1) (R) Douglas X Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Parameter Analysis Ex. Minimum Maximum Maximum Average **Average** Biochemical Oxygen Demand Sample \*\*\*\*\* meas. (BOD5) \*\*\*\*\* When Discharging lbs/day 1 - Final Effluent Report Report Report Report mg/l Grab Permit monthly average daily maximum monthly average daily maximum 00310 R reamt. **Total Suspended Solids** Sample \*\*\*\*\* meas. \*\*\*\*\* lbs/day mg/l Report Report Report Report When Discharging Grab 1 - Final Effluent Permit monthly average daily maximum monthly average daily maximum 00530 R regmt. Coliform, fecal MF, M-FC broth, Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 44.5 C meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\* cts/100 ml When Discharging Report Report Grab 1 - Final Effluent monthly daily maximum Permit 31616 R geometric mean reamt. Sample Flow \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Report MGD When Discharging Recorded Report 1 - Final Effluent Permit monthly average daily maximum 50050 R reqmt. Sample **Duration of Discharge** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* min/day When Discharging report Instantaneous 1 - Final Effluent **Permit** daily maximum Reading 81381 R regmt. 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

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.

OFFICER OR AUTHORIZED AGENT

TELEPHONE 907-490-2525 10/3/14 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: 10/1/2014

TO 10/31/2014

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

NO DISCHARGE:

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Parameter		Quantity o	r 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 P	1 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.				*****	-25					
1 - Final Effluent 00530 P	1 61 11116	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	Dormit	*****	*****		*****	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

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 I. MOW SR. OPERATOR

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.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

707-790-2525 10/3/14

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

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 10/1/2014

TO

10/31/2014

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

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 Q	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 Q	1 01 11110	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	Dormit	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 Q	Permit	*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 Q	1 Clinic	*****	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.

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MARK J. MOW SR. OPERATOR

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Mah J. Mow.
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

70-7-790-2525 10/3/19

AREA | NUMBER | Y | M | D