

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)

External Outfall  
 \*\*\* NO DISCHARGE

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

**AK-002321-3**  
 PERMIT NUMBER


**001 A**  
 DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	10	1		2014	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	00010 1 0	*****	*****	****	*****	*****	15.5		0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	00300 10	*****	*****	****	3.8	*****	5.6		0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	00310 10	26.3	62.3		*****	4.4	10.0		0		
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	00310 G 0	*****	*****	****	*****	232.2	*****		0		
Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	00310 W 0	48.3	*****		*****	9.5	*****		0		
See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
pH	00400 1 0	*****	*****	****	6.8	*****	7.3		0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	00530 1 0	18.6	70.7		*****	3.0	7.6		0		
Effluent 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  
 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.

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 907 AREA CODE 586-0393  
 PHONE NUMBER DATE  
 2014 YEAR 11 DAY 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 The reporting period was from 10/01/2014-10/31/2014. (Reference all attachments here)

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)

External Outfall  
\*\*\* NO DISCHARGE

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DISCHARGE NUMBER

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	*****	*****	*****	*****	*****	224.8	*****	*****	0		
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Solids, Total suspended	*****	48.7	*****	*****	*****	6.0	*****	*****	0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	*****	*****	45 WKLY AVG	*****	mg/L		Monthly	COMP24
Nitrogen, ammonia total (as N)	*****	NA	NA	*****	*****	NA	NA	*****	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MAX	*****	*****	Req. Mon, MO AVG	Req. Mon, DAILY MAX	mg/L		Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	2.6	12.0	*****	0		
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	400 MO GEO	1200 DAILY MAX	#100/ml		Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	12.0	*****	*****	0		
31616 W 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
Flow, in conduit or through treatment plant	*****	0.98	2.42	*****	*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	*****	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
907 586-0393

PHONE NUMBER  
DATE

2014 11 10  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
*(Reference all attachments here)*  
**The reporting period was from 10/01/2014-10/31/2014.**

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)

External Outfall  
 \*\*\* NO DISCHARGE  \*\*\*

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

**AK-002321-3**  
 PERMIT NUMBER

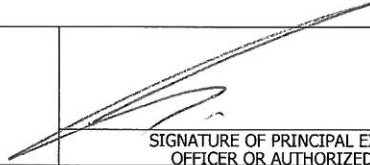
**001 A**  
 DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	10	1		2014	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal		*****	*****	*****	99.0	*****	*****		0		
81011 K 0 0	PERMIT	*****	*****	*****	85	*****	*****	%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Grieko Tempel  
 W/W Utilities Sr. Operator  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	
907	586-0393
AREA CODE	PHONE NUMBER
DATE	
2014	11
YEAR	MO
	10
	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**The reporting period was from 10/01/2014-10/31/2014.**

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)

<b>NAME:</b>	JUNEAU, CITY AND BOROUGH OF
<b>ADDRESS:</b>	155 SOUTH SEWARD, JUNEAU, ALASKA 99801
<b>FACILITY:</b>	<b>JUNEAU-DOUGLAS TREATMENT PLANT</b>
<b>LOCATION:</b>	JUNEAU, ALASKA 99801
<b>ATT:</b>	Grieko Tempel, WW Utilities Sr. Operator

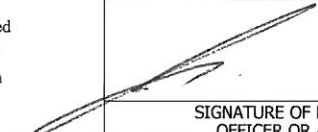
<b>AK-002321-3</b>
PERMIT NUMBER

<b>REC-1</b>
DISCHARGE NUMBER

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	10	1		2014	10	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	0	
31616 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. #/ DAILY MAX ML100			Monthly	GRAB

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.		TELEPHONE		
			907 AREA CODE	586-0393 PHONE NUMBER	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2014 YEAR	11 MO	10 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS <b>The reporting period was from 10/01/2014-10/31/2014.</b> <i>(Reference all attachments here)</i>					



# 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: 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	Maximum				
Biochemical Oxygen Demand (BOD5)  1 - Final Effluent 00310 R	Sample meas.				*****						
	Permit reqmt.	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 R	Sample meas.				*****						
	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  1 - Final Effluent 31616 R	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow  1 - Final Effluent 50050 R	Sample meas.				*****	*****	*****				
	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge  1 - Final Effluent 81381 R	Sample meas.	*****			*****	*****	*****				
	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.

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 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	DATE
<i>MARK J. MOW / SR. OPERATOR</i>	<i>Mark J. Mow</i>	<i>907-990-2525</i>	<i>10/3/14</i>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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: 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	Average	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 P	Sample meas.				*****						
	Permit reqmt.	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	Sample meas.				*****						
	Permit reqmt.	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	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 P	Sample meas.	*****			*****	*****	*****				
	Permit reqmt.	*****	report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 P	Sample meas.	*****			*****	*****	*****				
	Permit reqmt.	*****	Report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded

COMMENTS:

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<i>MARK J. MOW / SR. OPERATOR</i>	<i>Mark J. Mow</i>	907-790-2525	10/3/14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y   M   D

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 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: X

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

COMMENTS:

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 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>MARK J. MOW / SR. OPERATOR</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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Mark J. Mow</i>	TELEPHONE <i>907-790-2525</i>  DATE <i>10/3/14</i>
		OFFICER OR AUTHORIZED AGENT	AREA   NUMBER   Y   M   D