

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)

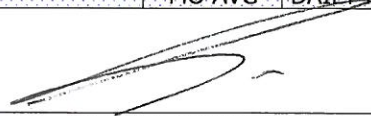
External Outfall
*** NO DISCHARGE ***

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	11	1		2014	11	30

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	*****	*****	****	*****	*****	*****	14.8		0				
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB		
Oxygen, dissolved (DO)	*****	*****	****	3.6	*****	*****	8.7		0				
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB		
BOD, 5-day, 20 deg. C	*****	51	82		*****	7	10		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	*****	*****	****	*****	*****	250	*****		0				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		MONTHLY	COMP24		
BOD, 5-day, 20 deg. C	*****	78	*****		*****	9	*****		0				
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24		
pH	*****	*****	****	6.8	*****	*****	7.3		0				
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB		
Solids, Total suspended	*****	43	84		*****	6	9		0				
00530 10 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	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					
Grieko Tempel W/W Utilities Sr. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							907 AREA CODE		586-0393 PHONE NUMBER			
TYPED OR PRINTED								2014 YEAR		12 DATE		8 DAY	
COMMENT AND EXPLANATION OF ANY VIOLATIONS								(Reference all attachments here)					
The reporting period was from 11/01/2014-11/30/2014.													

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)

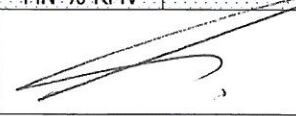
External Outfall
*** NO DISCHARGE ***

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

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PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	11	1		2014	11	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	253	*****		0		
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	68	*****	*****	*****	8	*****		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		
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	*****	*****	*****	*****	5	25		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	SAMPLE MEASUREMENT	*****	*****	*****	*****	25	*****		0		
31616 W 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	0.78	1.40	*****	*****	*****	*****	****	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	*****	*****	*****	*****	97	*****	****	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MN % RMV	*****	% Percent		Monthly	CALCTD
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Grieko Tempel W/W Utilities Sr. Operator									907	586-0393	
									PHONE NUMBER		
									DATE		
TYPED OR PRINTED						2014	12	8			
						YEAR	MO	DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The reporting period was from 11/01/2014-11/30/2014.

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
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PERMIT NUMBER

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DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	11	1		2014	11	30

PARAMETER		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 81011 K 0 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****		0		
	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 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	12 MO	8 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 11/01/2014-11/30/2014.		(Reference all attachments here)			

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

November 2014

DAY	DATE	TEMP °F	INFLUENT										EFFLUENT									
			RAIN FALL INCHES	J-D TTL EFFL. MGD	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FOG mg/L	FOG LBS	Ammonia as N mg/l/1/180	TEMP °C	pH	DO mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FOG mg/L	FOG LBS	FECAL Coliform /100 ml	Ammonia as N mg/l/1/180 days
SUN	26	39	0.02	0.714																		
MON	27	42	0.27	0.660								13.80	7.10	4.68								
TUE	28	45	0.00	0.585	512	2498	400	1952				14.10	7.25	4.17	6	31	10	49		2		
WED	29	43	0.09	0.636	195	1034	380	2016				14.80	7.19	4.21	6	30	9	46				
THU	30	44	0.00	0.809								14.80	7.19	3.78								
FRI	31	42	41.60	1.288								13.90	7.23	3.64								
SAT	1	43	0.92	1.397																		
SUN	2	43	0.71	1.085																		
MON	3	44	0.33	1.057								13.00	6.99	4.51								
TUE	4	42	0.69	1.397	252	2936	220	2563				13.70	7.12	4.43	5	52	7	82		1		
WED	5	43	0.58	1.123	172	1611	150	1405				13.10	6.90	4.41	9	84	8	75				
THU	6	46	0.59	1.011								13.00	6.94	4.82								
FRI	7	42	0.18	0.888								12.30	6.93	4.76								
SAT	8	41	0.24	0.825																		
SUN	9	40	0.21	0.667																		
MON	10	39	0.02	0.617	172	885	160	823				13.30	7.01	4.38	8	41	6	31		4		
TUE	11	33	0.00	0.601	276	1383	250	1253				13.50	7.00	4.28	8	40	5	25				
WED	12	29	0.00	0.550								12.80	7.02	4.21								
THU	13	28	0.00	0.635								13.20	7.00	4.59								
FRI	14	27	0.00	0.561								13.80	6.97	5.65								
SAT	15	26	0.00	0.532																		
SUN	16	31	0.00	0.542																		
MON	17	35	0.00	0.560								13.10	7.12	4.28								
TUE	18	37	0.00	0.963	312	2506	290	2329				13.90	7.00	4.12	7	56	10	80		25		
WED	19	40	0.80	0.837	207	1445	250	1745				13.60	7.01	4.07	5	35	7	49				
THU	20	37	0.20	0.633								12.50	6.83	4.71								
FRI	21	41	0.06	0.721								13.30	7.06	5.07								
SAT	22	41	0.30	0.822																		
SUN	23	41	0.31	0.769																		
MON	24	38	0.34	0.975								12.70	6.95	5.36								
TUE	25	40	0.34	0.705	148	870	150	882				12.80	6.84	5.29	6	35	7	41		12		
WED	26	35	0.01	0.608	284	1440	250	1268				12.70	7.19	8.72	5	25	6	30				
THU	27	29	0.00	0.536								12.20	7.14	5.20								
FRI	28	21	0.00	0.629								11.80	7.14	5.64								
SAT	29	21	0.00	0.574																		
SUN	30	28	0.00	0.579																		
TOTAL			48.81	23.40																		
MAXIMUM		46	41.60	1.40	512	2936	400	2563				14.8	7.25	8.72	9	84	10	82		25		
MINIMUM		21	0.00	0.53	148	870	150	823				11.8	6.83	3.64	5	25	5	25		1		
AVERAGE		37	1.36	0.78	253	1661	250	1624				13		4.76	6	43	7	51		5		
Number Of Analyses		36	36	36	10	10	10	10	0	0	0	26	26	26	10	10	10	10	5	0	5	0

% REMOVAL	
B.O.D.	97
S.S.	97

Comments:

Weekly TSS BOD	TSS		BOD		Weekly Coliform Geoc Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	6	30	9	47	2
WEEK2	7	68	8	78	1
WEEK3	8	41	6	28	4
WEEK4	6	46	9	65	25
WEEK5	6	30	7	36	12
MAX	8	68	9	78	25

Geomean

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:	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

REC-1
DISCHARGE NUMBER

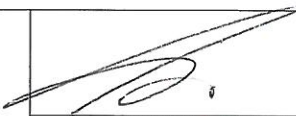
FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	11	1		2014	11	30

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
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	12	8
YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 11/01/2014-11/30/2014. (Reference all attachments here)

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

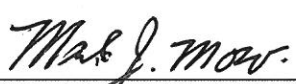
FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

MONITORING PERIOD: 11/1/2014 TO 11/30/2014
 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	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:

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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<i>MARK J. MOW / SR. OPERATOR</i>	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 790-2525	12/1/14
TYPED OR PRINTED		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: 11/1/2014 TO 11/30/2014
 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	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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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>MARK F. MOW / SR. OPERATOR</i>	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>12/1/14</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: 11/1/2014 TO 11/30/2014
 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	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:

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TYPED OR PRINTED MARK I. MOW / SR. OPERATOR			(907) 990-2525	12/1/14
		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D