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)

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

FROM

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

AII:	Grieko Tempei, W	vvv utilities Sr. U	perator	FROM	2014		1] 10 [2014	11	30	
PARAMETER		QUANTITY C	R LOADING		QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	LA	OI ANALTOIO	1112	
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	14.8		0			
00010 10	PERMIT						REPORT	deg.C				
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX			WEEKDAYS	GRAB	
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.6	*****	8.7		0			
00300 10	PERMIT				2		17	mg/L				
Effluent Gross	REQUIREMENT	*****	*****	*****	DAILY MIN.	*****	DAILY MAX			WEEKLY	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	51	82		*****	7	10		0			
00310 10	PERMIT	690	1380	lbs/d		30	60	mg/L				
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX)		MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	***	*****	250	*****		0			
00310 G 0	PERMIT					Reg. Mon.		mg/L		134300000000000000000000000000000000000	-2-1-2-12-2-12-2-2-2-2-2-2-2-2-2-2-2-2-	
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	J		MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	78	*****		*****	9	*****		0		oo	
00310 W 0	PERMIT	1035		lbs/d		45		mg/L				
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****	9, -		MONTHLY	COMP24	
рН	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.3		0			
00400 1 0 Eflfuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB	
Solids, Total suspended	SAMPLE MEASUREMENT	43	84		*****	6	9		0			
00530 10	PERMIT	690	1380	lbs/d		30	60	mg/L				
Eflfuent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX			MONTHLY	COMP24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		of law that this docume	nt and all attachments v			1,			1	TELEPHONE	[<u>95,, E</u>	
Grieko Tempel	to assure that the qualif	ied personnel properly	accordance with the sy gather and evaluate the	information		12 (Mar. 10) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		}	907 AREA	586-0393		
W/W Utilities Sr. Operator	submitted. Based on my or those persons directly submitted is, to the best	y inquiry of the person v responsible for gathe t of my knowledge and	or persons who manage ring the information, the belief, true, accurate, an	the system, e information ad complete.					CODE	PHONE NUM DATE	MBER	
TVDED OR POINTER	I am aware that there ar	re significant penalties	for submitting false info	rmation,		JRE OF PRINCIPAL			2014 YEAR	12	8	
TYPED OR PRINTED COMMENT AND EXPLANATION OF A	including the possibility	v of tine and imprisonr	Reference all atta	T-100000	_I OFFIC	CER OR AUTHORIZ	ED AGENT		YEAR		DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

MONITORING PERIOD

(200 01)

External Outfall
*** NO DISCHARGE

YEAR

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

NAME:
ADDRESS:

155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

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

AK-002321-3 PERMIT NUMBER

MO

YR

001 A DISCHARGE NUMBER

DAY

MO

LOCATION	JUNEAU, ALASKA		1		YR	I MO	DAY		YEAR	l MO	DAY
ATT:	Grieko Tempel, W	W Utilities Sr. Op	perator	FROM	2014	11	1	TO	2014	11	30
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	*****	*****	*****	*****	253	*****		0		
00530 G 0	PERMIT					Reg. Mon		mg/L			444444
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****			Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	68	*****	*****	*****	8	*****		0		
00530 W 0	PERMIT	1035		lb/d		45		mg/L			
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****	91-		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	NA	NA	*****	*****	NA	NA		0	, , , , , , , , , , , , , , , , ,	
00610 10	PERMIT	Reg. Mon.	Reg. Mon.	lb/d		Req. Mon,	Req. Mon,	mq/L			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX			Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	25		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	*****	*****	*****	*****	25	*****		0	Trocia,	0,0,0
31616 W 0	PERMIT					800		#100/ml		1	
See Comments	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****			Weekly	GRAB
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	0.78	1.40	****	*****	*****	*****	****	0	Weekly	······································
50050 1 0	PERMIT	2.76	6.0	Mgal/d							
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	*****	*****			Continuous	RCORDR
BOD, 5-day,percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	****	0		
81010 K 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel W/W Utilities Sr. Operator	I certify under penalty or prepared under my direct to assure that the qualific	ction or supervision in ed personnel properly	nt and all attachments we accordance with the syst gather and evaluate the in or persons who manage if	em designed					907 AREA CODE	TELEPHONE 586-0393 PHONE NUM	
(a) 12 A 15 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jtilities 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 informatio 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.		information complete.	SIGNATI	JRE OF PRINCIPAL	EXECUTIVE			DATE 12		
TYPED OR PRINTED	including the possibility					ER OR AUTHORIZI		-	2014 YEAR	MO	B DAY

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

External Outfall *** NO DISCHARGE

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

MONITORING PERIOD

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

FACILITY:

AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

							HOME	TITLE IN L	TOD		
LOCATION:	JUNEAU, ALASKA 99801				YR	MO	DAY		YEAR	MO	DAY
ATT:	Grieko Tempel, WW Utilities Sr. Operator				2014	11	1	TO [2014	11	30
PARAMETER QUANTITY OR LOADING					QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CONTROL VALUE VALUE			LINITTC	2441445					0171111121010		

	QUANTITY O	R LOADING					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	N-100		
SAMPLE				97				0		
MEASUREMENT	*****	*****	*****		*****	*****				
PERMIT				85			%			
REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD
									1077	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	SAMPLE MEASUREMENT ***** PERMIT: REQUIREMENT ******	SAMPLE MEASUREMENT ***** ***** PERMIT REQUIREMENT ****** ******	VALUE VALUE UNITS SAMPLE MEASUREMENT ****** ****** ****** PERMIT REQUIREMENT ****** ******* ******	VALUE VALUE UNITS VALUE SAMPLE MEASUREMENT ****** 97 PERMIT REQUIREMENT ****** ****** MN % RMV ******	VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT ******* ******* 97 ******* PERMIT REQUIREMENT ******* ******* ******* MN % RMV *******	VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE MEASUREMENT ******* ******* ******* ******* ******* ******* ******* ******* PERMIT REQUIREMENT ******* ******* MN % RMV ******* *******	VALUE VALUE UNITS VALUE VALUE UNITS	VALUE VALUE UNITS VALUE VALUE UNITS	VALUE VALUE UNITS VALUE VALUE UNITS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE				
C.I.I. T	prepared under my direction or supervision in accordance with the system designed		907	586-0393			
Grieko Tempel W/W Utilities Sr. Operator	to assure that the qualified personnel properly gather and evaluate the information		AREA	**************************************			
W/W Oullides Sr. Oberator	submitted. Based on my inquiry of the person or persons who manage the system,		CODE	PHONE NUM	BER		
	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.			DATE			
	I am aware that there are significant penalties for submitting false information.	CICALITUDE OF PRINCIPAL EMEGLETIVE	2014	40			
THE OF PRINTER		SIGNATURE OF PRINCIPAL EXECUTIVE	2014	12	8		
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	YEAR	MO	DAY		
COMMENT AND EXPLANATION OF A	NY VIOLATIONS (Reference all attachments here)						

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

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

November 2014

	Juneau, Alaska INFLUENT							November 2014 EFFLUENT														
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD.	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FOG mg/L	FOG: LBS	as N mg/l 1/180	TEMP °C	рН	DO mg/L	SS mg/L	SS LBS	BOD mg/L	111111111111111111111111111111111111111	FOG mg/L	FOG LBS	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days
SUN	26	39	0.02	0.714							· · dovo · ·										, /400,111	. 11 100 0043
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		95.00		
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					2													
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				1				13.20	7.00	4.59								1
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			2.0	-
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								11111										
SUN	23	41	0.31	0.769																		+
MON	24	38	0.34	0.975					1			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			12	
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		14141414141	48.81	23.40							1-1-1-1-1-1-1					434343434	140000000	2000000		and the second		
MUMIXAM	-	46	41.60	1.40	512	2936	400	2563				14.8	7.25	8.72	9	84	10	82			25	1
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	ė	25	25	25	100	iO.	ig	in in the	Ś	0	5	0
			and the same of the same of			-	-	and the same of the same of			Weekly	1000				Mookh	alate a state	Add to the same				

% REMOVAL							
B.O.D.	97						
SS	97						

Comments:			

	ru.	- tri	44		14
Weekly TSS BOD	TS	SS	В	OD	Weekly Coliform
Aver	mg/l	lbs	·: mg/l::	: Ibs	Geo Mear
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

Seomean

DMR Mailing ZIP CODE: MAJOR

(SUB 01) **UPSTREAM RECEIVING WATER**

*** NO DISCHARGE

External Outfall

REC-1

DISCHARGE NUMBER

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

FACILITY:

JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU, ALASKA 99801 ATT:

Grieko Tempel, WW Utilities Sr. Operator

PERMIT NUMBER

AK-002321-3

MONITORING PERIOD YR MO DAY YEAR MO DAY 2014 2014 20

AIII	Gricko Terriper, WW	V Otilities Si. Op	Del atol	TROM	2017	11	1	10	2014	11	30
PARAMETER		QUANTITY O	R LOADING	-	QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OI MINALIOIO	11112
Coliform, fecal MF, broth 44.5 C	SAMPLE	211.0							0	0	
	MEASUREMENT	*****	*****		*****	*****	*****			ŭ	
31616 1 0	PERMIT						Reg. Mon.	#/		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OI VID

FROM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were TELEPHONE prepared under my direction or supervision in accordance with the system designed 907 AREA CODE 586-0393 Grieko Tempel 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. PHONE NUMBER 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, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 2014 YEAR TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. COMMENT AND EXPLANATION OF ANY VIOLATIONS (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 o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	40.000
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.				*****						
1 - Final Effluent 00530 P	reimit	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	Darmit	*****	*****	2	*****	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	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE	
MARIL J. MON SR. SPERATOR	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 EXECUTIVE	(907) 790 .2525	12/1/10	~
	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: 11/1/2014

TO

11/30/2014

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

NO DISCHARGE:

Х

Average	Maximum	1 1	Minimum	The second second					
			Minimum	Average	Maximum	1	Ex.	Analysis	
e			*****						
I IIIOIILIIIY average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab

■ monthly average	Report daily maximum	lbs/day	****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
4.4.4.4.4	*****		*****						
	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
4.4.4.4.4		7	*****	*****	*****				
*****	Report daily maximum	MGD	*****	*****	****			When Discharging	Recorded
			*****	*****	*****				
(A) (A)	report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
interest in the line in the li	it t. monthly average le S. Report monthly average le ***** it t. ***** le ****** it t. le ****** it t. le *****	Report daily maximum Report daily maximum	Report daily maximum lbs/day	Report daily maximum lbs/day ****** Report daily maximum lbs/day ****** Report monthly average Report daily maximum lbs/day ****** Report monthly average daily maximum ****** Report daily maximum ****** Report daily maximum MGD ****** Report daily maximum MGD ******* Report daily maximum min/day *******	Report daily maximum lbs/day ****** Report monthly average les. Report monthly average daily maximum lbs/day ****** Report monthly average les. ****** Report monthly average daily maximum lbs/day ****** Report monthly average les. ****** ***** Report monthly geometric mean les. ****** Report monthly geometric mean les. ****** Report monthly geometric mean les. ****** ***** ***********************	Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum daily maximum lbs/day ****** Report monthly average daily maximum daily maximum daily maximum lbs/day ****** Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum lbs/day ****** Report monthly geometric mean lbs/day maximum lbs/day ****** Report monthly geometric mean lbs/day maximum lbs/day ****** ****** **********************	Report monthly average daily maximum lbs/day monthly average daily maximum mg/l monthly average daily maximum mg/l daily maximum mg/l daily maximum lbs/day monthly average daily maximum mg/l monthly average mg/l Report monthly average mg/l Report monthly average mg/l Report daily maximum mg/l mg/l monthly average mg/l Report monthly average mg/l R	Report monthly average daily maximum lbs/day server daily maximum server daily maximum lbs/day server daily maximum server	Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum mg/l When Discharging tt. Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum mg/l When Discharging tt. Report monthly average daily maximum daily daily maximum daily d

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	220	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 AF PRINCIPAL EXECUTIVE	(907) 790-2525	12/1/1	4
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

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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: 11/1/2014

TO

11/30/2014

MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Qua	lity or Concentration		Units	No.	Frequency of	Sample Type
	Average	Maximum	1 1	Minimum	Average	Maximum	1	Ex.	Analysis		
Biochemical Oxygen Demand (BOD5)	Sample meas.			100	*****						
1 - Final Effluent 00310 R		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 R	Lermin	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 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	Report monthly average	Report daily maximum	MGD	*****	****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				*1
1 - Final Effluent 81381 R	1 CI IIII	*****	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

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.

OFFICER OR AUTHORIZED AGENT

AREA I NUMBER YIMID

TELEPHONE