### JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska January 2015

								J	uneau, A		CULTERE	A					Januar	y 2015		FFF	ITALT						
										IIV	IFLUENT		1	·Ammonia			1			EFFLU	IENI			· · · · · · · · · · · · · · · · · · ·			
DAY	DATE	TEMP °F	RAIN FALL	)-D TTL EFFL MGD	TEMP :°C:	рН	DO mg/L	T:S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	FOG mg/L	FOG LBS	· in At	TEMP: °C	рH	DO mg/L	T.S.S. mg/L	T.S.S. UBS	BOD: mg/L	BOD LES	FOG mg/L	FOG LBS	Coliform /100 ml	Ammonia as N mg/l 1/180 days		
SUN	28	29.60	0.00	0.58			1						1								1						
MON	29	23.10	0.00	0.59				174.00	860.54	230.00	1137.49				9.40	6.84	4.83	4.80	23.74	6.00	29.67			1,00			
TUE	30	31.80	0.00	0.64				234.00	1254.85	280.00	1501.53				10.90	6.84	4.58	6.00	32.18	5.20	27.89						
WED	31	37.60	0.20	1.13											10.90	6.70	4.93										
THU	1	38.30	0.94	1.50	8.10	7.28	8.90								10.90	6.69	1.82										
FRI	2	28.70	0.85	0.91	7.10	7.67	7.20								9.10	6.74	5.61										
SAT	3	23.30	0.00	0.65									1														
SUN	4	26.60	0.00	0.70																							
MON	5	29.50	0.00	0.60	8.70	7.38	1.38								8.60	6.96	5.81										
TUE	6	29.30	0.00	0.61	8.50	7.54	4.18	156.00	791.03	210.00	1064.85				8.80	6.95	5.01	5.00	25.35	4.40	22.31			1.00			
WED	7	31.80	0.44	0.62	8.20	7.49	2.07	182.00	936.53	210.00	1080.61				9.90	6.69	5.10	1.00	5.15	2.20	11.32						
THU	8	33.40	0.21	0.63	10.30	7.27	4.65								9.90	6.53	4.61										
FRI	9	33.80	0.00	0.60	10.70	7.50	1.95							8	9.80	6.87	4.38										
SAT	10	34.70	0.00	0.63																							
SUN	11	34.80	0.02	1.22																							
MON	12	38.50	0.66	1.14	6.50	7.62	8.80								9.10	6.71	5.51										
TUE	13	43.40	0.48	1.31	7.80	7.91	7.98	108.00	1181.74	110.00	1203.63				9.80	6.82	5.43	2.60	28.45	1.00	10.94			1.00			
WED	14	43.20	0.62	1.20	9.90	7.26	8.32	144.00	1443.55	150.00	1503.70				9.20	6.52	5.15	1.00	10.02	2.40	24.06						
THU	15	42.40	0.50	1.60	10.00	7.48	8.08								9.30	6.85	5.92										
FRI	16	41.80	0.83	1.74	8.60	8.02	6.32								10.20	6.87	6.35										
SAT	17	42.20	1.11	1.86																					1		
SUN	18	38.70	0.53	1.03																							
MON	19	40.90	0.35	1.91	7.38	9.30	8.16								8.80	6.83	5.93										
TUE	20	42.00	0.98	3.13	7.56	7.90	9.07	54.00	1410.53	84.00	2194.15				8.40	6.87	6.15	9.50	248.15	5.10	133.22			2.00			
WED	21	45.30	2.20	3.39	7.42	9.40	9.28	156.00	4414.43	120.00	3395.71		Ö		9.50	7.02	8.52	17.00	481.06	8.30	234.87						
THU	22	45.90	1.83	1.83	7.81	10.80	7.70								8.30	6.98	7.96										
FRI	23	44.40	1.70	1.70	11.60	7.92	7.00								10.80	6.96	6.45										
SAT	24	42.80	1.79	1.79																							
SUN	25	40.30	1.51	1.51																							
MON	26	34.60	1.03	1.03	10.30	7.34	8.07								8.80	6.89	6.03										
TUE	27	30.50	0.80	0.80	8.80	7.60	6.31	128.00	850.81	120.00	797.64				9.40	6.83	4.73	1.00	6.65	0.50	3.32			1.00			
WED	28	33.20	0.93	0.93	10.50	7.52	6.77	110.00	855.02	130.00	1010.47				9.20	6.86	5.49	1.00	7.77	0.50	3.89						
THU	29	36.10	0.87	0.87	9.50	7.79	6.71								9.80	6.82	5.20										
FRI	30	34.00	0.81	0.81	10.40	7.60	3.83								10.10	6.89	5.52										
SAT	31	32.70	0.54	0.54	7.90	7.61	4.88								10.10	7.02	6.17										
TOTAL			22.73	41.74																							
MUMIXAM		45.90	2.20	3.39	11.60	10.80	9.28	234.00	4414.43	280.00	3395.71				10.90	7.02	8.52	17.00	481.06	8.30	234.87			2.00			
MINIMUM		23.10	0.00	0.54	6.50	7.26	1.38	54.00	791.03	84.00	797.64				8.30	6.52	1.82	1.00	5.15	0.50	3.32			1.00			
AVERAGE		35.98	0.65	1.19	8.85		6.42	144.60	1399.90	164.40	1488.98				9.58		5.51	4.89	86.85	3.56	50.15			1.15			
Number (	Of Analyses	35	35	35	23	23	23	10	垉	iņ	10	ø	O,	Zii	26	iq	i ip	10	IŅ.	. 0	Q	5	j	, o	Ó		

% REMO	OVAL
B.O.D.	98
S.S.	97

Comments:

48	- 40		10	ID.	10
Weekly TSS,BOD	T	SS	В	OD	Weekly
Aver	mg/l	lbs	mg/l	lbs	Geo Mean
WEEK1	5.40	27.96	5.60	28.78	1.00
WEEK2	3.00	15.25	3.30	16.82	1.00
WEEK3	1.80	19.24	1.70	17.50	1.00
WEEK4	13.25	364.60	6.70	184.04	2.00
WEEK5	1.00	7.21	0.50	3.60	1.00
MAX	13.25	364.60	6.70	184.04	2.00

# 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: JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 ADDRESS: JUNEAU-DOUGLAS TREATMENT PLANT FACILITY: LOCATION:

JUNEAU, ALASKA 99801

**MONITORING PERIOD** YR MO DAY MO DAY

AK-002321-3

PERMIT NUMBER

ATT:	Jim Westcott, WM	Utilities Senior (	Operator	FROM	2014	12	28	TO	2015	1	31
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		01 /11/12/010	
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	10.90		0		
00010 10	PERMIT						REPORT	deg.C			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX			WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	1.82	*****	8.52		0		
00300 10	PERMIT				2		17	mg/L			
Effluent Gross	REQUIREMENT	*****	*****	*****	DAILY MIN.	*****	DAILY MAX	9/ =		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50.15	234.87		*****	3.56	8.30		0		O(VID
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	*****	*****	***	*****	164.40	*****		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	184.04	*****		*****	6.70	*****		0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
pН	SAMPLE MEASUREMENT	*****	*****	***	6.52	*****	7.02		0		
00400 1 0 Eflfuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	86.85	481.06		*****	4.89	17.00		0		
00530 1 0 Eflfuent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	DAILY MAX	mg/L		MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER lim Westcott W/W Utilities Senior Operator	I certify under penalty of prepared under my direct to assure that the qualifit submitted. Based on my or those persons directly	f law that this docume ction or supervision in ed personnel properly inquiry of the person responsible for gathe	nt and all attachments very accordance with the system and evaluate the or persons who manage ring the information, the	stem designed information the system, information	4.	Man 1	)		907 AREA CODE	TELEPHONE 586-0393 PHONE NUM	
TYPED OR PRINTED	submitted is, to the best I am aware that there are	significant penalties t		mation.	SIGNATU	JRE OF PRINCIPAL CER OR AUTHORIZ	EXECUTIVE		2015 YEAR	2	6 DAY

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

PAGE 1 OF 3

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

YEAR

External Outfall

DAY

\*\*\* NO DISCHARGE

MONITORING PERIOD

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

001 A DISCHARGE NUMBER

DAY

\*\*\*

MO

LOCATION.	JUNEAU, ALASKA	33001			I IK	MO	DAT		TEAR	MO	DAT
ATT:	Jim Westcott, WW	Utilities Senior (	Operator	FROM	2014	12	28	TO	2015	1	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	*****	*****	*****	*****	144.60	*****		0		
00530 G 0	PERMIT					Req. Mon		mg/L			
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****			Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	364.60	*****	*****	*****	13.25	*****		0		
00530 W 0	PERMIT	1035		lb/d		45		mg/L			
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****			Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	NA	NA	*****	*****	NA	NA		0	/ / / / / / / / / / / / / / / / /	
00610 10	PERMIT	Req. Mon.	Req. Mon.	lb/d	100000000000000000000000000000000000000	Req. Mon,	Req. Mon,	mg/L		400000000000000000000000000000000000000	14
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX	10/4	*****	MO AVG	DAILY MAX	Hig/L		Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.15	2.00		0	Sciii aimaar	COMME
31616 1 0	PERMIT					400	1200	#100/ml			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	#100/.ttm		Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	SAMPLE				*****************	2.00	· DAIL I. IIIAA.		0	· · · · · · · · · · · · · · · · · · ·	GRAD
Comorni, recar ivi ; pretir 44.0 C	MEASUREMENT	*****	*****	*****	*****	2.00	*****		U		
31616 W 0	PERMIT					800	100000000000000000000000000000000000000	#100/ml			
See Comments	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****			Weekly	GRAB
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.19	3.39	*****	*****	*****	*****	****	0		GIVID
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	*****	*****	*****	97.83	*****	****	****	0		,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
81010 K 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty o	f law that this docume	ent and all attachments we			/ //				TELEPHONE	L., 71 111 17.
Jim Westcott W/W Utilities Senior Operator	to assure that the qualifi- submitted. Based on my or those persons directly	ed personnel properly inquiry of the person responsible for gathe	accordance with the syst gather and evaluate the in or persons who manage t ring the information, the	formation he system, information	A.	who p			907 AREA CODE	PHONE NUM	1BER
			belief, true, accurate, and for submitting false infort		SIGNATI	JRE OF PRINCIPAL	EXECUTIVE		2015	2	6
TYPED OR PRINTED			nent for knowing violation		OFFIC	ER OR AUPHORIZ	ED AGENT		YEAR	MO	6 DAY

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

External Outfall \*\*\* NO DISCHARGE

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

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

JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT

**FACILITY:** LOCATION: JUNEAU, ALASKA 99801

ATT: Jim Westcott, WW Utilities Senior O AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

PLANI		MONITORING PERIOD										
		YR	MO	DAY		YEAR	MO	DAY				
Operator	FROM	2014	12	28	TO	2015	1	31				
OR LOADING		QUAL	ITY OR CONCENT	RATION		NO.	FREQUENCY	SAMPLE				

PARAMETER		QUANTITY O	R LOADING		QUAI	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended, percent	SAMPLE				96.62				0		
removal	MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott W/W Utilities Senior Operator

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 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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 12/28/2014-01/31/2015.

(Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ANTHORIZED AGENT

TELEPHONE 907 AREA 586-0393 PHONE NUMBER DATE CODE

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

PAGE 3 OF 3

#### 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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

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

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

ATT: Jim Westcott, WW Utilities Senior Operator AK-002321-3 PERMIT NUMBER

REC-1 DISCHARGE NUMBER

		MONIT	ORING PER	RIOD		
YR	MO	DAY		YEAR	МО	DAY
2014	12	28	ТО	2015	1	31

									2013		
PARAMETER		QUANTITY O	R LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		0.7	
Coliform, fecal MF, broth 44.5 C	SAMPLE	1000							0	0	
	MEASUREMENT	*****	*****		*****	*****					
31616 10	PERMIT						Reg. Mon.	#/		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100			

**FROM** 

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jim Westcott W/W Utilities Senior 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,

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 12/28/2014-01/31/2015.

including the possibility of fine and imprisonment for knowing violations. (Reference all attachments here)

TELEPHONE 907 AREA 586-0393 CODE PHONE NUMBER DATE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 2015 YEAR

## Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

Juneau, AK 99801

LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 1/1/2015

1/31/2015

NO DISCHARGE:

X

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

arameter	or matter or constitution or find or	Quantity or Loading		Units	Qua	lity or Concentra	Concentration Uni			Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
iochemical Oxygen Demand 3OD5)	Sample meas.	A SECULAR WAS TO SECULAR SECULAR		1 - 1 - 2 - 4 - 4 - 2 - 2 - 2 - 2 - 2 - 2 - 2	*****	1 2 A A A A A A A A A A A A A A A A A A	and the second section of the secti	40.00	415 31			
1 - Final Effluent 00310 P	Permit reqmt.	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report daily maximum	mg/l		When Discharging	Grab	
otal Suspended Solids	Sample meas.	and the first of the second of the second	eridadina na najidaji di shiribina a sabida ni se	mand in the	*****	\$\text{\text{\$\sigma}} \text{\$\sigma} \$\sigma	en e	300 M - 12 A - 1 A				
1 - Final Effluent 00530 P	Permit reqmt.	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report maximum monthly average	mg/l		When Discharging	Grab .	
oliform, fecal MF, M-FC broth, 4.5 C	Sample meas.	*****	*****		*****	+ 114 11 12 COMO #45	#17+,+# + # N. I. I. I.					
1 - Final Effluent 31616 P	Permit reqmt.	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab	
low	Sample meas.	*****	and in the partition in the extension	and the second second	*****	*****	*****	the self-based place is a first fac-	110000			
1 - Final Effluent 50050 P		*****	report daily maximum	MGD	*****	*****	****			When Discharging	Recorded	
uration of Discharge	Sample meas.	*****	aglagos Aldreig ames baldines, que en cristo	TOTAL SECTION ASSESSED.	*****	*****	*****	to Epimord on Total of		pales (V) properties (V)		
1 - Final Effluent	Permit	*****	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.

, , , , , , , , , , , , , , , , , , , ,		EXECUTIVE OF FIGURE
MARK	I. MOW	SR. OPGEDTOR
		OR PRINTED

NAME/TITLE DRINCIPAL EXECUTIVE OFFICER

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 DATE 907.790-2525 AREA | NUMBER YIMID

### Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow

· Walk Wow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

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

Juneau, AK 99801

MONITORING PERIOD: 1/1/2015

ГО 1

1/31/2015

NO DISCHARGE: X

Parameter	S. D. P. DONG R. S. D. S	Quantity or Loading		Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.		man of the second of the second of	-1 tau westerne	*****		property of the second of	and a second of the second of	200 000		
1 - Final Effluent 00310 Q	, 0,,,,,	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.	i marington in gli transport traducti e montread con	AC SHAPPED WITH CITY OF THE	1	*****	e yan kan partene negarin terbenga, en	y magazina a sa				
1 - Final Effluent 00530 Q	1 Climic	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.	*****	*****	7 (ar (148) a 1) + 7	*****		18				
1 - Final Effluent 31616 Q	Donmit	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****		A 144 A	*****	*****	*****				
1 - Final Effluent 50050 Q	Permit	*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****	party file on party party is 1 few or 1 few)		*****	*****	*****	and the state of the			
1 - Final Effluent 81381 Q	1 CIAIL	*****	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.

IAME/IIILE PRINCIPA	AL	EXECUII	VE	OFFICE	ĸ

MARK J, 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 arm aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Mal J. Mow. SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICE OR AUTHORIZED AGENT

907.790-2529 2/2//5

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: 1/1/2015

1/31/2015

Quality or Concentration  Average  ****	ation Maximum	Units	No. Ex.	Frequency of Analysis	Sample Type
	Maximum		Ex.	Analysis	
****		New Advances and Association	100		
***** Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
****	g of a committee committee	or several law on the	10.00		
***** Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
****	Harry Page 12 and the Page 12	. 1			
***** Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
****	*****				
*****	*****			When Discharging	Recorded
****	*****				
****	*****			When Discharging	Instantaneous Reading
**	****  Report monthly average  ****  Report monthly geometric mean  ****  ****  *****  *****  *****	****  Report Report daily maximum  ****  Report daily maximum  Report daily maximum  Report daily maximum  ****  ****  ****  ****  *****  *****  ****	****  Report Report daily maximum  ****  Report daily maximum  ****  Report Report daily maximum geometric mean  ****  ****  ****  *****  *****  *****  ****	****  Report Report monthly average daily maximum  ****  Report daily maximum  *****  Report daily maximum geometric mean  ****  ****  *****  *****  *****  *****	monthly average daily maximum  ****  Report Report daily maximum  ****  Report daily maximum  ****  Report daily maximum  ****  Report daily maximum  daily maximum  ****  *****  *****  *****  *****  When Discharging  When Discharging  When Discharging  ****  *****  *****  ******  ******  ****

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

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 | NUMBER

TELEPHONE

YIMID