

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

January 2015

DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	INFLUENT									EFFLUENT													
					TEMP °C	pH	DO mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	FOG mg/L	FOG LBS	Ammonia as N mg/l 1/180	TEMP °C	pH	DO mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	FOG mg/L	FOG LBS	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days		
SUN	28	29.60	0.00	0.58																							
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																							
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	0.82	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							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	0.82	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																							
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			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																							
MAXIMUM		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	7.92	6.42	144.60	1399.90	164.40	1488.98			9.58	6.82	5.51	4.89	86.85	3.56	50.15					1.15		
Number Of Analyses		35	31	31	23	23	23	10	10	10	10	0	0	26	26	10	10	10	0	0	5	0	0	0	0	0	0

% REMOVAL	
B.O.D.	98
S.S.	97

Comments:

Weekly TSS, BOD	TSS				BOD				Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	mg/l	lbs	mg/l	lbs	
WEEK1	5.40	27.96	5.60	28.78	1.00				1.00
WEEK2	3.00	15.25	3.30	16.82	1.00				1.00
WEEK3	1.80	19.24	1.70	17.50	1.00				1.00
WEEK4	13.25	364.60	6.70	184.04	2.00				2.00
WEEK5	1.00	7.21	0.50	3.60	1.00				1.00
MAX	13.25	364.60	6.70	184.04	2.00				2.00

GeoMean

**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)

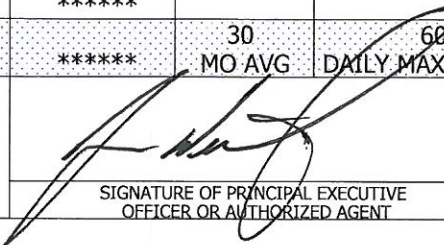
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

External Outfall
*** NO DISCHARGE ***

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	12	28		2015	1	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	10.90		0		
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	1.82	*****	8.52		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	50.15	234.87		*****	3.56	8.30		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	*****	*****	****	*****	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
pH	SAMPLE MEASUREMENT	*****	*****	****	6.52	*****	7.02		0		
00400 10 Effluent 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 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			
Jim Westcott W/W Utilities Senior Operator								907 AREA CODE		586-0393	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		2015 YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from **12/28/2014-01/31/2015.**
(Reference all attachments here)

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

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE ***

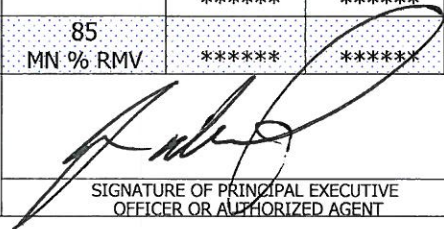
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	12	28		2015	1	31

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	*****	*****	*****	*****	144.60	*****		0					
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24			
Solids, Total suspended	SAMPLE MEASUREMENT	364.60	*****	*****	*****	13.25	*****		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	*****	*****	*****	*****	1.15	2.00		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	*****	*****	*****	*****	2.00	*****		0					
31616 W 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.19	3.39	*****	*****	*****	*****	****	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	*****	*****	*****	*****	97.83	*****	****	0					
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MN % RMV	*****	%		Monthly	CALCTD			
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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE					
Jim Westcott W/W Utilities Senior Operator									907 AREA CODE			586-0393 PHONE NUMBER		
TYPED OR PRINTED				2015 YEAR					2 MO 6 DAY DATE					

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

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

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)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
PERMIT NUMBER

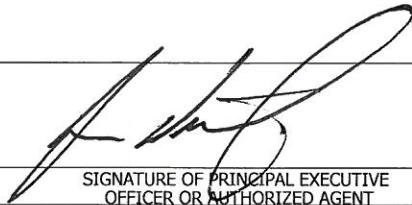
001 A
DISCHARGE NUMBER

External Outfall
*** NO DISCHARGE [] ***

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	12	28		2015	1	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 81011 K 0 0 Percent Removal		*****	*****	*****	96.62	*****	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	% PERCENT		MONTHLY	CALCTD

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, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		
			907 AREA CODE	586-0393	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NUMBER DATE		
			2015 YEAR	2 MO	6 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 12/28/2014-01/31/2015. <i>(Reference all attachments here)</i>					

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: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
 PERMIT NUMBER

REC-1
 DISCHARGE NUMBER

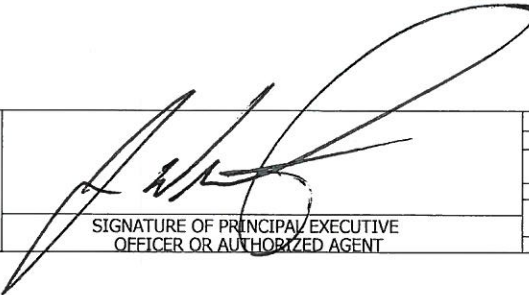
FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2014	12	28		2015	1	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
 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, 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	
2015 YEAR	2 MO 6 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 12/28/2014-01/31/2015.

(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

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 1/1/2015

TO 1/31/2015

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.

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>	907-790-2525	2/2/15
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

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 1/1/2015 TO 1/31/2015
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE:

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:

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>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.	TELEPHONE 907-790-2525 AREA NUMBER	DATE 2/2/15 Y M D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			

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

CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 1/1/2015 TO 1/31/2015

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>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.	TELEPHONE <i>907-790-2525</i> AREA NUMBER	DATE <i>2/2/15</i> Y M D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			