

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

February 2015

Juneau, Alaska

WEATHER				FLOWS			INFLUENT							EFFLUENT												
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	pH	D.O. mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	FOG mg/L	FOG LBS	NH3 mg/L	TEMP °C	pH	D.O. 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	
SUN	1	33.30	0.00	0.76											8.90	6.89	5.58									
MON	2	28.60	0.00	0.80	8.60	7.72	4.20								9.40	7.02	5.96	1.00	5.65	3.60	20.33				1.00	
TUE	3	25.40	0.00	0.68	10.00	7.68	4.80	62.00	350.06	130.00	734.00				10.10	6.96	4.57	1.00	5.08	3.90	19.81					
WED	4	26.40	0.00	0.61	9.60	7.74	3.45	212.00	1076.76	270.00	1371.35				9.50	6.98	6.42									
THU	5	25.00	0.00	0.65	11.00	7.58	4.51								8.70	6.99	4.51									
FRI	6	11.60	0.00	0.85	7.80	7.63	3.16																			
SAT	7	10.70	0.00	0.65																						
SUN	8	19.10	0.17	0.85																						
MON	9	25.30	0.11	0.59	8.10	7.55	3.41								9.00	6.93	5.01									
TUE	10	26.70	0.00	0.65	9.30	7.46	5.07	195.00	1057.10	220.00	1192.62				9.20	6.97	4.75	1.00	5.42	5.30	28.73				6.00	
WED	11	34.60	0.19	0.91	10.10	7.62	5.10	128.00	966.11	200.00	1509.54				9.70	6.98	4.62	1.00	7.55	5.70	43.02					
THU	12	38.00	0.62	1.28	8.90	7.86	7.34								11.20	6.80	5.83									
FRI	13	42.40	0.62	0.77	8.90	7.86	7.34								11.20	6.80	5.83									
SAT	14	42.20	0.10	0.79																						
SUN	15	38.80	0.24	0.65																						
MON	16	38.70	0.05	0.99	8.70	7.57	2.91								9.70	6.89	4.52									
TUE	17	40.40	0.72	0.88	9.70	7.57	8.70	106.00	781.49	120.00	884.71				9.50	6.95	5.02	4.40	32.44	5.40	39.81				6.70	
WED	18	39.40	0.10	0.83	10.30	7.64	5.62	116.00	806.84	130.00	904.22				10.00	6.83	4.96	4.50	31.30	4.10	28.52					
THU	19	40.80	0.28	1.09	11.20	7.74	5.34								9.80	6.88	5.28									
FRI	20	37.30	0.28	0.73	10.40	6.40	2.30								9.60	6.80	4.90									
SAT	21	35.80	0.00	0.86																						
SUN	22	42.00	0.50	1.35																						
MON	23	42.50	0.70	1.56	9.20	7.63	7.43								9.10	6.82	5.12									
TUE	24	39.50	0.88	1.11	9.50	7.59	7.66	24.00	222.58	61.20	567.57				9.7	6.85	5.88	4.40	40.81	6.10	56.57				4.00	
WED	25	37.60	0.11	0.70	11.40	7.71	6.29	37.00	215.70	110.00	641.26				9.10	6.91	7.02	1.00	5.83	6.70	39.06					
THU	26	37.30	0.00	0.69	9.50	7.82	5.05								10.90	6.84	4.60									
FRI	27	33.90	0.00	0.61	9.90	7.78	4.45								10.20	6.76	4.75									
SAT	28	34.80	0.00	0.62																						
TOTAL			5.67	23.10																						
MAXIMUM		42.50	0.88	1.56	11.40	7.86	8.70	212.00	1076.76	270.00	1509.54				11.20	7.02	7.02	4.50	40.81	6.70	56.57				6.70	
MINIMUM		10.70	0.00	0.59	7.80	6.40	2.30	24.00	215.70	61.20	567.57				8.70	6.76	4.51	1.00	5.08	3.60	19.81				1.00	
AVERAGE*		33	0.203	0.83	9.61	7.61	5.21	110.00	684.58	155.15	975.66				9.73		5.26	2.29	16.76	5.10	34.48				3.56	
Number Of Analyses		28	28	28	20	20	20	8	8	8	8	0	0	0	20	20	8	8	8	8	0	0	0	0	0	

85%	
B.O.D.	96.71
S.S.	97.92

Weekly Tss_BOD	TSS				BOD				Weekly Coliform
Aver	mg/l	lbs	mg/l	lbs	Geo. Mean				
WEEK1	1.00	5.36	3.75	20.07	1.00				
WEEK2	1.00	6.48	5.50	35.88	6.00				
WEEK3	4.45	31.87	4.75	34.16	6.70				
WEEK4	2.70	23.32	6.40	47.82	4.00				
MAX	4.45	31.87	6.40	47.82	6.70				

Comments:

**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 Senior Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	2	1		2015	2	28

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 00010 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.20		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO) 00300 10	SAMPLE MEASUREMENT	*****	*****	****	4.51	*****	7.02		0		
	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C 00310 10	SAMPLE MEASUREMENT	34.48	56.57		*****	5.10	6.70		0		
	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	SAMPLE MEASUREMENT	*****	*****	****	*****	155.15	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C 00310 W 0	SAMPLE MEASUREMENT	47.82	*****		*****	6.40	*****		0		
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	****	6.76	*****	7.02		0		
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended 00530 1 0	SAMPLE MEASUREMENT	16.76	40.81		*****	2.29	4.50		0		
	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 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 3 MO 6 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The reporting period was from **02/01/2015-02/28/2015**.

**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)

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 Senior Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	2	1		2015	2	28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	110.00	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Solids, Total suspended 00530 W 0 See Comments	SAMPLE MEASUREMENT	16.76	*****	*****	*****	2.29	*****		0		
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	*****	*****	45 WKLY AVG	*****	mg/L		Monthly	COMP24
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	NA	NA	*****	*****	NA	NA		0		
	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 31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.56	6.70		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	400 MO GEO	1200 DAILY MAX	#100/ml		Weekly	GRAB
Coliform, fecal MF, broth 44.5 C 31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.70	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
Flow, in conduit or through treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.83	1.56	*****	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	*****	*****	*****	*****			Continuous	RCORDR
BOD, 5-day, percent removal 81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	96.71	*****	****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MN % RMV	*****	% Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel 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 PHONE NUMBER DATE		2015 YEAR 3 MO 6 DAY	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The reporting period was from 02/01/2015-02/28/2015.

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)

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 Senior Operator

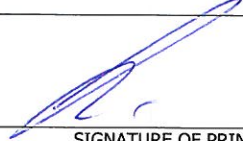
AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	2	1		2015	2	28

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	*****	*****	*****	97.92	*****	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	% PERCENT		MONTHLY	CALCTD

201

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel 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	3 MO	6 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 02/01/2015-02/28/2015. <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)

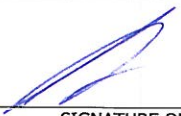
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, WW Utilities Senior Operator

AK-002321-3
 PERMIT NUMBER

REC-1
 DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	2	1		2015	2	28

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 31616 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	0	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. #/ DAILY MAX ML100			Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel 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 PHONE NUMBER	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE		
			2015 YEAR	3 MO	6 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 02/01/2015-02/28/2015. <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: 2/1/2015 TO 2/28/2015
 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.	SIGNATURE OF PRINCIPAL EXECUTIVE  OFFICER OR AUTHORIZED AGENT	TELEPHONE 907-990-2525 AREA NUMBER	DATE 03/02/15 Y M D
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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

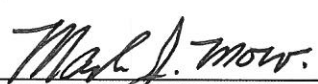
MONITORING PERIOD: 2/1/2015 TO 2/28/2015
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: X

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:

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.	SIGNATURE OF PRINCIPAL EXECUTIVE  OFFICER OR AUTHORIZED AGENT	TELEPHONE 907-796-2525 AREA NUMBER	DATE 03/02/05 Y M D
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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: 2/1/2015 TO 2/28/2015
 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.	SIGNATURE OF PRINCIPAL EXECUTIVE <i>Mark J. Mow</i>	TELEPHONE 907-790-2525	DATE 03/02/15
TYPED OR PRINTED MARK J. MOW / SR. OPERATOR		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D