

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

May 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	TEMP °C	pH	D.O. mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	Fecal Coliform Effluent	Enterro Fecal Effluent
SUN	3	47.00	0.07	0.75																
MON	4	50.80	0.00	0.77	11.10	7.51	5.34					11.90	6.87	6.61						
TUE	5	49.90	0.00	0.74	11.20	7.33	5.41	213.00	1305.67	230.00	1409.88	12.20	6.75	4.83	1.00	6.13	0.50	3.06	1.00	
WED	6	49.20	0.00	0.690	11.30	7.47	5.76	270.00	1553.74	210.00	1208.47	12.30	6.71	3.78	1.00	5.75	2.10	12.08		
THU	7	48.70	0.00	0.595	11.50	7.67	5.74					12.40	6.76	3.65						
FRI	8	55.30	0.00	0.680	11.70	7.41	1.39					13.10	6.35	5.16						
SAT	9	50.50	0.04	0.620																
SUN	10	50.70	0.05	0.679																
MON	11	52.80	0.13	0.670	13.20	6.95	4.34					13.50	6.26	4.91						
TUE	12	55.20	0.00	0.665	11.40	7.45	1.59					13.50	6.29	4.88						
WED	13	55.60	0.00	0.709	13.20	7.20	3.36	325.00	1921.74	300.00	1773.92	14.30	6.36	4.91	1.00	5.91	2.60	15.37	2.00	
THU	14	57.60	0.00	0.600	11.10	7.34	1.19	129.00	645.52	260.00	1301.04	17.50	6.56	4.15	1.00	5.00	0.50	2.50		
FRI	15	57.90	0.00	0.717	7.34	11.30	1.12					16.30	6.52	4.38						
SAT	16	58.20	0.00	0.638																
SUN	17	58.70	0.00	0.851																
MON	18	60.50	0.00	0.771	15.50	7.28	1.89					15.90	6.76	4.15						
TUE	19	60.10	0.00	0.82	15.20	7.63	2.36	164.00	1127.03	270.00	1855.48	17.30	7.12	4.09	16.00	109.95	0.50	3.44	1.00	
WED	20	60.40	0.00	0.73	16.30	7.67	2.17	136.00	828.00	250.00	1522.05	16.90	7.00	3.85	1.00	6.09	4.00	24.35	1.00	1.00
THU	21	62.20	0.00	0.64	16.40	7.65	0.18					16.50	7.04	3.76						
FRI	22	62.70	0.00	0.67	15.50	8.20						17.60	6.80	4.73						
SAT	23	59.60	0.00	0.56																
SUN	24	57.60	0.00	0.62																
MON	25	59.60	0.00	0.66	15.10	7.41	2.80					16.20	6.58	3.98						
TUE	26	58.00	0.00	0.67	16.70	7.88	1.24	247.00	1378.13	320.00	1785.43	17.00	6.70	3.74	5.50	30.69	5.20	29.01	5.00	
WED	27	53.50	0.03	0.71	14.40	7.24	0.46	273.00	1605.16	360.00	2116.69	16.80	6.66	5.51	1.00	5.88	8.00	47.04		
THU	28	58.80	0.02	0.66	13.70	7.38	0.96					16.20	6.85	4.15						
FRI	29	63.00	0.00	0.61	14.50	7.65	1.31					16.90	6.71	3.86						
SAT	30	63.80	0.00	0.72																
TOTAL			0.34	19.20																
MAXIMUM		63.80	0.13	0.85	16.70	11.30	5.76	325.00	1921.74	360.00	2116.69	17.60	7.12	6.61	16.00	109.95	8.00	47.04	5.00	1.00
MINIMUM		47.00	0.00	0.56	7.34	6.95	0.18	129.00	645.52	210.00	1208.47	11.90	6.26	3.65	1.00	5.00	0.50	2.50	1.00	1.00
AVERAGE*		56	0.012	0.69	13.32	7.68	2.56	219.63	1295.62	275.00	1621.62	15.22		4.45	3.44	21.93	2.93	17.11	1.58	1.00
Number Of Analyses		28	28	28	20	20	19	8	8	8	8	20	20	20	8	8	8	8	5	1

Rec Temp	Rec pH	Rec Salinity	Ammonia	mg/L	Copper	ug/L	Toxicity
13.8	8.02	28.2	5/20/2015	2.00	5/20/2015	11.00	
5/20/2015	5/20/2015	5/20/2015					

85%	
B.O.D.	98.94
S.S.	98.43

Fecal Coliform Channel	Enterro Channel
1.00	1.00

5/20/2015

Weekly TSS,BOD Aver	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	1.00	5.94	1.30	7.57	1.00
WEEK2	1.00	5.46	1.55	8.94	2.00
WEEK3	8.50	58.02	2.25	13.89	1.00
WEEK4	3.25	18.28	6.60	38.03	5.00
MAX	8.50	58.02	6.60	38.03	5.00

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)

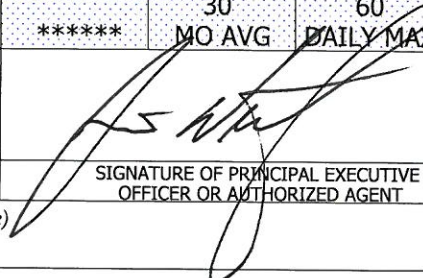
External Outfall
*** NO DISCHARGE

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

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	5	1		2015	5	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	*****	****	*****	*****	17.60		0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	****	3.65	*****	6.61		0		
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	MEASUREMENT	17.11	47.04		*****	2.93	8.00		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	MEASUREMENT	*****	*****	****	*****	275.00	*****		0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	MEASUREMENT	38.03	*****		*****	6.60	*****		0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
pH	MEASUREMENT	*****	*****	****	6.26	*****	7.12		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	MEASUREMENT	21.93	109.95		*****	3.44	16.00		0		
00530 1 0 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		
									PHONE NUMBER DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								2015 YEAR	6 MO	5 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from **05/01/2015-05/31/2015**.

(Reference all attachments here)

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: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	5	1		2015	5	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 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	219.63	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Solids, Total suspended 00530 W 0 See Comments	SAMPLE MEASUREMENT	21.93	*****	*****	*****	3.44	*****		0		
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	COMP24
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.00	2.00		0		
	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 31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.58	5.00		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	*****	*****	*****	*****	5.00	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
Flow, in conduit or through treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.69	0.85	*****	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	Mgal/d	*****	*****	*****			Continuous	RCORDR
BOD, 5-day, percent removal 81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	98.94	*****	****	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 PHONE NUMBER DATE		2015 YEAR 6 MO 5 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 05/01/2015-05/31/2015.

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

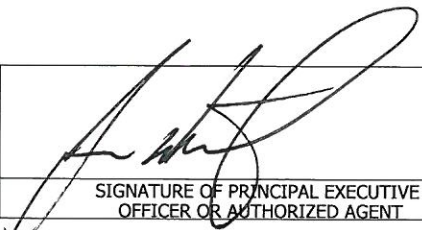
External Outfall
 *** NO DISCHARGE ***

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	5	1		2015	5	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, percent removal 81011 K 0 0 Percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.43	*****	*****		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.


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER
 DATE
 2015 YEAR
 6 MO
 5 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 The reporting period was from 05/01/2015-05/31/2015.
(Reference all attachments here)

**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

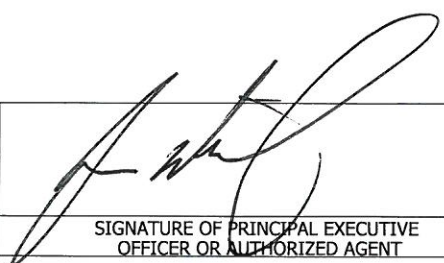
AK-002321-3
 PERMIT NUMBER

REC-1
 DISCHARGE NUMBER

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2015	5	1		2015	5	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	*****	*****		*****	*****	1.0		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.		TELEPHONE		
			907 AREA CODE	586-0393 PHONE NUMBER	
TYPED OR PRINTED			DATE		
			2015 YEAR	6 MO	5 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 05/01/2015-05/31/2015. <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: 5/1/2015 TO 5/31/2015
 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 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	6/1/15
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
 PERMIT NUMBER: AK0023213

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

MONITORING PERIOD: 5/1/2015 TO 5/31/2015
 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:

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<i>MARK J. MOW / SR. OPERATOR</i>	<i>Mark J. Mow</i>	907-790-2525	6/1/15
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: 5/1/2015

TO 5/31/2015

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>MARK J. MOW / SR. OPERATOR</i>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE <i>907-790-2525</i>	DATE <i>6/1/15</i>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE <i>Mark J. Mow</i> OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D