

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

June 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 /100 ml	Effluent Enteroc/100 mL	Channel Fecal/100 mL	Channel Enteroc/100 mL	
SUN	31	60.40	0.00	0.64																			
MON	1	59.70	0.00	0.74	16.4	7.10	3.38					16.90	6.70	4.22									
TUE	2	53.80	0.00	0.84	13.30	7.17	0.73	328.0	2292.4	560.0	3913.8	17.00	7.14	3.75	6.8	47.5	6.7	46.8	5.0				
WED	3	52.80	0.14	0.83	16.80	7.70	1.65	512.0	3531.4	500.0	3448.6	17.70	7.11	4.03	12.0	82.8	15.0	103.5					
THU	4	52.30	0.24	1.00	16.70	7.54	1.81					17.40	7.24	3.82									
FRI	5	52.10	0.58	0.92	15.00	7.90	2.23					17.30	7.04	4.75									
SAT	6	50.80	0.98	0.96																			
SUN	7	51.30	0.40	0.98																			
MON	8	50.80	0.27	0.83	15.10	7.58	3.10					15.20	6.83	4.69									
TUE	9	52.20	0.10	0.78	14.70	7.19	2.73	112.0	726.7	190.0	1232.8	15.70	6.95	4.51	1.0	6.5	2.6	16.9	5.0				
WED	10	48.70	0.20	1.44	15.30	6.84	4.30	72.0	862.3	160.0	1916.2	15.60	6.81	5.73	1.0	12.0	2.2	26.3					
THU	11	49.60	1.06	1.20	14.00	7.54	6.59					14.70	6.98	4.17									
FRI	12	51.20	0.27	0.81	12.40	7.51	1.80					15.70	6.84	5.74									
SAT	13	55.20	0.03	0.78																			
SUN	14	67.80	0.01	0.80																			
MON	15	69.90	0.00	0.84	15.40	7.27	3.20					16.50	7.07	4.12									
TUE	16	63.40	0.00	0.80	15.70	7.22	3.29	300.0	2011.6	320.0	2145.7	17.40	7.12	5.08	1.0	6.7	0.5	3.4	3.0		1.0		
WED	17	56.10	0.00	0.78	18.20	7.35	9.20	352.0	2278.1	520.0	3365.4	17.50	7.18	3.86	1.0	6.5	2.6	16.8	5.0		1.0	1.0	
THU	18	55.90	0.03	0.67	15.50	7.27	3.13					17.10	7.23	5.11									
FRI	19	60.10	0.05	0.77	13.80	7.46	1.17					17.00	7.04	4.32									
SAT	20	58.90	0.00	0.55																			
SUN	21	62.90	0.00	0.75																			
MON	22	61.20	0.00	0.81	16.60	7.32	3.11					17.30	6.92	3.82									
TUE	23	63.30	0.00	0.77	18.00	7.74	2.33	232.0	1486.0	420.0	2690.2	18.10	7.06	3.81	1.0	6.4	4.4	28.2	38.0				
WED	24	62.10	0.00	0.76	17.80	7.65	3.84	320.0	2039.0	320.0	2039.0	18.00	7.00	4.25	1.0	6.4	4.1	26.1					
THU	25	61.10	0.02	1.14	15.50	7.39	1.00					18.10	7.17	4.42									
FRI	26	55.40	0.58	1.04	15.30	7.87	3.33					17.00	7.20	4.30									
SAT	27	55.60	0.38	0.83																			
TOTAL			5.34	23.38																			
MAXIMUM		69.90	1.06	1.44	18.20	7.90	9.20	512.0	3531.4	560.0	3913.8	18.10	7.24	5.74	12.00	82.77	15.00	103.46	38.0	0.00	1.00	1.00	
MINIMUM		48.70	0.00	0.55	12.40	6.84	0.73	72.0	726.7	160.0	1232.8	14.70	6.70	3.75	1.00	6.37	0.50	3.35	3.0	0.00	1.00	1.00	
AVERAGE*		57	0.191	0.86	15.58	7.43	3.09	278.5	1903.4	373.8	2593.9	16.86		4.43	3.10	21.84	4.76	33.50	6.8	0.00	1.00	1.00	
Number Of Analyses		28	28	28	20	20	20	8	8	8	8	20	20	20	8	8	8	8	5	0	2	1	

Ammonia mg/L Eff	Ammonia as N REC	Salinity
2.2	0.170	29.7
Sampled 6/17/2015		

85%	
B.O.D.	98.7
S.S.	98.9

Weekly TSS,BOD	TSS				BOD		Weekly Coliform Geo. Mean
	Aver.	mg/l	lbs	mg/l	lbs		
WEEK1	9.4	65.1	10.9	75.1	5.0		
WEEK2	1.0	9.2	2.4	21.6	5.0		
WEEK3	1.0	6.6	1.6	10.1	3.9		
WEEK4	1.0	6.4	4.3	27.2	38.0		
MAX	9.4	65.1	10.9	75.1	38.0		

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 6/1/2015

TO 6/30/2015

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	*****	18.1		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.8	*****	5.7		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	33.5	103.5		*****	4.8	15.0		0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) G - Influent 00310	Sample meas.	2593.9	*****		*****	373.8	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	*****	75.1		*****	10.9	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Jim Westcott</div>	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. 586. 0393	DATE 7/10/15
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)

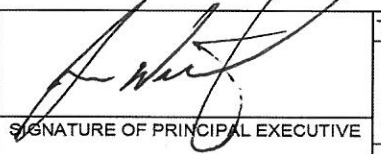

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 6/1/2015 TO 6/30/2015
 NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.7	*****	7.2		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	21.8	82.8		*****	3.1	12.0		0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids G - Influent 00530	Sample meas.	1903.4	*****		*****	512.0	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	*****	65.15		*****	9.40	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	2.2	2.2		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

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
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907.586.0393	7/10/15
TYPED OR PRINTED			AREA NUMBER	Y M D

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

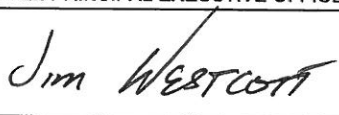
MONITORING PERIOD: 6/1/2015

TO 6/30/2015

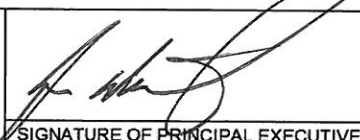
OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	2.2	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	NA		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.86	1.44		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	0.00		1		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	6.8	38.00		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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.


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
907-586-0393	7/10/15
AREA NUMBER	Y M D

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 6/1/2015

TO 6/30/2015

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	38.0	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		98.7	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		98.9	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS:
 W = weekly average;

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 <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Jim Westcott</div>	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 <div style="text-align: center; font-family: cursive; font-size: 1.2em;">AS [Signature]</div> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE <div style="text-align: center; font-family: cursive; font-size: 1.2em;">7/10/15</div> Y M D
TYPED OR PRINTED		907. 586. 0593	AREA NUMBER



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK0023213	
Owner or Operator: CBJ	Facility Name: Juneau-Douglas WWTP	Facility Location: 1540 Thane Rd., Juneau	
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 586.0393	Reported How? (e.g. by phone): Mail	
Date/Time Event was Noticed: 6/17/2015	Date/Time Reported: 7/9 /2015	Name of DEC Staff Contacted: ADEC hotline	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 6/17/2015	End Date/Time (exact): 6/17/2015	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:			
Estimated Quantity involved (volume or weight): Unknown			
Description of the noncompliance and its cause (be specific): A required final effluent Enterococci sample was not drawn in conjunction with a fecal sample which is a permit requirement.			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Monthly sampling schedule reviewed and posted in the lab.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Enterococci/100 mL	Report	N/A	6/17/2015
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Monthly sampling schedule reviewed and posted in the lab.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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.			
Name: Jim Westcott	Title: Senior operator	Signature:	Date: 7/9/2015
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

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: 6/1/2015 TO 6/30/2015
 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>7/1/15</i> 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
 PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801
 MONITORING PERIOD: 6/1/2015 TO 6/30/2015
 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:

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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	7/1/15
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: 6/1/2015 TO 6/30/2015
 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 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
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">Mark J. Mow / SR. OPERATOR</div> TYPED OR PRINTED	<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">Mark J. Mow</div> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907-790-2525 AREA NUMBER	7/1/15 Y M D