

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

July 2015

Date		Flows			Influent							Effluent								
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Enterro Fecal Effluent	FECAL Coliform /100 ml
SUN	28	60	0.40	1.074																
MON	29	58	0.66	1.380	15.5	7.8	6.1					17.0	6.9	3.9						
TUE	30	60	0.30	0.893	15.7	7.4	3.7	93.0	692.6	240.0	1787.4	16.8	7.1	4.2	4.4	32.8	8.2	61.1		12.0
WED	1	57	0.00	0.969	16.6	7.8	2.1	247.0	1996.1	430.0	3475.0	18.4	7.0	4.0	1.0	8.1	4.5	36.4	1.0	10.0
THU	2	54	0.23	1.110	16.1	7.4	3.2					17.2	7.2	4.0						
FRI	3	53	0.48	0.893	14.6	7.3	2.1					17.8	7.1	4.3						
SAT	4	59	0.05	0.835																
SUN	5	65	0.00	0.836																
MON	6	70	0.00	0.860	15.4	7.4	1.0					17.2	7.1	4.0						
TUE	7	66	0.00	0.794	16.5	7.5	3.1	236.0	1562.8	390.0	2582.6	17.6	7.2	4.0	1.0	6.6	4.9	32.4		1.0
WED	8	59	0.01	1.327	18.2	7.2	1.9	264.0	2921.7	355.0	3928.8	19.3	7.1	4.0	1.0	11.1	3.6	39.8		
THU	9	59	0.75	0.750	17.3	6.7	2.3					17.6	7.1	4.2	7.2	45.0	10.0	62.6		
FRI	10	56	0.11	1.105	20.0	7.0	4.5					20.0	7.0	4.5						
SAT	11	57	0.66	1.136																
SUN	12	58	0.35	1.990																
MON	13	57	0.11	1.607	14.8	7.9	7.8					16.8	7.0	5.0						
TUE	14	55	M	1.619	15.2	7.5	5.4	116.0	1566.3	170.0	2295.4	16.2	7.1	4.8	152.0	2052.4	73.0	985.7		
WED	15	54	0.62	1.463	16.8	8.0	2.4	148.0	1805.8	200.0	2440.3	15.9	7.1	4.3	3.0	36.6	7.1	86.6		5.0
THU	16	55	0.33	1.045	15.0	7.5	4.0	192.0	1673.3	320.0	2788.9	16.0	7.1	4.2	4.0	34.9	7.4	64.5		
FRI	17	56	0.32	1.977	13.1	7.3	3.9					16.5	7.3	5.2						
SAT	18	59	1.02	1.175																
SUN	19	54	0.08	1.733																
MON	20	58	0.79	1.251	14.4	7.4	5.0					15.3	6.9	6.0						
TUE	21	58	0.00	0.955	14.7	7.5	4.2	230.0	1831.9	420.0	3345.2	16.0	7.2	4.0	1.0	8.0	3.8	30.3		5.0
WED	22	58	0.00	0.998	19.9	8.1	2.9	150.0	1248.5	180.0	1498.2	16.5	7.0	4.5	1.0	8.3	3.1	25.8		
THU	23	55	0.16	1.849	17.9	7.2	3.8					15.3	7.8	2.3						
FRI	24	57	M	1.057	14.0	7.6	4.0					15.8	7.1	4.5						
SAT	25	56	M	0.930																
SUN	26	56	M	1.182																
MON	27	55	0.61	2.191	16.2	7.8	2.6					16.0	7.0	4.3						
TUE	28	55	1.36	1.975	14.4	7.5	5.5	208.0	3426.1	270.0	4447.3	15.6	7.0	4.5	1.0	16.5	3.9	64.2		2.0
WED	29	54	0.76	1.907	14.6	7.6	5.6	180.0	2862.8	208.0	3308.1	15.5	7.1	4.6	4.0	63.6	4.0	63.6		
THU	30	54	1.01	1.346	14.6	7.8	5.6					15.2	7.0	4.8						
FRI	31	54	0.18	1.394	13.8	7.4	4.5					16.4	6.9	4.6						
SAT	1	55	0.30	1.102																
TOTAL			11.65	40.26																
MAXIMUM		70	1.36	2.19	20.0	8.1	7.76	264.0	3426.1	430.0	4447.3	20.0	7.8	6.0	152.0	2052.4	73.0	985.7	1.0	12.0
MINIMUM		53	0.00	0.75	13.1	6.7	0.95	93.0	692.6	170.0	1498.2	15.2	6.9	2.3	1.0	6.6	3.1	25.8	1.0	1.0
AVERAGE		57.3	0.4	1.3	15.8	7.5	3.9	187.6	1962.5	289.4	2899.8	16.7		4.3	15.1	193.6	11.1	129.4	1.0	4.3
Number Of Analyses		35	31	35	25	25	25	11	11	11	11	25	25	25	12	12	12	12	1	6

BOD % Removal	TSS % Removal	Toxicity
96.2	92.0	

Ammonia mg/L	Copper ug/L
7/8/2015 7.1	7/7/2015 7.4

Weekly TSS,BOD Aver	TSS		BOD		Weekly Coliform Geo Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	2.7	20.4	6.4	48.7	11.0
WEEK2	3.1	20.9	6.2	44.9	1.0
WEEK3	53.0	707.9	29.2	378.9	5.0
WEEK4	1.0	8.1	3.5	28.0	5.0
WEEK5	2.5	40.0	4.0	63.9	2.0
MAX	53.0	707.9	29.2	378.9	11.0

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: 7/1/2015

TO 7/31/2015

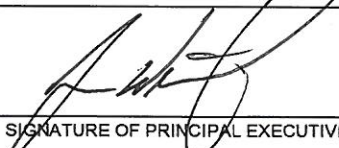
OUTFALL / MONITORING POINT: 001

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.	*****	*****		*****	*****	20.0		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		2.3	*****	6.0		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.	129.4	985.7		*****	11.1	73.0		1		
	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.	2899.8	*****		*****	289.4	*****		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.	*****	378.9		*****	29.2	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

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
907-586-0593	2015/8/14
AREA NUMBER	Y M D

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

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 Juneau, AK 99801

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 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

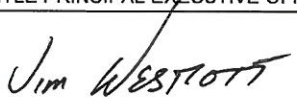
MONITORING PERIOD: 7/1/2015

TO 7/31/2015

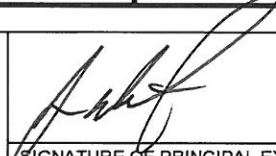
OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.9	*****	7.8		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	193.6	2052.4		*****	15.1	152.0		2		
	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.	1962.5	*****		*****	187.6	*****		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.	*****	707.9		*****	53.0	*****		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.	*****	*****		*****	7.1	7.1		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

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TELEPHONE	DATE
907-586-0393	2015/8/14
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: 7/1/2015

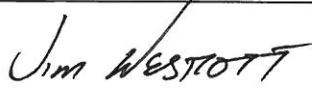
TO 7/31/2015

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

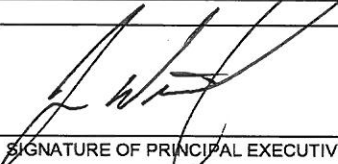
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	7.1	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	7.4		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow 1 - Final Effluent 50050	Sample meas.	1.277	2.191		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	1.0		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	4.3	12.0		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER



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 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
907.586.0593	2015/8/14
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: 7/1/2015

TO 7/31/2015

OUTFALL / MONITORING POINT: 001

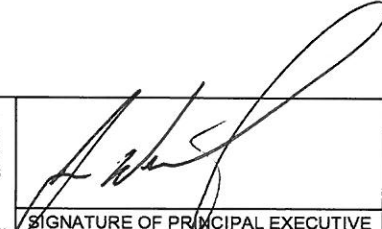
NO DISCHARGE:

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.	*****	*****		*****	11.0	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		96.2	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		92.0	*****	*****		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="font-family: cursive; font-size: 1.2em; text-align: center;">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="font-family: cursive; font-size: 1.2em;">907. 586. 0593</div>	DATE <div style="font-family: cursive; font-size: 1.2em;">2015/8/14</div>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="font-family: cursive; font-size: 1.5em; text-align: center;">  </div>	AREA NUMBER	Y M D



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: 907.586.0393	Reported How? (e.g. by phone): Mail
Date/Time Event was Noticed: 7/24/2015 1500 pm		Date/Time Reported: 7/25/2015 1245 pm	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): 7/13/2015 1225 am	End Date/Time (exact): 7/14/2015 1200 am	
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): 2052 lbs. TSS			
Description of the noncompliance and its cause (be specific): A hydraulic surge created a loss of solids from the clarifiers.			
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) Process control inventory management was reduced to a 12 day solids retention time (SRT) to reduce the mass in the system.			
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>
BOD mg/l	60 mg/l max.	73 mg/l	7/14/2015
TSS mg/l	60 mg/l max.	152 mg/l	7/14/2015
TSS mg/l	1380 lbs./day	2052 lbs	7/14/2015
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Process control inventory management was recently reduced to a 12 day solids retention time (SRT) to reduce the mass in the system. The following day lab analysis shows the facility well under compliance limitations and operating effectively.			
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: 7/25/2015
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: 7/1/2015 TO 7/31/2015
 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
 TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907-770-2525 AREA NUMBER	8/1/15 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: 7/1/2015 TO 7/31/2015
 MONITORING POINT: 002 (N-11) (P) Sta AE 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 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
MARK J. MOW / SR. OPERATOR	 SIGNATURE OF PRINCIPAL EXECUTIVE	907-790-2525	8/1/15
TYPED OR PRINTED	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: 7/1/2015 TO 7/31/2015
 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:

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<i>MARK J. MOW / SR OPERATOR</i>	<i>Mark J. Mow</i>	<i>907-790-2525</i>	<i>8/1/15</i>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D