

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

August 2015

Juneau, Alaska

WEATHER		FLOWS			INFLUENT								Effluent								Copper Composite	Ammonia Composite	
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTR 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 Entero /100 ml	Copper Composite ug/l	Ammonia Composite mg/l	
SUN	2	60.50	0.02	1.00																			
MON	3	63.10	0.00	1.04	15.40	7.41	2.76					16.10	6.96	4.12									
TUE	4	65.20	0.00	0.93	15.30	7.45	2.61	227.00	1754.98	370.00	2860.54	17.00	7.13	4.04	1.00	7.73	2.10	16.24	2.00				
WED	5	62.60	0.00	0.98	15.40	7.42	4.97	248.00	2029.02	300.00	2454.46	16.60	7.05	4.36	1.00	8.18	2.30	18.82					
THU	6	57.70	T	0.86	15.60	7.52	5.01					16.50	7.11	4.67									
FRI	7	61.40	0.18	0.79	14.80	7.28	1.04					17.80	7.01	3.86									
SAT	8	62.90	T	0.85																			
SUN	9	60.90	T	0.82																			
MON	10	56.50	0.16	1.29	18.90	7.00	4.65					18.90	7.00	4.65									
TUE	11	56.70	0.65	1.46	17.50	7.45	3.49	256.00	3125.70	290.00	3540.83	18.00	7.21	4.06	4.00	48.84	3.90	47.62	23.00				
WED	12	55.20	0.91	2.68	16.90	7.26	4.21	160.00	3569.52	220.00	4908.09	17.80	7.04	3.97	1.00	22.31	4.30	95.93					
THU	13	57.60	0.87	1.00	15.70	8.29	3.59					15.10	7.01	4.53									
FRI	14	57.20	0.00	0.94	14.60	7.30	1.55					17.50	7.07	4.10									
SAT	15	57.80	0.00	0.80																			
SUN	16	56.50	0.00	1.07																			
MON	17	56.30	0.43	1.78	15.30	7.42	4.54					16.80	7.01	5.30									
TUE	18	58.80	1.46	1.98	15.30	7.55	6.71	65.00	1075.53	200.00	3309.31	16.60	7.08	3.71	41.00	678.41	38.00	628.77					
WED	19	56.00	0.26	1.29	18.00	6.28	4.13	288.00	3100.88	250.00	2691.74	16.10	6.94	4.29	143.00	1539.67	48.00	516.81	3.00				
THU	20	56.30	0.30	1.18	15.30	7.56	4.69					16.80	7.17	3.85									
FRI	21	54.80	0.20	1.35	15.90	7.72	1.65					17.50	6.93	4.53									
SAT	22	54.80	0.76	1.55																			
SUN	23	53.10	0.59	1.63																			
MON	24	55.60	0.65	1.22	14.90	7.42	5.12					15.20	7.01	4.73									
TUE	25	55.10	0.00	1.06	14.80	7.60	3.87	365.00	3223.70	450.00	3974.43	15.60	7.04	4.36	1.00	8.83	4.40	38.86					
WED	26	55.80	0.00	1.12	14.80	7.59	3.67	126.00	1176.94	360.00	3362.69	16.70	7.31	3.81	4.00	37.36	5.60	52.31	2.00	1.00	6.20	5.20	
THU	27	52.80	0.37	2.58	15.60	7.50	3.91					16.90	7.16	4.18									
FRI	28	52.80	1.57	1.90	13.00	7.50	5.66					16.10	7.07	5.21									
SAT	29	51.10	0.73	1.37																			
TOTAL			10.11	36.49																			
MAXIMUM		65.20	1.57	2.68	18.90	8.29	6.71	365.00	3569.52	450.00	4908.09	18.90	7.31	5.30	143.00	1539.67	48.00	628.77	23.00	1.00	6.20	5.20	
MINIMUM		51.10	0.00	0.79	13.00	6.28	1.04	65.00	1075.53	200.00	2454.46	15.10	6.93	3.71	1.00	7.73	2.10	16.24	2.00	1.00	6.20	5.20	
AVERAGE*		57	0.404	1.30	15.65	7.43	3.89	216.88	2382.03	305.00	3387.76	16.78		4.32	24.50	293.92	13.58	176.92	1.02	1.00	6.20	5.20	
Number Of Analyses		28	25	28	20	20	20	8	8	8	8	20	20	20	8	8	8	8	4	1	1	1	

Channel Grab 8/26/2015										85%		Weekly	Weekly			
pH	7.31	Temp	16.70	DO	3.61	BOD	95.55	S.S.	88.70	TSS,BOD	TSS	BOD	Coliform			
Enterro	1.00	FC	1.00	Salinity	16.1	Nh3	0.20			WEEK1	1.00	7.96	2.20	17.53	2.00	
										WEEK2	2.50	35.57	4.10	71.77	23.00	
										WEEK3	92.00	1109.04	43.00	572.79	3.00	
										WEEK4	2.50	23.10	5.00	45.58	2.00	
										MAX	92.00	1109.04	43.00	572.79	23.00	

# 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

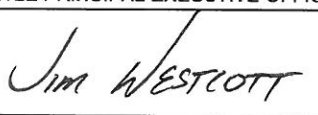
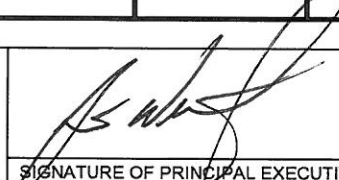
MONITORING PERIOD: 1-Aug-2015

TO 31-Aug-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.	*****	*****		*****	*****	18.9		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen  1 - Final Effluent 00300	Sample meas.	*****	*****		3.7	*****	5.3		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.	176.9	628.8		*****	13.6	48.0		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.	3387.8	*****		*****	305.0	*****		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.	*****	572.8		*****	43.00	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	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
		907.586.0393	2015/9/11
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

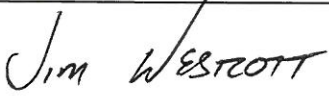
MONITORING PERIOD: 1-Aug-2015

TO 31-Aug-2015

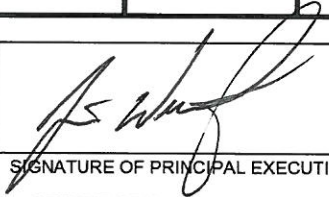
OUTFALL / MONITORING POINT: 001

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	*****	7.3		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids  1 - Final Effluent 00530	Sample meas.	293.9	1539.7		*****	24.5	143.0		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.	2382.0	*****		*****	216.9	*****		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.	*****	1109.0		*****	92.00	*****		2		
	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.	*****	*****		*****	5.2	5.2		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	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. 0393	2015/9/11
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: 1-Aug-2015

TO 31-Aug-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.	*****	*****		*****	5.2	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable  1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	6.2		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow  1 - Final Effluent 50050	Sample meas.	1.30	2.68		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci  1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	1.00		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform  1 - Final Effluent 74055	Sample meas.	*****	*****		*****	1.0	23.0		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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 OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			907. 586.0395	2015/9/11
			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: 1-Aug-2015

TO 31-Aug-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.	*****	*****		*****	23.00	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal  K - Percent Removal 81010	Sample meas.	*****	*****		95.5	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal  K - Percent Removal 81011	Sample meas.	*****	*****		88.7	*****	*****		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	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. 3993	2015/9/11
TYPED OR PRINTED		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](mailto:dec-wqreporting@alaska.gov).

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		PERMIT# (if any): <i>AK0023213</i>
<b>Owner or Operator:</b> City and Borough of Juneau	<b>Facility Name:</b> Juneau Douglas treatment facility	<b>Facility Location:</b> Juneau, AK
<b>Person Reporting:</b> Jim Westcott	<b>Phone Numbers of Person Reporting:</b> 907-586-0393	<b>Reported How? (e.g. by phone):</b> Compliance hot-line 1-877-569-4114
<b>Date/Time Event was Noticed:</b> 08-28-2015 @ 0900 am	<b>Date/Time Reported:</b> 08-28-2015 @ 1050 am	<b>Name of DEC Staff Contacted:</b> Compliance hot-line 1-877-569-4114

**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)

<b>Period of Noncompliance</b>	<b>Start Date/Time (exact):</b> 8-18-2015 @ 0830 am	<b>End Date/Time (exact):</b> 8-19-2015 @ 0830 AM
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**If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:**  
N/A

**Estimated Quantity involved (volume or weight):**  
1539.70 pounds 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 has been reduced to a 12 day SRT to reduce the mass in the system.

### Permit Condition Deviation (Identify each permit condition exceeded during the event.)

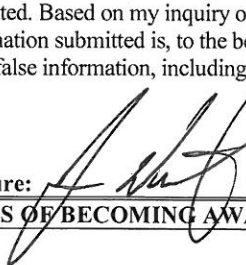
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
TSS	60 mg/l daily max.	143 mg/l daily max.	8-19-2015
TSS pounds	1380 daily max.	1539.70 daily max.	8-19-2015

**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 has been reduced to a 12 day SRT to reduce the mass in the system.

**Environmental Damage: (if yes, provide details below)**       Yes       No       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:** 8-28-2015

**FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.**



# 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](mailto:dec-wqreporting@alaska.gov).

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b> <i>AK 0023213</i>
<b>Owner or Operator:</b> City and Borough of Juneau	<b>Facility Name:</b> Juneau Douglas Treatment Facility	<b>Facility Location:</b> Juneau, AK
<b>Person Reporting:</b> Jim Westcott	<b>Phone Numbers of Person Reporting:</b> 907-586-0393	<b>Reported How? (e.g. by phone):</b> Compliance hot-line 1-877-569-4114
<b>Date/Time Event was Noticed:</b> 09-11-2015 at 0800 am	<b>Date/Time Reported:</b> 09-11-2015 at 1315 hrs	<b>Name of DEC Staff Contacted:</b> Compliance hot-line 1-877-569-4114

**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)

<b>Period of Noncompliance</b>	<b>Start Date/Time (exact):</b> 8-18-2015 @ 0830 am	<b>End Date/Time (exact):</b> 8-19-2015 @ 0830 am
<b>If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:</b>		
<b>Estimated Quantity involved (volume or weight):</b> 1539.67 TSS pounds		
<b>Description of the noncompliance and its cause (be specific):</b> A hydraulic surge created a loss of solids from the clarifiers.		
<b>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)</b> Process control inventory management has been reduced to a 12 day 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>
Total Suspended Solids	45 mg/l weekly avg.	92 mg/l weekly avg.	8-19-2015
Total Suspended solids pounds	1109 lbs. weekly avg.	1035 lbs. weekly avg.	8-19-2015

**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 has been reduced to a 12 day SRT to reduce the mass in the system.

**Environmental Damage: (if yes, provide details below)**       Yes       No       Unknown

**Actual /Potential Impact on Environment/Public Health (describe in detail)**

Unknown

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**Name:** Jim Westcott      **Title:** Senior Operator      **Signature:**       **Date:** 9-11-2015

**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: 8/1/2015 TO 8/31/2015  
 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>  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  907-790-2525	DATE  9/1/15
		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

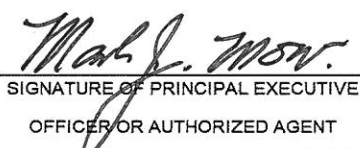
FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY  
 LOCATION: 1540 Thane Rd  
 Juneau, AK 99801

MONITORING PERIOD: 8/1/2015 TO 8/31/2015  
 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
MARK J. MOW / SR. OPERATOR  TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907-790-2525  AREA   NUMBER	9/1/15  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: 8/1/2015 TO 8/31/2015  
 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:											

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>710</i> <i>907-229-2525</i>	DATE  <i>9/1/15</i>
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Mark J. Mow</i>		AREA   NUMBER  Y   M   D	