JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

November 2015

											Nov	ember 2	2015					J	luneau, A	Alaska	
		WEAT	A STATE OF THE PARTY OF THE PAR	FLOWS				NFLUEN	And the last of the last of the last					Effluen	t						
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP	pН	D.O,	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD	TEMP °C	рH	D.O.	T.S.S. ma/L	T.S.S.	BOD ma/L	BOD LB5	FECAL Coliform /100 ml	Channel Fecal /100 ml	Enterro Fecal (100 ml
SUN	1	38.10	0.00	0.71			- "							1	i indy E		- mg/L		7100 1111	/-100 .111	1200 111
MON	2	36.70	Т	0.75	12.00	7.31	3.62					12.50	6.98	4.89	-						
TUE	3	41.60	0.30	1.73	11.60	7.17	2.34	164.0	2364.9	220.0	3172.4	12.50	6.93	4.31	1.0	14.4	3.7	53.4	78.0		
WED	4	40.20	1.51	1.00	11.20	7.80	5.42	632.0	5292.0	260.0	2177.1	12.10	6.66	5.58	1.0	8.4	2.5	20.9			5.2
THU	5	36.50	М	1.10	12.20	7.94	3.67					11.80	6.79	5.38							
FRI	6	42.60	0.62	1.24	9.40	7.36	6.69					11.90	6.91	5.53		38.15					
SAT	7	42.50	0.35	1.54																	<u> </u>
SUN	8	41.10	0.84	0.85																	
MON	9	41.80	0.06	2.07	11.00	7.23	5.99					11.50	6.96	5.10							
TUE	10	39.20	1.27	1.42	11.80	7.61	4.77	31.0	365.8	94.0	1109.3	10.00	6.64	6.69	1.0	11.8	3.6	42.5	1.0		
WED	11	37 60	0.33	1.39	9.90	7.12	7.18	24.0	277.6	64.0	740.3	10.00	6.83	5.77	1.0	11.6	2.9	33.5			
THU	12	39.60	0.57	2.29	9.20	7.35	7.86					10.20	6.83	6.59			 				
FRI	13	39.10	1.10	3.13	9.80	7.31	8.53					9.20	6.83	6.53							
SAT	14	37.60	1.47	2.09																	
SUN	15	34.90	0.88	1.26										1		-					
MON	16	34.40	0.12	0.94	9.60	7.47	5.40		-			10.50	6.90	4.67						2 2	
TUE	17	32.30	0.18	0.75	11.80	8.00	3.05	37.0	232.1	110.0	689.9	10.70	6.84	4.74	1.0	6.3	2.6	16.3	1.0		
WED	18	30.80	0.20	0.47	10.20	7.35	5.79	136.0	530.8	220.0	858.7	10.60	6.90	4.73	1.0	3.9	2.7	10.5			
THU	19	30 70	0.20	0.67	12.40	7.79	2.34					10.90	6.64	5.06							
FRI	20	38.80	0.38	2.81	10.70	7.44	4.59					12.70	6.70	6.29							i —
SAT	21	41.30	1.12	1.33					-												
SUN	22	34 60	0.12	0.87				1								1.00					
MON	23	26.00	0.10	0.94	10.80	7.98	2.88					10.70	6.87	3.78				i			
TUE	24	31.80	0.00	0.80	9.80	7.34	6.46	86.0	574.5	160.0	1068.9	10.10	7.11	5.51	4.4	29.4	8.9	59.5	1.0		
WED	25	33.60	М	0.75	10.20	7.37	3.78	208.0	1306.2	310.0	1946.8	10.30	7.05	4.55	1.0	6.3	4.4	27.6			·
THU	26	32.60	0.00	0.67	9.20	7.35	2.79					10.30	7.08	4.91							
FRI	27	38.10	0.01	1.12	10.80	7.69	1.35					10.80	6.98	4.76							1
SAT	28	39.40	0.69	2.25																	
TOTAL			12.42	36.93										1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	111111111111111111111111111111111111111						
MUMIXAM		42.60	1.51	3.13	12.40	8.00	8.53	632.0	5292.0	310.0	3172.4	12.70	7.11	6.69	4.4	29.4	8.9	59.5	78.0		5.2
MUMINIM		26.00	0.00	0.47	9.20	7.12	1.35	24.0	232.1	64.0	689.9	9.20	6.64	3.78	1.0	3.9	2.5	10.5	1.0		5.2
AVERAGE*		37	0.497	1.32	10.68	7.50	4.73	164.8	1368.0	179.8	1470.4	10.97		5.27	1.4	11.5	3.9	33.0	0.7		5.2
nber Of Analy	ses	28	25	28	20	20	20	::::B:::::	8	8	- B	20	20	20	8	8	8 · · ·	8	4	2000 0 000	3433433

Ammonia	mg/L	Copper	ug/L	Toxicity
11/3/2015	2.8			

85	%
B.O.D.	97.8
S.S.	99.1

Weekly					Weekly
TSS,BOD	TSS		BOD	Coliform	
Aver.	mg/l	Ibs	mg/l	lb\$	Geo. Mean
WEEK1	1.0	11.4	3.1	37.1	78.0
WEEK2	1.0	11.7	3.3	38.0	1.0
WEEK3	1.0	5.1	2.7	13.4	1.0
WEEK4	2.7	17.8	6.7	43.5	1.0
MAX	2.7	17.8	6.7	43.5	78.0

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: 11/1/2015

ГО

11/30/2015

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	8 885
Temperature (C)	Sample meas.	*****	*****		*****	*****	12.7		0		-
1 - Final Effluent 00010	1 CI IIII	****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		3.8	*****	6.7		0		
1 - Final Effluent 00300	Permit reqmt.	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	33.0	59.5		*****	3.9	8.9		0		
1 - Final Effluent 00310	1 Climit	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)	Sample meas.	1470.4	*****		*****	179.80	*****		0		
G - Influent 00310	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	43.5		*****	6.7	*****		0		
W - See Comments 00310	- 0	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

Sim WESTCOTT	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, frue, accurate, and complete. I am aware that there	/ SIGNATIL
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing wolations.	OFFIC

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

907-56-0393 15/12/11

AREA | NUMBER Y | M | D

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: 11/1/2015

015

11/30/2015 NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	*****	*****		6.6	*****	7.1		0		
1 - Final Effluent 00400	1 Clinic	*****	****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	11.5	29.4		*****	1.4	4.4		0		
1 - Final Effluent 00530	1 Clinic	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	1368.0	*****		*****	164.8	*****		0		
G - Influent 00530	1 CI IIII	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	*****	17.8		*****	2.7	*****		0		
W - See Comments 00530		*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	2.8	2.8		0		
1 - Final Effluent 00610	1 Clinic	*****	*****		****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jem WESTCOTT	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	SIGNATURE	OF PRINCE	AL EXI	CUTIVE
TYPED OR PRINTED	 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. 		OR AUTHOR		

TELEPHONE DATE

907. SG6-0893 15/12/11

AREA | NUMBER Y | M | D

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: 11/1/2015

11/30/2015 NO DISCHARGE:

Parameter Quantity or Loading Units **Quality or Concentration** Units Frequency of No. Sample Type Average **Analysis** Maximum Minimum Ex. Average Maximum Ammonia Nitrogen (as N) Sample ***** ***** ***** 2.8 ***** 0 meas. ***** W - See Comments ***** 21 ***** mg/l Monthly 24-Hr Composite Permit weekly average 00610 reqmt. Copper Total Recoverable Sample ***** ***** ***** ***** NA meas. ***** 1 - Final Effluent ***** ***** Report ug/l 24-Hr Composite Quarterly **Permit** daily maximum 01119 reqmt. Flow Sample 1.32 ***** ***** 3.13 ***** 0 meas. 1 - Final Effluent 2.76 6.0 MGD ***** ***** Continuous Recorded Permit monthly average daily maximum 50050 regmt. Enterococci Sample ***** ***** ***** ***** 5.20 NA meas. ***** ***** 1 - Final Effluent ***** cts/100 ml Report See Permit Grab Permit daily maximum Requirements 61211 reqmt. Fecal Coliform Sample ***** ***** ***** 0.7 78.0 0 meas. ***** ***** 1 - Final Effluent ***** 200 800 cts/100 ml Weekly Grab **Permit** monthly daily maximum 74055 reamt. geometric mean

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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

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GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 907.586-0393 15/12/11 AREA | NUMBER YIMID

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: 11/1/2015

TO

11/30/2015

NO DISCHARGE: Parameter Quantity or Loading Quality or Concentration Units Units No. Frequency of Sample Type Average Ex. **Analysis** Maximum Minimum Average Maximum Fecal Coliform Sample ***** ***** ***** ***** 78.0 0 meas. ***** ***** ***** W - See Comments 400 cts/100 ml Weekly Grab Permit weekly average 74055 reqmt. BOD5 Minimum % Removal Sample ***** ***** ***** ***** 97.8 0 meas. ***** ***** ***** K - Percent Removal ***** % Monthly Calculation Permit minimum percent 81010 reqmt. removal Total Suspended Solids Minimum Sample ***** ***** ***** ***** 99.1 0 % Removal meas. ***** ***** ***** K - Percent Removal 85 % Monthly Calculation **Permit** minimum percent 81011 regmt. removal

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		TELEPHONE	DATE
Sim WESTCOTT	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 submittion false information, including the	SYNATURE OF PRINCIPAL EXECUTIVE	907.556.0393	18/12/1
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

Page 4

CONTACT NAME: Mark Mow

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

LOCATION: 1540 Thane Rd

PERMIT NUMBER: AK0023213

Juneau, AK 99801

MONITORING PERIOD: 11/1/2015

TO 11/30/2015 NO DISCHARGE:

X

MONITORING POINT: 004 (N-15.1) (R) Douglas Parameter Quantity or Loading Units **Quality or Concentration** Units Frequency of Sample Type Average Maximum Minimum Maximum Ex. **Analysis** Average Biochemical Oxygen Demand Sample ***** (BOD5) meas. ***** 1 - Final Effluent Report Report lbs/day Report Report mg/l When Discharging Grab Permit monthly average daily maximum monthly average daily maximum 00310 R regmt. **Total Suspended Solids** Sample ***** meas. ***** 1 - Final Effluent lbs/day Report Report Report Report mg/l When Discharging Grab **Permit** monthly average daily maximum monthly average daily maximum 00530 R reqmt. Coliform, fecal MF, M-FC broth, Sample ***** ***** ***** 44.5 C meas. ***** ***** ***** Report Report cts/100 ml When Discharging Grab 1 - Final Effluent Permit monthly daily maximum 31616 R reqmt. geometric mean Flow Sample ***** ***** ***** meas. ***** Report Report MGD ***** ***** When Discharging Recorded 1 - Final Effluent **Permit** monthly average daily maximum 50050 R reqmt. **Duration of Discharge** Sample ***** ***** ***** ***** meas. ***** ***** ***** ***** report min/day When Discharging Instantaneous 1 - Final Effluent Permit daily maximum Reading 81381 R reqmt. 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.

	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE	
MARK I. MAN / SR DOGRADIO	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907-790-2525	- 12/1/15	
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID	

CONTACT NAME: Mark Mow

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 155 S. Seward Street

LOCATION: 1540 Thane Rd

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 11/1/2015

TO

11/30/2015 NO DISCHARGE:

X

MONITORING POINT: 003 (N11.2) (Q) Sta C

Parameter		Quantity (or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	1 No. of the London
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 Q	1 Clinic	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.				*****						
1 - Final Effluent 00530 Q	1 CI IIII	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	Sample meas.		*****		*****						
1 - Final Effluent 31616 Q	Dormit	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 Q		*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 Q	1 CI IIII	*****	report daily maximum	min/day	*****	****	*****			When Discharging	Recorded
COMMENTS:										1	

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I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
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	Molf Mow. SIGNATURE OF PRINCIPAL EXECUTIVE	907.790-2525	12/1/15
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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

MONITORING POINT: 002 (N-11) (P) Sta AE

Juneau, AK 99801

MONITORING PERIOD: 11/1/2015

TO 11,

11/30/2015 NO DISCHARGE:

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arameter		Quantity or Loading Units		Quality or Concentration		Units			Sample Type		
-		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	20007
iochemical Oxygen Demand BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 P	I CI IIIIC	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report daily maximum	mg/l		When Discharging	Grab
otal Suspended Solids	Sample meas.				*****						
1 - Final Effluent 00530 P	1 CI IIII	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report maximum monthly average	mg/l		When Discharging	Grab
oliform, fecal MF, M-FC broth, 4.5 C	Sample meas.	*****	*****		*****	*					
1 - Final Effluent 31616 P	Donmit	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
low	Sample meas.	*****			*****	*****	*****				1
1 - Final Effluent 50050 P		*****	report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Ouration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 P		*****	Report daily maximum	min/day	*****	*****	****			When Discharging	Recorded

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.

MARIC J.	Mow	15R	OPERATOR
_	TYPED		TOTAL TRANSPORT

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 property 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.

Mall-mow.
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

907.790 -2525 12/1/15

AREA | NUMBER Y | M | D