

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

November 2016

DAY	DATE	Influent										Effluent									
		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	Channel Fecal	FECAL Coliform /100 ml
SUN	30	38	0.00	0.525																	
MON	31	36	0.00	0.509	11.8	7.3	2.3						13.0	7.0	4.4						
TUE	1	41	0.00	0.581	11.8	7.4	1.3	245	1187	270	1308	13.0	7.0	4.4	1	5	3	14			2
WED	2	44	0.21	0.766	11.8	7.2	4.1	193	1233	290	1853	13.3	6.8	4.0	1	6	2	15			
THU	3	46	0.32	1.141	10.3	7.4	6.1					12.9	6.8	4.6							
FRI	4	44	0.78	1.394	10.9	7.6	3.0					12.0	6.8	4.4							
SAT	5	45	1.28	0.961																	
SUN	6	42	0.11	0.756																	
MON	7	47	0.24	1.028	10.9	7.5	2.0					12.1	6.9	4.1							
TUE	8	46	0.78	1.713	10.5	7.5	5.3	132	1886	240	3429	12.0	6.9	4.7	1	14	16	229			2
WED	9	48	1.04	0.987	10.3	7.4	6.7	56	461	110	905	11.3	6.8	6.0	4	36	3	26			
THU	10	48	0.26	2.513	11.1	7.6	5.7					11.5	6.7	4.7							
FRI	11	45	1.70	1.240	11.9	7.6	5.8					11.4	6.8	6.5							
SAT	12	45	0.27	0.909																	
SUN	13	46	0.04	1.309																	
MON	14	42	0.69	0.885	10.4	7.3	7.1					11.4	6.9	5.1							
TUE	15	38	0.01	0.792	10.3	7.4	3.6	65	429	120	793	11.4	6.7	4.9	1	7	3	17			1
WED	16	36	0.00	0.654	10.3	7.3	3.4	147	802	180	982	11.2	6.7	5.2	5	26	3	19			
THU	17	39	0.00	0.582	10.2	7.4	1.7					11.3	6.7	4.9							
FRI	18	36	0.00	0.564	11.5	7.5	2.7					11.9	6.7	5.9							
SAT	19	29	0.00	0.536																	
SUN	20	25	0.00	0.556																	
MON	21	25	0.00	0.549	11.3	7.1	4.5					11.2	6.9	4.5							
TUE	22	32	T	0.535	10.0	7.5	3.3	204	910	280	1249	11.4	7.0	4.7	6	25	4	16			1
WED	23	33	0.00	0.512	11.1	7.2	2.1	250	1068	310	1324	11.9	6.7	3.9	6	25	5	20			
THU	24	34		0.583	11.2	7.3	2.0					12.0	6.8	5.8							
FRI	25	35	0.01	0.492	11.1	8.1	1.0					12.1	6.9	5.6							
SAT	26	38	T	0.586																	
SUN	27	37	0.15	0.538																	
MON	28	37	0.41	0.841	10.9	7.2	2.8					11.4	6.9	4.3							
TUE	29	41	0.41	1.573	7.5	7.5	8.1	270	3542	260	3411	11.0	6.7	4.9	5	68	6	79			3
WED	30	38	0.92	0.800	11.3	7.4	7.9	150	1001	140	934	10.3	6.7	5.9	13	87	7	49			
THU	1	40	0.04	1.112	9.4	7.6	4.9					10.5	6.8	4.6							
FRI	2	42	0.84	3.498	7.4	7.7	7.8					10.6	6.8	5.3							
SAT	3	36	2.01	2.597																	
TOTAL			12.52	26.88																	
MAXIMUM		48	2	2.51	11.9	8.1	8.1	270	3542	310	3429	13.3	7.0	6.5	13	87	16	229	NA		3
MINIMUM		25	0	0.49	7.5	7.1	1.0	56	429	110	793	10.3	6.7	3.9	1	5	2	14			1
AVERAGE		39	0	0.90	10.8		4.1	171	1252	220	1619	11.7		4.9	4.3	30.0	5.2	48.3			2
Number Of Analyses		35	32	35	25	25	25	10	10	10	10	25	25	25	10	10	10	10	10	10	5

BOD % REMOVAL	TSS % Removal	Toxicity
98	97	NA

Ammonia	mg/L	Copper	ug/L
11/9/2016	2.8		NA

Weekly TSS,BOD	TSS				BOD		Weekly Coliform Geo Mean
	mg/l	lbs	mg/l	lbs			
Aver							
WEEK1	1	6	3	14			2
WEEK2	3	25	10	127			2
WEEK3	3	16	3	18			1
WEEK4	6	25	4	18			1
WEEK5	9	77	7	64			3
MAX	9	77	10	127			3

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: 11/1/2016

TO 11/30/2016

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.	*****	*****		*****	*****	13.3		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.9	*****	6.5		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.	48	229		*****	5	16		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.	1619	*****		*****	220	*****		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.	*****	127		*****	10	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GRIEKO TEMPEL</i> <i>SR. OPERATOR</i>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE <i>907.586.0793</i>	DATE <i>11/12/16</i>
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
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PERMIT NUMBER: AK0023213

MONITORING PERIOD: 11/1/2016

TO 11/30/2016

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.	*****	*****		6.7	*****	7.0		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	30	87		*****	4	13		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.	1252	*****		*****	171	*****		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.	*****	77		*****	9	*****		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.	*****	*****		*****	2.8	2.8		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GRIEGO TEMPEL</i> <i>SIC. OPERATOR</i>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE <i>907.586.0293</i>	DATE <i>11/12/09</i>
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: 11/1/2016

TO 11/30/2016

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.	*****	*****		*****	2.8	*****		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.	0.90	2.51		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	NA		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	2	3		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GRIEGO TEMPEL
SR. OPERATOR
 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
907.586.0393
 AREA | NUMBER

DATE
11/12/16
 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: 11/1/2016

TO 11/30/2016

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.	*****	*****		*****	3	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		98	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		97	*****	*****		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>GRIEKO TEMPEL</i> <i>SX. OPERATOR</i>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE <i>907.586.0193</i>	DATE <i>11/12/16</i>
TYPED OR PRINTED			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: 11/1/2016 TO 11/30/2016
 MONITORING POINT: 004 (N-15.1) (R) Douglas 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)	Sample meas. 1 - Final Effluent 00310 R Permit reqmt.	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 R 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	Sample meas. 1 - Final Effluent 31616 R Permit reqmt.	***** *****	***** *****		***** *****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 R Permit reqmt.	Report monthly average	Report daily maximum	MGD	***** *****	***** *****	***** *****			When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 R 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>12/1/16</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: 11/1/2016 TO 11/30/2016
 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)	Sample meas. 1 - Final Effluent 00310 Q	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	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	***** *****	***** *****		***** *****	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	***** *****	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
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D
<i>MARK J. MOW / SR. OPERATOR</i>	<i>Mark J. Mow.</i>	907-790-2525	12/1/16

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: 11/1/2016 TO 11/30/2016
 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)	Sample meas. 1 - Final Effluent 00310 P	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 P	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	Sample meas. 1 - Final Effluent 31616 P	***** *****	***** *****		***** *****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 P	***** *****	report daily maximum	MGD	***** *****	***** *****	***** *****			When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 P	***** *****	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

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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 AREA NUMBER	DATE 12/1/16 Y M D
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