

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
February 2012

Juneau, Alaska

DAY	DATE	WEATHER			FLOWS				INFLUENT				EFFLUENT				Ammonia as N mg/l as N lbs/day 1/180 days
		TEMP °F	RAIN FALL IRRIGES	J-D TTEFFL MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TFRIP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL Coliform /100 ml	
SUN	29	29	0.52	0.7420				11.6	7.1	7.4							
MON	30	32	0.16	0.9600				7.2	6.9	6.2					80		
TUE	31	36	0.41	1.3640	208	2366	224	2548	6.3	7.1	8.3	8	91	6	68		
WED	1	37	0.33	2.3660				6.0	7.2	7.4							
THU	2	39	0.45	2.2130				6.0	7.4	9.4							
FRI	3	34	0.35	1.9400													
SAT	4	34	0.00	0.9590													
SUN	5	42	0.00	0.9420													
MON	6	33	0.00	0.5230				10.2	7.1	6.5					2		
TUE	7	33	0.00	0.9220				11.1	7.2	4.3							
WED	8	36	0.00	0.9430				11.0	6.9	5.2							
THU	9	43	0.06	1.0630				13.2	6.9	3.2							
FRI	10	39	0.00	1.0190				15.0	7.2	5.2							
SAT	11	41	0.07	1.4030													
SUN	12	36	0.25	1.0850													
MON	13	36	0.02	0.9890				11.0	7.0	5.1							
TUE	14	34	0.00	0.7500				10.7	7.1	5.3					9		
WED	15	39	0.25	1.1090				10.8	7.1	4.9							
THU	16	37	0.21	1.1510				11.3	7.1	4.7							
FRI	17	36	0.20	0.9920				11.7	7.0	4.6							
SAT	18	34	0.11	0.9950													
SUN	19	34	0.02	0.9350													
MON	20	36	0.56	1.8620													
TUE	21	38	0.21	1.1250				12.7	7.0	4.1					2		
WED	22	38	0.16	1.6880				10.8	7.1	7.0							
THU	23	39	0.05	1.0310				8.3	7.3	5.9							
FRI	24	31	0.00	0.8840				10.0	7.4	6.1							
SAT	25	24	0.00	0.7860				9.7	7.2	5.9							
TOTAL			4.39	32.76													
MAXIMUM		43	0.56	2.37	208	2366	224	2548	15.0	7.4	9.4	8	91	6	68	80	0
MINIMUM		24	0.00	0.52	208	2366	224	2548	6.0	6.9	3.2	8	91	6	68	2	0
AVERAGE		36	0.157	1.17	208	2366	224	2548	10.4	7.1	5.8	8	91	6	68	23	NA
Number of Analyses		28	28	28	1	1	1	1	20	20	20	1	1	1	4	4	0

85%	
B.O.D.	97
S.S.	96

Weekly			
TSS	BOD		
mg/l	mg/l		
lbs	lbs		
WEEK1	91	6	68
WEEK2			
WEEK3			
WEEK4			
MAX	91	6	68
Weekly			
TSS	BOD		
mg/l	mg/l		
lbs	lbs		
WEEK1	91	6	68
WEEK2			
WEEK3			
WEEK4			
MAX	91	6	68
Weekly			
Coliform	Coliform		
Geo. Mean	Geo. Mean		
lbs	lbs		
WEEK1	91	6	68
WEEK2			
WEEK3			
WEEK4			
MAX	91	6	68

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

External Outfall
*** NO DISCHARGE

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2012	1	29	2012	2	25

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. C	*****	****	*****	****	15.0		0		
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX	deg.C			
Oxygen, dissolved (DO)	*****	****	*****	****	9.4		0		GRAB
00300 10 Effluent Gross	*****	*****	*****	*****	17	mg/L			
BOD, 5-day, 20 deg C	*****	*****	*****	*****	DAILY MIN. 6		0		GRAB
00310 10 Effluent Gross	*****	*****	*****	*****	60	mg/L			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	224		0		COMP24
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	6		0		COMP24
00310 W 0 See Comments	*****	*****	*****	*****	45	mg/L			
pH	*****	*****	*****	*****	WKLY AVG 7.4		0		COMP24
00400 10 Effluent Gross	*****	*****	*****	*****	6.0	SU			
Solids, Total suspended	*****	*****	*****	*****	MINIMUM 8		0		GRAB
00530 10 Effluent Gross	*****	*****	*****	*****	30	mg/L			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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.

Nathan A McComb
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2012 YEAR
3 MO
10 DAY

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 01/29/2012 through 02/25/2012.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	YEAR
2012	1	29	2012
FROM	TO	MO	DAY
2012	1	29	2012
NO. EX	FREQUENCY OF ANALYSIS	MO	DAY
0	Monthly	2	25

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Raw Sewage Influent	MEASUREMENT	*****	*****	*****	*****	*****	*****			
Solids, Total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00530 W 0	MEASUREMENT	*****	*****	*****	*****	*****	*****			
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 1 0	MEASUREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	MEASUREMENT	*****	*****	*****	*****	*****	*****			
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
See Comments	MEASUREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0	MEASUREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	MEASUREMENT	*****	*****	*****	*****	*****	*****			
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Percent Removal	MEASUREMENT	*****	*****	*****	*****	*****	*****			

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Nathan McCombs
W/W Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Nathan D. McCombs

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER
DATE

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 01/29/2012 through 02/25/2012.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used

PAGE 2 OF 3

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$
 MAJOR (SUB 01)

External Outfall
 *** NO DISCHARGE ***

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2012	1	29	0
2012	2	25	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	NO. EX		
Solids, Total suspended, percent removal	*****	*****	*****	96	*****	*****		
81011 K 0 0	*****	*****	*****	85	*****	*****		
Percent removal	*****	*****	*****	MN % RMV	*****	*****	MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Nathan McCombs W/W Utilities Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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 586-0393
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Nathan D. McCombs</i>
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 01/29/2012 through 02/25/2012.	(Reference all attachments here)	PHONE NUMBER DATE
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.		2012 YEAR 3 MO 10 DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)
UPSTREAM RECEIVING WATER External Outfall
*** NO DISCHARGE ***

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155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
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ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	1	29	
YR	MO	DAY	TO
2012	2	25	

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	*****		N/A		0		
31616 1 0	*****		Req. Mon. #/			Monthly	
Effluent Gross	*****		DAILY MAX	ML100			GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Nathan McCombs W/W Utilities Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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 586-0393
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Nathan McCombs</i>
The reporting period was from 01/29/2012 through 02/25/2012.		907 AREA CODE 2012 YEAR 3 MO 10 DAY

(Reference all attachments here)

The reporting period was from 01/29/2012 through 02/25/2012.