

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY  
Juneau Alaska

March 2012

DAY	DATE	WEATHER				INFLUENT				EFFLUENT				REC-1 Fecal Channel	FECAL Coliform /100 ml	Ammonia as N mg/l /180 days	Ammonia as N lbs/day /180 days
		TEMP of	RAIN INCHES	J-D TTL EFFL MGD	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				
SUN	26	27	0.11	0.78													
MON	27	33	0.32	0.94													
TUE	28	34	0.05	0.83	240			8.7	6.9	5.8							
WED	29	29	0.00	0.75		1667	199	199	1382	9.9	7.2	6.9	9.0	63	5	35	3
THU	1	31	0.24	0.77				10.2	7.3	6.9							
FRI	2	34	0.28	1.03				9.9	7.3	5.7							
SAT	3	33	0.08	0.79				10.6	7.4	6.0							
SUN	4	29	0.05	0.08													
MON	5	30	0.23	0.78													
TUE	6	32	0.56	0.89				10.2	7.4	5.8							
WED	7	36	0.79	2.68				10.0	7.1	5.2							2
THU	8	36	0.82	3.46				11.2	7.2	5.9							
FRI	9	36	0.38	1.80				8.5	7.2	6.3							
SAT	10	35	0.37	1.59				8.9	7.1	7.7							
SUN	11	35	0.08	1.19													
MON	12	34	0.00	1.00				9.0	7.0	7.0							
TUE	13	33	0.00	0.80				9.0	7.0	6.4							
WED	14	35	0.00	0.82				9.7	7.1	7.1							
THU	15	36	0.00	0.76				10.4	7.1	5.3							6
FRI	16	38	0.00	0.85				10.2	6.9	5.6							2
SAT	17	36	0.00	0.79													
SUN	18	34	0.00	0.85													
MON	19	33	0.01	0.78				10.4	6.9	6.2							
TUE	20	33	0.00	0.86				9.3	7.2	4.3							144
WED	21	29	0.00	0.74				10.9	7.2	5.4							
THU	22	29	0.00	0.79				9.5	7.1	5.5							
FRI	23	30	0.00	0.73				9.4	7.1	5.2							
SAT	24	34	0.00	0.72													
SUN	25	35	0.00	0.77													
MON	26	36	0.00	0.73				10.5	6.9	5.2							
TUE	27	37	0.00	0.82				10.8	7.0	5.6							
WED	28	41	0.00	0.67				11.3	7.8	5.3							36
THU	29	41	0.02	0.64				11.2	7.4	4.4							
FRI	30	39	0.01	0.53				11.2	7.2	5.1							
SAT	31	37	0.00	0.66													
TOTAL			4.36	28.63													
MAXIMUM			0.82	3.46	240	1667	199	1382	11.2	7.4	8.3	9.0	63	5	35	6	144
MINIMUM			0.00	0.08	240	1667	199	1382	8.5	6.9	4.3	8.0	63	5	35	8	2
AVERAGE			0.18	1.02	240	1667	199	1382	9.8	7.1	6.1	8.0	63	5	35	6	7
Number of Analyses			28	28	1	1	1	1	20	20	20	1	1	1	1	1	4

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

Weekly TSS, BOD Aver.	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1	9	63	5	35	3
WEEK2					2
WEEK3					2
WEEK4					144
WEEK5					36
MAX	9	63	5	35	144

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/Location if different  
JUNEAU, CITY AND BOROUGH OF  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801

NAME:  
ADDRESS:  
FACILITY:  
LOCATION:  
ATTN:

JUNEAU-DOUGLAS TREATMENT PLANT  
JUNEAU, ALASKA 99801  
Tom Trego, WW Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD		FROM		TO	
YR	MO	DAY	YR	MO	DAY
2012	2	26	2012	3	31

PARAMETER	SAMPLE MEASUREMENT PERMIT	QUANTITY OR LOADING		UNITS	VALUE	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	MEASUREMENT PERMIT			MINIMUM	WEEKLY AVG	DAILY MAX			
Temperature, water deg. C	00010 1 0	*****	*****	****	*****	*****	*****	*****	0	REPORT	deg.C
Effluent Gross	00010 1 0	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	deg.C
Oxygen, dissolved (DO)	00300 10	*****	*****	*****	*****	*****	*****	*****	0	DAILY MIN.	mg/L
Effluent Gross	00300 10	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
BOD, 5-day, 20 deg. C	00310 10	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
Effluent Gross	00310 10	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
BOD, 5-day, 20 deg. C	00310 10	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
Raw Sewage Influent	00310 G 0	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
BOD, 5-day, 20 deg. C	00310 W 0	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
See Comments	00310 W 0	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
PH	00400 1 0	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
Effluent Gross	00530 1 0	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
Solids, Total suspended	00530 1 0	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Tom Trego*

907 AREA CODE  
586-0393 TELEPHONE NUMBER  
4 MO DATE  
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 02/26/2012 through 03/31/2012.  
(Reference all attachments here)

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

AK-002321-3  
PERMIT NUMBER

001A  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD			
YR	MO	DAY	TO
2012	2	26	2012 31

PARAMETER	QUANTITY OR LOADING	FROM	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****				
00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	63	*****	*****	*****	0	Monthly	COMP24	
	PERMIT REQUIREMENT	1035	*****	*****	*****				
00530 W 0 See Comments	SAMPLE MEASUREMENT	0.0	*****	*****	*****	0	Monthly	COMP24	
	PERMIT REQUIREMENT	0.0	*****	*****	*****				
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****				
31618 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****				
31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****				
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.02	*****	*****	*****	0	Weekly	GRAB	
	PERMIT REQUIREMENT	2.76	*****	*****	*****				
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	MO AVG	*****	*****	*****	0	Continuous	RCORDR	
	PERMIT REQUIREMENT	*****	*****	*****	*****				
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****				
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>Tom Trego WW Utilities Superintendent</p> <p>1 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.</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>Tom Trego</i></p>									

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 02/26/2012 through 03/31/2012. (Reference all attachments here)

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)

External Outfall  
\*\*\* NO DISCHARGE

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**LOCATION:** JUNEAU-DOUGLAS TREATMENT PLANT  
**ATT:** Tom Trengo, Ww Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

001A  
DISCHARGE NUMBER

**PARAMETER**

**FROM**

MONITORING PERIOD	
YR	MO
2012	2
DAY	
	26
TO	
YR	MO
2012	3
DAY	
	31

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE			
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	*****	*****	*****	0	1	1
Percent Removal		*****	*****	*****	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Tom Trengo  
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.

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
**The reporting period was from 02/26/2012 through 03/31/2012.**  
*(Reference all attachments here)*

Signature: *Tom Trengo*  
OFFICER OR AUTHORIZED AGENT

907 AREA CODE  
586-0393 TELEPHONE  
2012 YEAR  
4 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 \*\*\*

\*\*\*

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  
**ATTN:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	2	26	2012
			YEAR
			MO
			DAY
			31

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	MEASUREMENT PERMIT REQUIREMENT		VALUE	VALUE	UNITS			
Coliform, fecal M.F. broth 44.5 C	*****	*****		6.0		0	1	1	
31616 10 Effluent Gross	*****	*****		Req. Mon. DAILY MAX	#/ ML100		Monthly	GRAB	

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:** Tom Trego, 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.

**TYPED OR PRINTED:** \_\_\_\_\_

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:** *Tom Trego*

**907 AREA CODE:** 586-0393 **TELEPHONE:** \_\_\_\_\_

**2012 YEAR:** \_\_\_\_\_ **DATE:** 4 MO 10 DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS:** (Reference all attachments here)

**The reporting period was from 02/26/2012 through 03/31/2012.**