

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

JUNE 2012

WEATHER			INFLUENT			EFFLUENT													
DAY	DATE	TEMP °F	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	B.O.D. mg/L	B.O.D. LBS	Rec-1 FECAL Channel	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days
SUN	27	48	0.14	0.70															
MON	28	47	0.07	0.75					12.5	7.2	5.0								
TUE	29	49	0.02	0.81	364	2453	338	2277	12.4	7.2	5.3	10	67	7	47	2	21	6	38
WED	30	47	0.27	0.90					12.8	7.2	4.8								
THU	31	46	0.22	1.01					12.2	7.3	5.9								
FRI	1	48	0.31	1.06					12.3	7.2	5.2								
SAT	2	48	0.09	0.92															
SUN	3	52	0.00	0.98															
MON	4	55	0.00	0.93					12.8	7.0	4.6								
TUE	5	53	0.07	0.95	284	2250	319	2527	12.7	7.1	5.2	7	55	5	40		17		
WED	6	54	0.03	0.87					12.5	7.2	5.3								
THU	7	51	0.23	1.56					13.3	7.2	5.3								
FRI	8	48	0.64	0.99					12.2	7.1	5.0								
SAT	9	51	0.03	0.75															
SUN	10	49	0.03	1.66															
MON	11	49	0.10	0.89					13.4	7.4	4.8								
TUE	12	47	0.06	0.93	228	1767	270	2092	12.9	7.3	5.2	7	54	6	46		25		
WED	13	46	0.26	0.89					13.8	7.3	4.6								
THU	14	46	0.33	1.02					13.3	7.3	4.9								
FRI	15	49	0.15	1.13					12.8	7.3	4.7								
SAT	16	50	0.68	1.53															
SUN	17	52	0.28	1.25															
MON	18	55	0.01	0.99					15.9	7.2	9.4								
TUE	19	53	0.07	0.99	168	1390	318	2629	14.9	7.3	6.9	6	50	4	35		5		
WED	20	57	0.14	0.91					14.4	7.2	7.2								
THU	21	55	0.04	0.93					14.8	7.4	4.3								
FRI	22	64	0.00	0.90					13.9	7.4	4.9								
SAT	23	68	0.00	0.97															
SUN	24	63	0.00	1.01															
MON	25	52	0.36	1.13					15.1	7.5	5.2								
TUE	26	50	0.71	1.49	148	1840	221	2746	12.9	7.4	4.3	10	124	8	105		12		
WED	27	50	0.13	1.02					14.4	7.3	5.0								
THU	28	52	0.24	1.32					13.9	7.3	4.9								
FRI	29	49	1.00	1.85					13.4	7.4	5.9								
SAT	30	48	0.46	1.45															
TOTAL			7.17	37.41															
MAXIMUM		68	1.00	1.85	364	2453	338	2746	15.9	7.5	9.4	10	124	8	105	2	25	6	38
MINIMUM		46	0.00	0.70	148	1390	221	2092	12.2	7.0	4.3	6	50	4	35	2	5	6	38
AVERAGE		51	0.20	1.07	238	1940	293	2454	13.4	7.3	5.4	8	70	6	55	2	16	6	38
Number of Analyses		35	35	35	5	5	5	5	25	25	25	5	5	5	5	1	5	1	1

% REMOVAL	
B.O.D.	98
S.S.	97

Weekly TSS, BOD	TSS			BOD			Weekly Coliform Geo. Mean
	Aver. mg/l	lbs	mg/l	lbs	mg/l	lbs	
WEEK1	10	67	7	47			21
WEEK2	7	55	5	40			17
WEEK3	7	54	6	46			25
WEEK4	6	50	4	35			5
WEEK5	10	124	8	105			12
MAX	10	124	8	105			25

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)
JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT
JUNEAU, ALASKA 99801
Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER
001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2012	5	27		2012	6	30

External Outfall
*** NO DISCHARGE ***

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Temperature, water deg. C	MEASUREMENT	*****	*****	*****	15.9	deg.C	0		
Effluent Gross	PERMIT	*****	*****	*****	REPORT DAILY MAX			WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE	*****	*****	4.3	9.4		0		
Effluent Gross	PERMIT	*****	*****	2	DAILY MIN.				
BOD, 5-day, 20 deg. C	SAMPLE	55	105	*****	6	8	0	WEEKLY	GRAB
Effluent Gross	PERMIT	*****	*****	*****	30	60			
Effluent Gross	PERMIT	690	1380	*****	30	DAILY MAX	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE	*****	*****	*****	293		0		
Effluent Gross	PERMIT	*****	*****	*****	*****				
Raw Sewage Influent	PERMIT	*****	*****	*****	Req. Mon. MO AVG				
BOD, 5-day, 20 deg. C	SAMPLE	105	*****	*****	8		0	MONTHLY	COMP24
Effluent Gross	PERMIT	*****	*****	*****	*****				
00310 W 0	PERMIT	1035	*****	*****	45				
See Comments	PERMIT	WKLY AVG	*****	*****	*****			MONTHLY	COMP24
pH	SAMPLE	*****	*****	7.0	7.5		0		
Effluent Gross	PERMIT	*****	*****	6.0	MINIMUM				
00400 1 0	PERMIT	*****	*****	*****	*****			WEEKDAYS	
Effluent Gross	PERMIT	*****	*****	*****	*****				
Solids, Total suspended	SAMPLE	70	124	*****	8	10	0		GRAB
Effluent Gross	PERMIT	690	1380	*****	30	60			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	MO AVG	DAILY MAX	*****	30	60		MONTHLY	COMP24
Tom Trego WW 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			*****					
COMMENT AND EXPLANATION OF ANY VIOLATIONS	The reporting period was from 05/27/2012 through 06/30/2012. (Reference all attachments here)								

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
2012 YEAR
7 MO
10 DAY

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

External Outfall
*** NO DISCHARGE

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	5	27	2012
YEAR	MO	DAY	YEAR
2012	6	30	2012

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE	*****	*****	*****	*****	*****	0		
	MEASUREMENT	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	PERMIT	*****	*****	*****	*****	*****	0	Monthly	COMP24
	REQUIREMENT	*****	*****	*****	*****	*****			
Solids, Total suspended	SAMPLE	124	*****	*****	*****	*****	0		
	MEASUREMENT	*****	*****	*****	*****	*****			
00530 W 0 See Comments	PERMIT	1035	*****	*****	*****	*****	0	Monthly	COMP24
	REQUIREMENT	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	SAMPLE	38	*****	*****	*****	*****	0		
	MEASUREMENT	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	PERMIT	Req. Mon, MO AVG	*****	*****	*****	*****	0	Semi-annual	COMP24
	REQUIREMENT	*****	*****	*****	*****	*****			
Collform, fecal MF, broth 44.5 C	SAMPLE	*****	*****	*****	*****	*****	0		
	MEASUREMENT	*****	*****	*****	*****	*****			
31616 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****	0	Weekly	GRAB
	REQUIREMENT	*****	*****	*****	*****	*****			
Collform, fecal MF, broth 44.5 C	SAMPLE	*****	*****	*****	*****	*****	0		
	MEASUREMENT	*****	*****	*****	*****	*****			
31616 W 0 See Comments	PERMIT	*****	*****	*****	*****	*****	0	Weekly	GRAB
	REQUIREMENT	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE	1.07	*****	*****	*****	*****	0		
	MEASUREMENT	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT	2.76	*****	*****	*****	*****	0	Continuous	RCORDR
	REQUIREMENT	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE	*****	*****	*****	*****	*****	0		
	MEASUREMENT	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	PERMIT	*****	*****	*****	*****	*****	0	Monthly	CALCTD
	REQUIREMENT	*****	*****	*****	*****	*****			
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 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.									
TOM TREGO, WW UTILITIES SUPERINTENDENT									
TYPED OR PRINTED									
COMMENT AND EXPLANATION OF ANY VIOLATIONS									
The reporting period was from 05/27/2012 through 06/30/2012. (Reference all attachments here)									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
2012 7 10									
907 AREA CODE 586-0393 TELEPHONE									
PHONE NUMBER DATE									

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

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

PERMITTEE NAME/ADDRESS/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

External Outfall
*** NO DISCHARGE

MONITORING PERIOD			
YR	MO	DAY	TO
2012	5	27	2012
			2012

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
WW Utilities Superintendent

COMMENT AND EXPLANATION OF ANY VIOLATIONS
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 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
7 MO
10 DAY

The reporting period was from 05/27/2012 through 06/30/2012. (Reference all attachments here)

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

PAGE 3 OF 3

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

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

REC-1
DISCHARGE NUMBER

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

MONITORING PERIOD		
YR	MO	DAY
2012	5	27
TO		
YEAR	MO	DAY
2012	6	30

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE	VALUE	VALUE	VALUE				
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	2	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.

Victoria S. Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	
907	586-0393
PHONE NUMBER	
DATE	DATE
2012	7 10
YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 05/27/2012 through 06/30/2012.