

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

DECEMBER 2012

DAY	WEATHER				INFLUENT							EFFLUENT											
	DATE	TEMP °F	RAIN FALL INCHES	3-D TSS EFFL MG/D	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	Ammonia as N mg/L	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FECAL Coliform /100 ml	Ammonia as N mg/L	
SUN	25	31	0.34	0.571																			
MON	26	28	0.34	0.530						18		10.7	7.1	4.3							3		3
TUE	27	24	0.05	0.601								10.7	7.0	4.3									
WED	28	29	0.00	0.674								12.5	7.3	7.1									
THU	29	22	0.00	0.567						18		9.9	7.1	4.2						8			4
FRI	30	22	0.00	0.572								9.7	7.1	4.5						6			
SAT	1	22	0.00	0.573						20													
SUN	2	16	0.00	0.613																			
MON	3	18	0.42	0.578						21		8.9	7.3	4.6							21		0
TUE	4	22	0.05	0.609								9.2	7.3	4.3									
WED	5	24	0.00	0.547	292	1332	260	1166	19	87		12.1	7.1	7.1	7	32	6	27	5	23			
THU	6	26	0.18	0.575								11.2	6.8	5.1									
FRI	7	25	0.08	0.563								10.8	7.2	9.3									
SAT	8	25	0.01	0.576																			
SUN	9	34	0.35	0.759																			
MON	10	36	0.33	1.535																			
TUE	11	31	0.00	0.582					14	12		13.6	7.1	7.1									0
WED	12	31	0.00	1.083	672	6126	183	1688	24	214		7.7	6.8	5.1						7			0
THU	13	36	0.22	1.021					12			9.0	7.0	5.4						4	36		0
FRI	14	36	0.22	1.860								9.1	6.8	5.5						5			
SAT	15	36	0.36	0.820																			
SUN	16	32	0.23	0.823																			
MON	17	21	0.44	0.637																			
TUE	18	15	0.00	0.657						12		8.6	7.0	4.6									0
WED	19	26	0.00	0.592	192	948	259	1279	45	222		9.2	7.0	4.2									0
THU	20	21	0.00	0.616					16	15		8.7	6.9	4.9						6	25		0
FRI	21	17	0.00	0.653								9.1	6.9	4.8									
SAT	22	16	0.00	0.615																			
SUN	23	17	0.00	0.607																			
MON	24	19	0.00	0.574																			
TUE	25	18	0.00	0.527					14			7.6	6.9	4.2									
WED	26	14	0.00	0.596								8.2	6.9	4.4									
THU	27	23	0.30	0.541								7.9	6.9	3.9									
FRI	28	31	0.25	0.563								8.5	6.9	3.9									
SAT	29	34	0.11	0.910								8.6	6.8	4.0									
TOTAL			4.28	24.73																			
MAXIMUM		36	0.44	1.86	672	6126	260	1688	45	222	21	13.6	7.3	9.3	9	46	7	36	8	36	21	4	
MINIMUM		14	0.00	0.53	192	948	183	1186	12	87	12	7.7	6.7	3.9	5	32	4	27	4	23	3	0	
AVERAGE		26	0.13	0.73	385	2802	234	1376	21	174	16	9.6	7.0	5.0	7	41	6	33	6	28	7	1	
Number of Analyses		35	35	35	3	3	3	3	8	3	7	25	25	25	3	3	3	3	3	3	4	7	

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

Comments: Fecal Coliform average is actually the geometric mean
Yellow FOG results represent composite samples

Weekly		
TSS/BOD	TSS	BOD
mg/l	lbs	mg/l
Aver.	7	6
WEEK1	32	27
WEEK2	46	4
WEEK3	44	35
WEEK4	46	7
MAX.	46	36

Weekly		
Coliform	BOD	Geo. Mean
	lbs	
Aver.	3	3
WEEK1	21	21
WEEK2	4	4
WEEK3	9	9
WEEK4	4	9
MAX.	21	21

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
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	TO
2012	11	25	TO
YR	MO	DAY	TO
2012	12	29	

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	UNITS			
Temperature, water deg. C	*****	*****	****	*****	13.6		0		
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX	deg.C			
Oxygen, dissolved (DO)	*****	*****	****	*****	3.9		0		GRAB
00300 10 Effluent Gross	*****	*****	*****	*****	2	mg/L			
BOD, 5-day, 20 deg. C	*****	36	*****	*****	DAILY MIN.		0		GRAB
00310 10 Effluent Gross	*****	690	lbs/d	*****	6	mg/L			
BOD, 5-day, 20 deg. C	*****	MO AVG	*****	*****	DAILY MAX		0		COMP24
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	30	mg/L			
BOD, 5-day, 20 deg. C	*****	36	*****	*****	MO AVG		0		
00310 W 0	*****	*****	*****	*****	234				
See Comments	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L			COMP24
pH	*****	*****	*****	*****	7				
00400 10 Effluent Gross	*****	*****	*****	*****	*****				
Solids, Total suspended	*****	*****	*****	*****	*****				
00530 10 Effluent Gross	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	*****	*****				
Tom Trego W/W Utilities Superintendent	*****	*****	*****	*****	*****				
TYPED OR PRINTED	*****	*****	*****	*****	*****				
COMMENT AND EXPLANATION OF ANY VIOLATIONS	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.								
The reporting period was from 11/25/2012 through 12/29/2012.	(Reference all attachments here)								

Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 TELEPHONE
AREA CODE 586-0393
PHONE NUMBER
DATE
2013 YEAR 1 month 10 DAY

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

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

External Outfall
*** NO DISCHARGE

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT
JUNEAU, ALASKA 99801
Tom Treago, W/W Utilities Superintendent

YR	MO	DAY	YEAR	MO	DAY
2012	11	25	2012	12	29

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	*****	0		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
Raw Sewage Influent	MEASUREMENT	*****	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
00530 W 0	MEASUREMENT	*****	*****	*****	*****	*****	0		
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Monthly	COMP24
Nitrogen, ammonia total (as N)	MEASUREMENT	*****	*****	*****	*****	*****	0		
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	0		
Colliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
31616 1 0	MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
Colliform, fecal MF, broth 44.5 C	MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
See Comments	MEASUREMENT	*****	*****	*****	*****	*****	0		
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR
50050 1 0	MEASUREMENT	*****	*****	*****	*****	*****	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0		
BOD, 5-day, percent removal	MEASUREMENT	*****	*****	*****	*****	*****	0		
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Monthly	CALCTD
Percent Removal	MEASUREMENT	*****	*****	*****	*****	*****	0		

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 Treago
Tom Treago
W/W Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	907	586-0393
Tom Treago	AREA CODE	PHONE NUMBER
W/W Utilities Superintendent	DATE	
TYPED OR PRINTED	2013	1
	YEAR	MO
		10
		DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 (Reference all attachments here)
The reporting period was from 11/25/2012 through 12/29/2012.
 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)

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	YEAR	MO	DAY
2012	11	25	2012	12	29
FROM			TO		

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended, percent removal	*****	*****	98	*****	0		
81011 K 0 0	*****	*****	85	*****			
Percent Removal	*****	*****	MIN % RMV	*****		MONTHLY	CALCTD

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.	TELEPHONE	907 586-0393
Tom Trego W/W Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	PHONE NUMBER
TYPED OR PRINTED		2013	1
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)	YEAR	MO
The reporting period was from 11/25/2012 through 12/29/2012.			

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
ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	11	25	12 29

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	*****	*****	*****	*****	0	0	
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

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 11/25/2012 through 12/29/2012.

TELEPHONE	907	586-0393
AREA CODE	907	586-0393
PHONE NUMBER		
DATE	2013	1 10
YEAR	2013	MO DAY

Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT