#### JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

												ŀ	ebrua	y 2015	)				Juneau, A	Maska					
		WEAT		FLOWS							FLUENT									EFFL	UENT				
DAY	DATE	ТЕМР	RAIN PALL	J-D TTL EFFL	TEMP	рH	D.O.	T.S.S.	T.5.5.	BOD.	BOD	FOG.		.: NH3	TEMP	рH	D.O.	T.S.S.	T.S.S:	BOD	BOD	FOG	FOG.	Coliform	. Ammonia as N. mq/l
CLIN	4	33.30	· · · INCHES · · ·	0.76			ma/L:	ma/L	LBS	···mq/L	LBS	mg/L:	LBS	mg/L:	°C		mq/L	mq/L	LB\$ ···	mg/L	LBS	mg/L···	LBS	:-/100·ml-	4
SUN	1	28.60	0.00	0.76	8.60	7 70	4.00								0.00	0.00	F. F.O.								-
	2	25.40	0.00			7.72	4.20 4.80	60.00	350.06	400.00	704.00				8.90	6.89	5.58	1.00	5.05	0.00	22.22				-
TUE	3	1		0.68	10.00	7.68		62.00		130.00	734.00	-			9.40	7.02	5.96	1.00	5.65	3.60	20.33			1.00	
WED	22.00	26.40	0.00	0.61	9.60	7.74	3.45	212.00	1076.76	270.00	1371.35				10.10	6.96	4.57	1.00	5.08	3.90	19.81				
THU	5	25.00	0.00	0.65	11.00	7.58	4.51								9.50	6.98	6.42					-			-
FRI	6	11,60	0.00	0.65	7.80	7.63	3.16	-							8.70	6.99	4.51		-						
SAT	7	10.70	0.00	0.65																					
SUN	8	19.10	0.17	0.65	0.40																		_		
MON	9	25.30	0.11	0.59	8.10	7.55	3.41							_	9.00	6.93	5.01	-							
TUE	10	26.70	0.00	0.65	9.30	7.46	5.07	195.00	1057.10	220.00	1192.62				9.20	6.97	4.75	1.00	5.42	5.30	28.73			6.00	
WED	11	34.60	0.19	0.91	10.10	7.62	5.10	128.00	966.11	200.00	1509.54				9.70	6.98	4.62	1.00	7.55	5.70	43.02				
THU	12	38.00	0.62	1.28	8.90	7.86	7.34								11.20	6.80	5.83								
FRI	13	42.40	0.62	0.77	8.90	7.86	7.34								11.20	6.80	5.83								
SAT	14	42.20	0.10	0.79																					
SUN	15	38.80	0.24	0.65																					
MON	16	38.70	0.05	0.99	8.70	7.57	2.91								9.70	6.89	4.52								
TUE	17	40.40	0.72	0.88	9.70	7.57	8.70	106.00	781.49	120.00	884.71				9.50	6.95	5.02	4.40	32.44	5.40	39.81			6.70	
WED	18	39.40	0.10	0.83	10.30	7.64	5.62	116.00	806.84	130.00	904.22				10.00	6.83	4.96	4.50	31.30	4.10	28.52				
THU	19	40.80	0.28	1.09	11.20	7.74	5.34								9.80	6.88	5.28								
FRI	20	37.30	0.28	0.73	10.40	6.40	2.30								9.60	6.80	4.90								
SAT	21	35.80	0.00	0.86																					
SUN	22	42.00	0.50	1.35																					
MON	23	42.50	0.70	1.56	9.20	7.63	7.43							_	9.10	6.82	5.12						1		
TUE	24	39.50	0.88	1.11	9.50	7.59	7.66	24.00	222.58	61.20	567.57				9.7	6.85	5.88	4.40	40.81	6.10	56.57			4.00	
WED	25	37.60	0.11	0.70	11.40	7.71	6.29	37.00	215.70	110.00	641.26				9.10	6.91	7.02	1.00	5.83	6.70	39.06				
THU	26	37.30	0.00	0.69	9.50	7.82	5.05								10.90	6.84	4.60								
FRI	27	33.90	0.00	0.61	9.90	7.78	4.45								10.20	6.76	4.75								
SAT	28	34.80	0.00	0.62																					
TOTAL			5.67	23.10																					
MUMIXAM		42.50	0.88	1.56	11.40	7.86	8.70	212.00	1076.76	270.00	1509.54				11.20	7.02	7.02	4.50	40.81	6.70	56.57			6.70	
MINIMUM		10.70	0.00	0.59	7.80	6.40	2.30	24.00	215.70	61.20	567.57				8.70	6.76	4.51	1.00	5.08	3.60	19.81			1.00	
AVERAGE*		33	0.203	0.83	9.61	7.61	5.21	110.00	684.58	155.15	975.66				9.73		5.26	2.29	16.76	5.10	34.48			3.56	
· · · Number Df.	Analyses	28	28	28	20	20	20	8		8	8	0	6		20	20	20	8	8::::	8	8	Ó	Ò	4	1

85	%
B.O.D.	96.71
S.S.	97.92

omments:		

20	-	1000	1000	100000 00000	The state of the s	AND REAL PROPERTY.
	Weekly					Weekly
	TSS,BOD	TS	SS	E	BOD	Coliform
	Aver.	∴: mg/l · · ·	:::lbs::::	∵ mg/l ∵	::::Ibs:::::	Geo. Mean
	WEEK1	1.00	5.36	3.75	20.07	1.00
	WEEK2	1.00	6.48	5.50	35.88	6.00
	WEEK3	4.45	31.87	4.75	34.16	6.70
	WEEK4	2.70	23.32	6.40	47.82	4.00
	MAX	4.45	31.87	6.40	47.82	6.70

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

External Outfall \*\*\* NO DISCHARGE

\*\*\*

001 A

DISCHARGE NUMBER

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

NAME: JUNEAU, CITY AND BOROUGH OF **ADDRESS:** 155 SOUTH SEWARD,

AK-002321-3 PERMIT NUMBER JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT FACILITY: LOCATION: JUNEAU, ALASKA 99801

ATT: Grieko Tempel, WW Utilities Senior Operator

			MONI	TORING PI	ERIOD		×1
	YR	MO	DAY		YEAR	MO	DAY
FROM	2015	2	1	TO [	2015	2	28

Alli	Grieko Tempei, W	w dundes Senio	r Operator	] FROM	2015		1	] 10	2015	2	28
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.20		0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	4.51	*****	7.02		0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Grg.tb
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34.48	56.57		****	5.10	6.70		0	VILLING I	GIVAD
00310 10 Effluent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	155.15	*****		0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	47.82	*****		*****	6.40	*****		0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
Н	SAMPLE MEASUREMENT	*****	*****	****	6.76	*****	7.02		0		
00400 1 0 Eflfuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	16.76	40.81		*****	2.29	4.50		0		
00530 1 0 Effuent Gross MME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX	mg/L		MONTHLY	COMP24
	I certify under penalty or prepared under my direct	t law that this document ction or supervision in	and all attachments of accordance with the sy	were stem designed				-	007	TELEPHONE	
rieko Tempel /W Utilities Senior Operator	to assure that the qualific submitted. Based on my or those persons directly submitted is, to the best	ed personnel properly inquiry of the person of responsible for gather	gather and evaluate the or persons who manage ing the information, the	information the system, information	//				907 AREA CODE	PHONE NUM DATE	IBER
TYPED OR PRINTED	I am aware that there are including the possibility	significant penalties f	or submitting false info ent for knowing violation	rmation, ons.	OFF	TURE OF PRINCIFICER OR AUTHOR			2015 YEAR	3 MO	6 DAY
COMMENT AND EXPLANATION OF AN The reporting period was from		28/2015.	(Reference all atta	ichments here	2)						

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

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

DMR Mailing ZIP CODE: 99801 MAJO (SUB

OR			
3 01)			

External Outfall

AK-002321-3

PERMIT NUMBER

\*\*\*

\*\*\* NO DISCHARGE

001 A DISCHARGE NUMBER

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

Grieko Tempel, WW Utilities Senior Operator ATT:

L			MONI	TORING PE	RIOD		
	YR	MO	DAY		YEAR	MO	DAY
FROM	2015	2	1	ТО	2015	2	28

FREQUENCY OF ANALYSIS  Monthly  Monthly  Semi-annual	COMP24  COMP24  COMP24  COMP24
Monthly Semi-annual	COMP24
Semi-annual	COMP24
Semi-annual	COMP24
Semi-annual	COMP24
Weekly	CDAD
	UKAD
,,,,,	
Weekly	GRAB
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Continuous	RCORDR
Monthly	CALCTD
TELEPHONE	· · · · · · · · · · · · · · · · · · ·
PHONE NUME	BER
DAIL	-
3 MO	DAY
	586-0393

The reporting period was from 02/01/2015-02/28/2015. EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

DMR Mailing ZIP CODE: **MAJOR** (SUB 01)

External Outfall \*\*\* NO DISCHARGE

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD, JUNEAU, ALASKA 99801 AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

\*\*\*

FACILITY: LOCATION:

ATT:

JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

Grieko Tempel, WW Utilitities Senior Operator

MONITORING PERIOD YR MO DAY MO DAY **FROM** 2015 TO 2015 2 28

PARAMETER		QUANTITY OF	LOADING		QUAL	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	- LA	OI ANALIGIS	TIFE
Solids, Total suspended, percent	SAMPLE		2 1		97.92				0		
removal	MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 0	PERMIT				85			%			
Percent removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		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 Grieko Tempel W/W Utilities Senior Operator 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, TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE** 907 AREA 586-0393 CODE PHONE NUMBER DATE 2015 YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 02/01/2015-02/28/2015.

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

MONITORING PERIOD

UPSTREAM RECEIVING WATER

External Outfall \*\*\* NO DISCHARGE

DAY

\*\*\*

YEAR

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

FACILITY: LOCATION: ATT:

JUNEAU, ALASKA 99801

AK-002321-3 PERMIT NUMBER

MO

YR

REC-1 DISCHARGE NUMBER

DAY

MO

ATT:	Grieko Tempel, W	W Utilities Senior	Operator	FROM	2015	2	1	ТО	2015	2	28
PARAMETER		QUANTITY OF	RLOADING		QUAI	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1 -	OF ANALTSIS	TIPE
Coliform, fecal MF, broth 44.5 C	SAMPLE								0	0	
	MEASUREMENT	*****	*****		*****	*****					
31616 1 0	PERMIT						Reg. Mon.	#/		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100		i londiny	GIVAD

AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	1	TELEPHONE			
rieko Tempel	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information		907	586-0393		
/W Utilities Senior Operator	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		AREA CODE	PHONE NUM DATE	BER	
TYPED OR PRINTED	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	2015	3	6	
OMMENT AND EXPLANATION OF AN		OFFICER OR AUTHORIZED AGENT	YEAR	MO	DAY	

The reporting period was from 02/01/2015-02/28/2015. EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

#### Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

meas.

**Permit** 

regmt.

\*\*\*\*\*

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

MONITORING POINT: 004 (N-15.1) (R) Douglas

Juneau, AK 99801

\*\*\*\*\*

TELEPHONE

MONITORING PERIOD: 2/1/2015

TO 2/28/2015

NO DISCHARGE:

When Discharging

X

Instantaneous

Reading

**Parameter** Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Ex. **Analysis** Maximum Minimum Average **Average** Maximum Biochemical Oxygen Demand Sample \*\*\*\*\* (BOD5) meas. \*\*\*\*\* lbs/day 1 - Final Effluent Report Report Report Report mg/l When Discharging Grab **Permit** monthly average daily maximum monthly average daily maximum 00310 R regmt. Total Suspended Solids Sample \*\*\*\*\* meas. lbs/day \*\*\*\*\* 1 - Final Effluent Report Report Report Report mg/l When Discharging Grab Permit monthly average daily maximum monthly average daily maximum 00530 R regmt. Coliform, fecal MF, M-FC broth, Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 44.5 C meas. \*\*\*\*\* \*\*\*\*\* cts/100 ml 1 - Final Effluent Report Report When Discharging Grab Permit monthly daily maximum 31616 R geometric mean reamt. Sample Flow \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Report MGD Report When Discharging 1 - Final Effluent Recorded **Permit** monthly average daily maximum 50050 R regmt. Sample Duration of Discharge \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*

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.

\*\*\*\*\*

min/day

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK I. MOW SR. BERRATOR

1 - Final Effluent

81381 R

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.

report

daily maximum

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

\*\*\*\*\*

907-790-2525 03/02/15 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: 2/1/2015

2/28/2015

MONITORING POINT: 003 (N11.2) (Q) Sta C

NO DISCHARGE:

Γ		Quantity or Loading		Qua	ty or Concentration		Units	No.	Frequency of	Sample Type
	Average	Maximum	Minimum	Average	Maximum		Ex.	Analysis		
ample meas.				*****						
Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
ample meas.				*****						
Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
ample meas.	*****	*****		*****		1		9		
Permit reqmt.	*****	*****		****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
ample meas.	*****			*****	*****	*****				***
Permit Peqmt.	*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
ample meas.	*****			*****	*****	*****				
Permit reqmt.	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
	ermit eqmt.  ample neas.  ermit eqmt.  ample neas.  ermit eqmt.  ample neas.  ermit eqmt.  ample neas.  ermit eqmt.	meas.  ermit eqmt.  ample neas.  ermit eqmt.  Report monthly average  ermit eqmt.  ample neas.  ermit eqmt.  ample neas.  ******  ermit eqmt.  ample neas.  ermit eqmt.  ample neas.  ******  ermit eqmt.  ample neas.  ******  ermit eqmt.  ample neas.  ******  ******  ******  ******  ******	Report daily maximum  ******  Report daily maximum  *******  Report daily maximum  *******  Report daily maximum  *******  Report daily maximum	Report daily maximum  MGD	Report daily maximum  Report daily maximum	meas.  ermit eqmt.  Report monthly average  Report daily maximum  Report monthly average  Report monthly average	Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum monthly average daily maximum monthly average lemas.  Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum monthly average lemas.  *******  *******  Report monthly average daily maximum lbs/day ******  *******  *******  Report monthly average daily maximum lbs/day ******  *******  *******  Report monthly average daily maximum lbs/day ******  *******  *******  *******  *****	neas.  Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum daily maximum daily maximum daily maximum daily maximum daily maximum monthly geometric mean sermit equit.  ******  Report monthly average daily maximum monthly average daily maximum daily maximum daily maximum daily maximum daily maximum monthly geometric mean sermit equit.  ******  ******  Report monthly average daily maximum daily maximum daily maximum daily maximum monthly geometric mean sermit monthly geometric mean sermit sermit monthly average daily maximum monthly average daily maximum daily maximum daily maximum sermit sermit sermit sermit sermit sermit sermit monthly average daily maximum sermit	Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum monthly average daily maximum monthly average monthly average monthly average daily maximum monthly average daily maximum monthly average daily maximum monthly average daily maximum monthly average monthly avera	Report daily maximum lbs/day ****** Report monthly average daily maximum lbs/day ****** Report monthly average daily maximum monthly geometric mean sample meas.  ******  *****  ******  *****  *****  ****

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

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 mowledge 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.

OFFICE OR AUTHORIZED AGENT

TELEPHONE DATE 907-790-2525 03/02/65 AREA | NUMBER YIMID

### 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: 2/1/2015

2/28/2015

MONITORING POINT: 002 (N-11) (P) Sta AE

NO DISCHARGE:

X

Parameter		Quantity or Loading		Units Quality or Concentr			ation Units		planet research	Frequency of	Comple True
i di diffeter		Average Maximum		Units			Units	No. Ex.	Frequency of Analysis	Sample Type	
Biochemical Oxygen Demand (BOD5)	Sample meas.	Average	Maximum		*****	Average	Maximum		LA.	Analysis	
1 - Final Effluent 00310 P	I CI IIII	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	Dormit	*****	*****		*****	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:											

Attach an explanation of any violations. Reference all attachments below.

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK I. MOW

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.

OR AUTHORIZED AGENT

03/02/15 AREA | NUMBER YIMID

TELEPHONE