JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

													March	2015				J	uneau, A	Alaska					
		WEAT	HER	FLOWS						IN	FLUENT					لأصيابا				EFFL	UENT				
DAY	DATE	TEMP	RAIN FALL	TTL EFFL	TEMP	рН	D.O.	T.5.S.	T.S.S.	BOD	BOD	FOG	: FOG:	(1)	TEMP	pJH(D.O.	T.S.S.	T.S.S.	BOD	BOD	FOG	FOG	: FECAL: : Caliform:	: Ammonia : : as N. mg/l:
SUN	1	37.10	0.03	0.70	¢C		:.:mq/L.:	mq/L:	LBS	mg/L	LBS	mg/L···	LBS.	. mq/L ·		1,2,1,1,1,1,1	mg/L···	mq/L	LBS	mq/L	LBS	·mq/L·	LBS	::/100 ml.	1000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
MON	2	34.30	0.00	0.76	11.50	7.74	3.73								10,10	7.01	4.69								
TUE	3	38.40	0.00	0.62	11.00	7.49	4.44	220.00	1139.41	270.00	1398.37				10.10	6.99	6.10	6.80	35.22	8.40	43.50			5.00	
WED	4	38.90	0.04	0.96	10.10	7.47	4.38	262.00	2091.12	340.00	2713.67				10.20	6.92	6.16	5.60	44.70	8.30	66.25	-		5.00	
THU	5	37.50	0.87	1.07	8.90	7.53	7.72	202.00	2001.12	040.00	21 10.01				10.20	6.85	4.86	3.00	77.70	0.00	00.23				
FRI	6	39.80	0.48	0.76	8.30	7.52	5.00							-	10.20	6.56	4.80								
SAT	7	40.70	0.11	1.55	0.00	7.02	0.00								10.00	0.00	4.00					-			
SUN	8	40.50	1.30	1.10																					
MON	9	34.90	0.20	0.90	9.60	7.26	7.21	102.00	768.16	160.00	1204.96				8.80	6.75	4.58	11.00	82.84	9.30	70.04			2.00	
TUE	10	31.90	0.16	0.82	9.90	7.38	4.43	137.00	932.35	280.00	1905.52				9.00	6.84	4.52	7.60	51.72	8.30	56.49			2.00	
WED	11	25.40	0.00	0.69	10.30	7.28	6.43					-			9.00	6.78	4.93	1.00	01.12	0.00	00.10				
THU	12	37.10	0,30	1.85	10.40	7.41	6.55								9.50	6.77	4.70								
FRI	13	37.90	0.94	1.11	7.60	7.58	8.92								10.40	6.74	6.27								
SAT	14	29.50	0.10	0.77	7.60	7.75	7.04								10.50	6.72	5.64								
SUN	15	33.80	0.00	0.75																					
MON	16	33.20	0.02	0.68	9.60	7.40	6.32								9.40	6.92	4.38								
TUE	17	37.50	0.00	0.75	9.50	7.33	5.34	348.00	2165.13	350.00	2177.57				9.90	6.90	4.61	5.60	34.84	7.10	44.17			7.00	
WED	18	41.50	0.00	0.63	9.80	7.34	5.42	179.00	934.53	260.00	1357.42				9.90	7.11	4.58	11.00	57.43	8.20	42.81				
THU	19	40.60	0.12	0.60											12.60	6.94	5.20								
FRI	20	42.20	0.00	0.89											11.80	6.84	4.90								
SAT	21	40.90	0.22	0.97																					
SUN	22	38.80	0.42	0.68																					
MON	23	36.80	0.00	0.65	9.60	7.30	6.61								10.80	6.67	5.44								
TUE	24	37.20	0.00	0.64	5.50	7.85	3.34	88.00	466.77	130.00	689.55				6.90	7.09	8.12	4.80	25.46	3.20	16.97			13.00	
WED	25	41.10	0.00	0.56	9.40	7.56	6.10	98.00	455.25	160.00	743.26				12.40	6.95	4.85	8.80	40.88	5.20	24.16				
THU	26	43.20	0.04	0.84	6.80	7.68	5.30							1	12.10	6.98	4.78								
FRI	27	42.00	0.38	0.74	12.40	8.11	3.26								10.70	6.77	5.21								
SAT	28	41.20	0.22	0.64																					
TOTAL			5.95	23.44			1000000																		
MAXIMUM		43.20	1.30	1.85	12.40	8.11	8.92	348.00	2165.13	350.00	2713.67				12.60	7.11	8.12	11.00	82.84	9.30	70.04			13.00	
MINIMUM		25.40	0.00	0.56	5.50	7.26	3.26	88.00	455.25	130.00	689.55				6.90	6.56	4.38	4.80	25.46	3.20	16.97			2.00	
AVERAGE*		38	0.213	0.84	9.36	7.53	5.66	179.25	1119.09	243.75	1523.79				10.25	11111111	5.21	7.65	46.64	7.25	45.55			5.49	
Number D	Analy ses	28	28	. 28	19	19	(9	8	8	8	8	0	9	9	2)	21	21	8	,8	10/no/st	8	i q	Ü	4	9

85	%
B.O.D.	97.03
S.S.	95.73

Comments:		

Weekly TSS.BOD				20	Weekly
TSS,BOD Aver	TS ···mg/l···	· · · Ibs· · ·	:::mg/l:::	BOD	Coliform Geo. Mean
WEEK1	6.20	39.96	8.35	54.88	5.00
WEEK2	9.30	67.28	8.80	63.26	2.00
WEEK3	8.30	46.14	7.65	43.49	7.00
WEEK4	6.80	33.17	4.20	20.56	13.00
MAX:	9.30	67.28	8.80	63.26	13.00

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

MONITORING PERIOD

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 JUNEAU-DOUGLAS TREATMENT PLANT

FACILITY:

AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

LOCATION							OKINGP				
LOCATION:	JUNEAU, ALASKA				YR	MO	DAY		YEAR	MO	DAY
ATT:	Jim Westcott, WW	V Utilities Senior (Operator	FROM	2015	3	1	TO	2015	3	28
PARAMETER		QUANTITY O	R LOADING	-	QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	12.60		0		
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	4.38	*****	8.12		0	WELKDAIS	GIVID.
00300 10 Effluent Gross	PERMIT REOUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45.55	70.04		*****	7.25	9.30		0	7-1	- GRAD
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	*****	*****	****	*****	243.75	****		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	63.26	*****		*****	8.80	*****		0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.56	*****	7.11		0		
00400 1 0 Eflfuent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8,5 MAXIMUM	SU		WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	46.64	82.84		*****	7.65	11.00		0		
00530 1 0 Eflfuent Gross	PERMIT REOUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVE	DAILY MAX	mg/L		MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty o	f law that this docume	nt and all attachments			, no hyd	1. DAILE C. INIAM	1.1,1.1,1.1,1.1.1		TELEPHONE	COMP24
im Westcott //W Utilities Senior Operator	prepared under my direction or supervision in accordance with the sto assure that the qualified personnel properly gather and evaluate the submitted. Based on my inquiry of the person or persons who manay or those persons directly responsible for gathering the information, it submitted is, to the best of my knowledge and belief, true, accurate.			information the system, information	4	Mut			907 AREA CODE	586-0393 PHONE NUM DATE	IBER
I am aware that there are significant penalties for submitting false in				rmation,			RE OF PRINCIPAL EXECUTIVE			4 MO	1
TYPED OR PRINTED COMMENT AND EXPLANATION OF A		of fine and imprisonm	ent for knowing violation Reference all atta			FICER OR WUTHO	RIZED AGENT		2015 YEAR	MO	DÂY

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

YEAR

External Outfall

DAY

*** NO DISCHARGE

MONITORING PERIOD

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

NAME: JUNEAU, CITY AND BOROUGH OF **ADDRESS:**

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU, ALASKA 99801

FACILITY:

AK-002321-3 PERMIT NUMBER

MO

YR

001 A DISCHARGE NUMBER

DAY

MO

				1		110	DAI		I LAIV	1 110 1	DAI
ATT:	Jim Westcott, WW	Utilities Senior (Operator	FROM	2015	3	1	ТО [2015	3	28
PARAMETER		OUANTITY O	R LOADING	W-1-1	QUA	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	179.25	*****		0		
00530 G 0	PERMIT					Req. Mon		mg/L			
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****			Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	46.64	*****	*****	*****	7.65	*****		0		
00530 W 0	PERMIT	1035		lb/d		45		mg/L			
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****	· · · · · · · · · · · · · · · · · · ·		Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	NA	NA	*****	*****	NA	NA		0	, concern	
00610 10	PERMIT	Req. Mon.	Req. Mon.	lb/d		Req. Mon,	Reg. Mon,	mg/L			
Effluent Gross	REOUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX	1119/-		Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	SAMPLE		. Druce in the ox			5.49	13.00	1,1.1.1.1.1.1.1.1.1	0	· · · · Scitit-artifual·	COMPZT
	MEASUREMENT	*****	*****	*****	*****	51.15	15.00		U		
31616 1 0	PERMIT					400	1200	#100/ml			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX			Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	SAMPLE					13.00	D		0	· · · · · · · · · · · · · · · · · · ·	···· Olyno
	MEASUREMENT	*****	*****	*****	*****	25.50	*****		U		
31616 W 0	PERMIT				: :::::::::::::::::::::::::::::::::::::	800		#100/ml			
See Comments	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Weekly	GRAB
Flow, in conduit or through	SAMPLE	0.84	1.85			.WKET. GEG.			0	VVCCNIY	- OIVID
treatment plant	MEASUREMENT			*****	*****	*****	*****	****	U		
50050 1 0	PERMIT	2.76	6.0	Mgal/d							
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX	J	*****	*****	*****			Continuous	RCORDR
BOD, 5-day,percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.03	*****	*****	***	0	Continuous	MOONDIN
81010 K 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	****	*****	Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this documer	nt and all attachments	were	/					TELEPHONE	
im Westcott	prepared under my directo assure that the qualifie	d nersonnel properly	pather and evaluate the	information		1-1		-	907 AREA	586-0393	
V/W Utilities Senior Operator	submitted. Based on my or those persons directly	inquiry of the person or	or persons who manage	the system,	15	(MIT)		-	CODE	PHONE NUM	BER
	submitted is, to the best	of my knowledge and	belief, true, accurate, a	nd complete.	//					DATE	
TYPED OR PRINTED	I am aware that there are including the possibility	significant penalties f of fine and imprisonment	or submitting false info	ormation,		TURE OF PRINCI FICER OR AUTHOR		-	2015 YEAR	4 MO	DAY
COMMENT AND EXPLANATION OF AN		or and imprisoning	THE RESTRICTION OF THE PROPERTY	U110.	ULI	TOTAL OF MOTHOR	MELD AGLINI		IEAR	IMO	DAT

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

*** 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

JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU, ALASKA 99801

FACILITY:

ATT: Jim Westcott, WW Utilitities Senior Operator AK-002321-3 PERMIT NUMBER

MONITORING PERIOD YR MO YEAR MO DAY 2015 3 TO 2015 3 28

,,,,,	Silli Westert, Wi	V Odlicico ocilioi	Operator	, incom	2013	J	1	10	2013	J	20
PARAMETER		QUANTITY OR LOADING				LITY OR CONCEN	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1 -	0.7.00	''' -
Solids, Total suspended, percent	SAMPLE	10			95.73				0		
removal	MEASUREMENT	*****	*****	*****		*****	*****				
81011 K 0 0	PERMIT				85			%			
Percent removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD

FROM

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 Jim Westcott 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, W/W Utilities Senior Operator 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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 03/01/2015 through 03/28/2015.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

DMR Mailing ZIP CODE: 99801 **MAJOR**

YEAR

(SUB 01) **UPSTREAM RECEIVING WATER**

MONITORING PERIOD

External Outfall

DAY

*** NO DISCHARGE

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:

JUNEAU, ALASKA 99801

Tim Westcott WW Utilities Senior Operator

AK-002321-3 PERMIT NUMBER

YR

MO

REC-1 DISCHARGE NUMBER

DAY

MO

Alli	Jiii westcott, www t	Juliues Senior C	perator	FROM	2015	3	1] 10	2015	3	28
PARAMETER			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	0.1111111111111111111111111111111111111	1112
Coliform, fecal MF, broth 44.5 C	SAMPLE						NA		0	0	
	MEASUREMENT	*****	*****		*****	*****					
31616 10	PERMIT						Reg. Mon.	#/		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DATI Y MAX	ML100			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jim Westcott W/W Utilities Senior Operator

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 03/01/2015 through 03/28/2015. EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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: 3/1/2015

TO 3/31/2015

MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: X 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 mg/l Report Report When Discharging Grab 1 - Final Effluent Report Report Permit monthly average daily maximum monthly average daily maximum 00310 R reqmt. Sample Total Suspended Solids ***** meas. ***** Report lbs/day mg/I When Discharging 1 - Final Effluent Report Report Report Grab Permit monthly average daily maximum monthly average daily maximum 00530 R regmt. Coliform, fecal MF, M-FC broth, Sample ***** ***** ***** meas. 44.5 C ***** ***** ***** Report cts/100 ml When Discharging Report Grab 1 - Final Effluent Permit monthly daily maximum 31616 R geometric mean reamt. Sample Flow ***** ***** ***** meas. ***** ***** ***** MGD Report Report When Discharging Recorded 1 - Final Effluent Permit monthly average daily maximum 50050 R reamt. Sample Duration of Discharge ***** ***** ***** ***** meas. ***** ***** ***** ***** report min/day When Discharging Instantaneous 1 - Final Effluent **Permit** daily maximum Reading 81381 R regmt. 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.

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 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.

OFFICER OR AUTHORIZED AGENT

(907) 790-2525 04/01/15 AREA | NUMBER YIMID

TELEPHONE

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: 3/1/2015

TO 3/31/2015

		Average	Maximum	4	Minimum	Average	Maximum		(A - B - B - B - B - B - B - B - B - B -	J	
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 P	Sample meas. Permit reqmt.	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids 1 - Final Effluent 00530 P	1 Ci mit	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 1 - Final Effluent 31616 P	Darmit	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 P	1	*****	report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent	Sample meas. Permit	*****	Report	min/day	*****	*****	*****			When Discharging	Recorded

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK J. MOW SR. OPERATOR

81381 P

regmt.

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.

daily maximum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(907) 790-2525 04/01/05 AREA I NUMBER Y I M I D

DATE

TELEPHONE

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: 3/1/2015

TO

3/31/2015

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

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	27 80,779
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 Q	1 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.				*****			ii			
1 - Final Effluent 00530 Q	I CI IIII	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	*****	*****		*****						
1 - Final Effluent 31616 Q	Dormit	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 Q	Permit	*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****		*		
1 - Final Effluent 81381 Q	1 CI IIII	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
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.

MARK J. MOW SR. OPERATOR

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 a system designed to assure that qualified personnel property 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.

Mal Mow.

SIGNATURE OF PRINCIPAL EXECUTIV

OFFICER OR AUTHORIZED AGENT

(907) 790-2525 04/01/25 AREA | NUMBER Y | M | D

TELEPHONE