#### JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

April 2015

		T					T		uneau,		VELUENT	r						2015 A	mmonia	as N mg	/1 1/180	days			
DAY	DATE	TEMP °F.	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP. °C.	рH	D.O. mg/L	S,S, mg/E	S,S, LBS	8.Q.D. mg/L	B.O.D.	FOG mg/L	FOG LES	Ammonia as N mg/l	TEMÞ.°C	pH.	D.O. rng/L	S,S, rhg/L	S.S. LBS	B,O.D. mg/L	B,O.D.		Enterococci	FECAL Coliform /100 ml	Effluer Channi Grab
SUN	29	43	0.10	0.790																					
MON	30	45	0.26	0.827	7.3	11.4	5.6								10.2	7.0	4.8								
TUE	31	41	0.43	0.918	7.4	11.1	7.5	84	643	130	995				10.6	7.1	4.6	1	8	3	24			7	2
WED	1	41	0.36	0.986	7.3	10.5	6.8	203	1669	200	1645	HST. Le	Z.		10.5	6.9	4.6	1	8	3	21				(
THU	2	43	0.43	0.808	7.3	10.9	6.9								10.4	6.7	4,8			1000					
FRI	3	40	0.02	0.582	8.2	10.7	2.0								10.4	6.7	4.4								
SAT	4	41	0.00	0.60																					
SUN	5.	40	0.00	0.57																					
MON	6	42	0.00	0.62	7.3	11.6	4.7							7	10.6	7.0	4.4								
TUE	7	44	0.04	0.71	7.2	12.8	4.9	244	1437	220	1295				11.4	7.0	6.1	6	33	3	18			2	
WED	8	43	0.43	1.28	7.3	10.5	6.7	188	2005	210	2240	100			11.0	7.1	4.5	4	43	4	43		20	7	1
THU	9	43	0.75	1.21	7.5	10.6	7.2								10.7	6.9	4.7					1000			
FRI	10	40	0.43	1.09											11.2	6.7	4.2								
SAT	11	38	0.37	0.95									0000				0.00								
SUN	12	38	0.38	0.77																					
MON	13	39	0.06	0.50	7.6	8.9	4.2	64	267	120	500				9.9	7.0	4.8	1	4	3	13			1	
TUE	14	38	0.01	0.70	9.6	7.6	6.5	64	376	130	763				11.8	7.0	4.7	1	6	4	23				
WED	15	41	0.53	0.11	11.9	8.4	3.2	,				1000			13.2	7.0	5.1								
THU	16	41	0.55	0.87	11.4	7.9	6.6								11.7	7.0	4.5				7.6				
FRI	17	40	0.55	0.92	10.3	7.7	7.3								12.1	6.6	6.5								
SAT	18	41	0.18	1.04														0555							
SUN	19	42	0.54	1.479																					
MON	20	44	0.69	1.651	8.0	7.3	6.0								9.9	6.8	6.9				-540	-			
TUE	21	41	0.01	1.005	7.8	7.4	7.4	216	1810	160	1341				9.8	6.7	6.8	1	8	0.5	4			2	
WED	22	41	0.00	0.804	9.8	7.5	5.7	140	939	190	1274				9.7	6.7	6.6	4	27	3	20				
THU	23	48	0.00	0.679	10.4	7.3	5.6								9.9	6.6	6.0					1000			
FRI	24	48	0.00	0.679											9.9	6.6	6.9	se e							
SAT	25	48	0.00	0.630											12.2	6.7	7.0								
SUN	26	47	0.00	0.759								1000			1000	-		A							
MON	27	43	0.28	0.787	10.0	7.6	5.6								11.3	6.7	5.2								
TUE	28	44	0.40	1.400	10.6	7.5	5.3	272	3176	280	3269				12.0	6.6	4.0	11	128	28	327			570	
WED	29	43	0.95	0.874	11.9	7.6	4.9	156	1137	140	1020	100			10.8	. 6.9	6.2	21	153	25	182				
THU	30	43	0.22	0.985	11.9	7.6	5.3		T"						12.2	6.5	6.3								
FRI	1	43	0.47	0.909	9.9	7.7	5.2								11.4	6.5	6.0								
SAT	2	45	0.28	0.789								1									1000				
TOTAL		1000000	9.72	26.04	120000000000		1000000			141414141		14:4:4:4		-1-1-1-1-1-		44444	-1-1-1-1-1-1	144444		121-1-1-1-1		-1-1-1-1-1-		1.1.1.1.1	1.1.1.1.1.1
MUMIXAM		48	0.95	1.65	11.90	12.80	7.52	272	3176	280	3269				13.2	7.1	7.0	21	153	28	327		20	570	1
MINIMUM		38	0.00	0.11	7.24	7.28	2.03	64	267	120	500	1			9.7	6.5	4.0	1	4	1	4		20	1	1
AVERAGE		42	0.28	0.86	9	9	6	163	1346	178	1434				11	:::::::::::::::::::::::::::::::::::::::	5	5	42	8	67		20	7	1
	Of Ahalystu	35	35	35	23	23	23.	10	10	10	W	0	1	0 -	25	26	26	10	10	-10	10	. 0	1.00	. 8	

% Rem	ioval	7	
B.O.D.	96	Copper	Ammonia
S.S.	97	9.1	6.0
		4/8/2015	4/8/2015

0	26	26	26	10	10
Weekly TSS.BOD	TS	38	B	OD	Weekly Coliform
Aver	mg/l	· · Ibs · ·	· mg/l	· · 1bs	Ged Mean
WEEK1	1	8	3	23	7
WEEK2	4	27	3	24	2
WEEK3	1	6	4	23	1
WEEK4	3	18	2	12	34
WEEK5	16	141	27	255	570
- MAX	16	141	27	255	570

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

MONITORING PERIOD

External Outfall

DAY

\*\*\* NO DISCHARGE

YEAR

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

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MO

					IN	MO	DAT	1 1	YEAR	MO	DAY
ATT:	Jim Westcott, WV	W Utilities Senior	Operator	FROM	2015	3	29	TO	2015	5	2
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-X	OF ARAETOIS	1172
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	13.20		0		
00010 10	PERMIT		1				REPORT	deg.C			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	ueg.c		WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE				3.97		7.03		0	WILLIAM	GRAC
, ,	MEASUREMENT	*****	*****	****	3.57	*****	7.03		U		
00300 10	PERMIT				2		17	mg/L			
Effluent Gross	REQUIREMENT	*****	*****	*****	DAILY MIN.	*****	DAILY MAX	11197 L		WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE	61.35	326.93		· · · · · · · · · · · · · · · · · · ·	7.62	28.00		0	VVECKLI	GRAE
	MEASUREMENT	02.55	320.33		*****	7.02	28.00		U		
00310 10	PERMIT	690	1380	lbs/d		30	60	mg/L			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX			MONTHLY	COMP2
BOD, 5-day, 20 deg. C	SAMPLE					178.00			0		
	MEASUREMENT	*****	*****	****	*****		*****		Ü		
00310 G 0	PERMIT					Req. Mon.	in the second second	mg/L			
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****			MONTHLY	COMP2
BOD, 5-day, 20 deg. C	SAMPLE	254.58				26.50			0	, mortane,	COLLE
20212	MEASUREMENT		*****		*****		*****				
00310 W 0	PERMIT	1035		tbs/d		45		mg/L			
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****			MONTHLY	COMP2
pH	SAMPLE				6.49		7.07		0		
	MEASUREMENT	*****	*****	****		*****					
00400 10	PERMIT				6.0		8.5	SU		WEEKDAYS	
Eflfuent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM				GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	38.02	153.07		*****	5.06	21.00		0		*******
00530 10	PERMIT	690	1380	lbs/d		30	60	mg/L			
Eflfuent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****		DAILY MAX			MONTHLY	COMP2
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	of law that this docume	nt and all attachments w	еге	_	1/				TELEPHONE	
m Westcott	to assure that the qualif	ied personnel properly	accordance with the sys	nformation		14		F	907 AREA	586-0393	
V/W Utilities Senior Operator	or those persons directly	y inquiry of the person y responsible for gathe	or persons who manage t ring the information, the belief, true, accurate, and	he system, information	A5 1	fre of			CODE	PHONE NUM DATE	BER
	I am aware that there ar	e significant penalties	for submitting false infor-	mation.	SIGNATI	JRE OF PRINCIPAL	EXECUTIVE		2015	5	10
TYPED OR PRINTED  COMMENT AND EXPLANATION OF A		of fine and imprisonn	nent for knowing violatio (Reference all attack			ER OR AUTHORIZ			2015 YEAR		10 DAY

DMR Mailing ZIP CODE: 99801

External Outfall

DAY

\*\*\* NO DISCHARGE

YEAR

MAJOR (SUB 01)

MONITORING PERIOD

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

AK-002321-3 PERMIT NUMBER

MO

YR

001 A DISCHARGE NUMBER

DAY

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MO

PARAMETER	FREQUENCY OF ANALYSIS  Monthly  Monthly  Semi-annual	SAMPLE TYPE  COMP24  COMP24
VALUE   VALUE   UNITS   VALUE   VALUE   VALUE   UNITS	OF ANALYSIS  Monthly  Monthly	COMP24
Solids, Total suspended	Monthly	COMP24
MEASUREMENT   ******   ******   ******   ******   ******	Monthly	COMP24
Raw Sewage Influent	Monthly	COMP24
Raw Sewage Influent         REQUIREMENT         ******         ******         *******         *******         MO AVG         *******           Solids, Total suspended         SAMPLE MEASUREMENT         140.75         *******         16.00         *******         0           00530 W 0         PERMIT         1035         Ib/d         45         mg/L         mg/L           See Comments         REQUIREMENT         WKLY AVG         *******         WKLY AVG         *******           Nitrogen, ammonia total (as N)         SAMPLE MEASUREMENT         NA         <	Monthly	COMP24
Solids, Total suspended	Monthly	COMP24
See Comments   REQUIREMENT   WKLY AVG   ******   WKLY AVG   *******   WKLY AVG   ******   WKLY AVG   ******   WKLY AVG   ******   WKLY AVG   ***		
See Comments   REQUIREMENT   WKLY AVG   ******   WKLY AVG   *******   WKLY AVG   ********   WKLY AVG   *******   WKLY AVG   *******   WKLY AVG   *******   WKLY AVG   *******   WKLY		
Nitrogen, ammonia total (as N)  SAMPLE MEASUREMENT  O0610 1 0  PERMIT Req. Mon. Req. Mon. DAILY MAX  Coliform, fecal MF, broth 44.5 C  SAMPLE MEASUREMENT  MO AVG  SAMPLE MEASUREMENT  Req. Mon. Req. Mon. DAILY MAX  Coliform, fecal MF, broth 44.5 C  SAMPLE MEASUREMENT  SAMPLE MEASUREMENT  MO AVG  SAMPLE MEASUREMENT  *****  ******  ******  ******  ******		
MEASUREMENT   ******   ******   ******   ******   ******	Semi-annual	COMP24
Effluent Gross REQUIREMENT MO AVG DAILY MAX ***** MO AVG DAILY MAX  Coliform, fecal MF, broth 44.5 C SAMPLE MEASUREMENT ***** ***** ***** ****** ****** MO GEO DAILY MAX  31616 1 0 PERMIT ****** ****** ****** MO GEO DAILY MAX	.Semí-annual	COMP24
Effluent Gross         REQUIREMENT         MO AVG         DAILY MAX         ******         MO AVG         DAILY MAX           Coliform, fecal MF, broth 44.5 C         SAMPLE MEASUREMENT         ******         ******         6.94         570.00         0           31616 1 0         PERMIT         *******         *******         400         1200         #100/ml           Effluent Gross         REQUIREMENT         *******         *******         *******         MO GEO         DAILY MAX	Semí-annual	COMP24
Coliform, fecal MF, broth 44.5 C SAMPLE MEASUREMENT ***** ***** ***** ***** ***** ***** ****	Schrandar	COPIFZ
31616 1 0 PERMIT 400 1200 #100/ml Effluent Gross REQUIREMENT ****** ****** MO GEO DAILY MAX		
Effluent Gross REQUIREMENT ***** ***** MO GEO DAILY MAX		
OUR CONTRACTOR DATE MAKE		
5/0.00 SAMPLE	Weekly	GRAB
MEASUREMENT		
21040 W 0		
See Comments	14714	
Flow is conduit at the set of the	Weekly	GRAB
riow, in conduit or through SAMPLE 0.86 1.65		
50050 1 0 PERMIT 2.76 6.0 Mgal/d		
Effluent Gross REQUIREMENT MO AVG DAILY MAX ***** ***** *****	Continue	DCODOD
BOD, 5-day,percent removal SAMPLE 95.72	Continuous	RCORDR
MEASUREMENT ***** ***** ***** ***** *****		
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 document, and all attachments were	TELEPHONE	CALCID.
im Westcott prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	586-0393	
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.	DATE	
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 PRINTIPAL EXECUTIVE 2015 OFFICER OR AUTHORIZED AGENT YEAR	5 MO	10 DAY

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

(SI

External Outfall

\*\*\* NO DISCHARGE

MR Mailing ZIP CODE:	99801
AJOR	\$
UB 01)	200

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

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

JUNEAU, ALASKA 99801

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

001 A DISCHARGE NUMBER

		MONIT	ORING PER	RIOD		
YR	MO	DAY		YEAR	MO	DAY
2015	3	29	ТО	2015	5	2

				2 12 7 2 1	2020		1 27	, , ,	2013		
PARAMETER		QUANTITY OF	R LOADING		QUA	LITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.90	*****	*****		0		
81011 K 0 0	PERMIT				85			%			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD
			18								
								-			

**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 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. COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 03/29/2015-05/02/2015. EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

TELEPHONE **586-0393** 907 AREA PHONE NUMBER DATE CODE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01) UPSTREAM RECEIVING WATER

External Outfall

\*\*\* NO DISCHARGE

AK-002321-3

PERMIT NUMBER

REC-1 DISCHARGE NUMBER

\*\*\*

ADDRESS: FACILITY: LOCATION:

NAME:

ATT:

JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD.

JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT

JUNEAU, ALASKA 99801

Jim Westcott, WW Utilities Senior Operator

**FROM** 

MONITORING PERIOD YR MO DAY YEAR MO DAY 2015 29 TO 2015

PARAMETER		QUANTITY OR	LOADING	QUALITY OR CONCENTR			TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ARALISIS	1172
Coliform, fecal MF, broth 44.5 C	SAMPLE	*****	*****				1		0	1	
	MEASUREMENT	*****	****		*****	*****					
31616 1 0	PERMIT						Reg. Mon.	#/		Monthly	GRAB
Effluent Gross	REQUIREMENT	*****	*****		*****	*****	DAILY MAX	ML100		rionany	GIAD.

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

(Reference all attachments here)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 907 AREA 586-0393 CODE PHONE NUMBER DATE 10 DAY

The reporting period was from 03/29/2015-05/02/2015. 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

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 4/1/2015

4/30/2015

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

NO DISCHARGE:

Parameter	Quantity or Loading Units Quality or Concentration					lity or Concentra	ation	Units	No.	1 1	Sample Type
1		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						19
1 - Final Effluent 00310 R	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 R	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 R	Dormit	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.				*****	*****	*****				
1 - Final Effluent 50050 R	I CI IIII	Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 R	Permit	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading

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 EXE	CUTIVE OFFICER	I certify under penalty of law that this document and all attac
MARIL I. MOW	SR. OPER	prepared under my direction or supervision in accordance designed to assure that qualified personnel properly gathe the information submitted. Based on my inquiry of the per who manage the system, or those persons directly responsiathering the information, the information submitted is, to the thing the information, the information submitted is to the thing the information, the information submitted is to the thing the information, the information submitted is to the thing the information, the information submitted is to the thing the information submitted is to the information submitted in the information submitted is to the information submitted in the information submitted
TYPED OR		are significant penalties for submitting false information, in possibility of fine and imprisonment for knowing violations.

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 athering 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

OFFICER OR AUTHORIZED AGENT

TELEPHONE 907-790-2525 05/01/15 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: 4/1/2015

4/30/2015

MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	1
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****					w + 11	
1 - Final Effluent 00310 P	Permit reqmt.	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	Leimit	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	Donnik	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 P	Permit reqmt.	*****	report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****			2	
1 - Final Effluent 81381 P	Permit reqmt.	*****	Report daily maximum	min/day	*****	****	*****			When Discharging	Recorded
COMMENTS:				٠							

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.

						d
				,	OPERAID	th
	00000			1		w
Ì	MARIL	7	MAUS	15R.	MERRO	la.

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 esigned to assure that qualified personnel properly gather and evaluate e information submitted. Based on my inquiry of the person or persons ho manage the system, or those persons directly responsible for athering the information, the information submitted is, to the best of my cwledge 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.

AUTHORIZED AGENT

907-790-2525 05/01/15 AREA | NUMBER

TELEPHONE

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: 4/1/2015

4/30/2015 NO DISCHARGE:

X

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

Parameter		Quantity or Loading		Units	Qua	Quality or Concentration		Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	p
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 Q	Permit reqmt.	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 Q	1 Clinic	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	Danmit	*****	*****		****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 50050 Q		****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****	•		*****	*****	*****				
1 - Final Effluent	Permit regmt.	*****	report daily maximum	min/day	****	*****	****			When Discharging	Recorded

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 PRINC	IPAL EXECUTIVE OFFICER
MARIL I.	MOW/SR. OPERATOR
Т	YPED 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.

	Mall. mow.
e	SIGNATURE OF PRINCIPAL EXECUTIVE
	OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE	
907.790-252	5 05/01/	15
AREA   NUMBER	YIMID	