JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

				EL ONNO									May	2015					luneau, A	Alaska
	1	WEATH		FLOWS		+			INFLU							Efflue	nt			
DAY	DATE	TEMP	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	pН	D;O,	T.S.S.	T.S.S.	BOD	BOD	TEMP	pН	D.O,	T,S.S.	Ť;\$,\$.	BOD	BOD	Fecal Coliform	Enterro
SUN	3	47.00	0.07	0.75			·····mg/L····	mg/L	LBS	mg/L.	LBS	·····Service		mg/L	mg/L	LBS	: mg/L	LBS	Effluent	Effluen
MON	4	50.80	0.00	0.77	11.10	7.51	5.34					44.00	0.07	0.04						
TUE	5	49.90	0.00	0.74	11.10	7.33	5.41	213.00	1305.67	230.00	1409.88	11.90	6.87	6.61	1.00					
WED	6	49.20	0.00	0.690	11.30	7.47	5.76	270.00	1553.74	230.00	1208.47	12.20 12.30	6.75	4.83	1.00	6.13	0.50	3.06	1.00	
THU	7	48.70	0.00	0.595	11.50	7.67	5.74	270.00	1005.74	210.00	1208.47	12.30	6.71	3.78	1.00	5.75	2.10	12.08		
FRI	8	55.30	0.00	0.680	11.70	7.41	1.39					13.10	6.76	3.65						
SAT	9	50.50	0.04	0.620	11.70	7.41	1.00					13.10	6.35	5.16						
SUN	10	50.70	0.05	0.679							-				-					
MON	11	52,80	0.13	0.670	13.20	6.95	4.34					13.50	6.26	4.91						-
TUE	12	55.20	0.00	0.665	11.40	7.45	1.59					13.50	6.29	4.91						
WED	13	55.60	0.00	0.709	13.20	7.20	3.36	325.00	1921.74	300,00	1773.92	14.30	6.36	4.88	1.00	5.01	0.00	45.07	0.00	
THU	14	57.60	0.00	0.600	11.10	7.34	1.19	129.00	645.52	260.00	1301.04	17.50	6.56	4.91	1.00	5.91	2.60	15.37	2.00	
FRI	15	57.90	0.00	0.717	7.34	11.30	1.12	120.00	040.02	200.00	1301.04	16.30	6.50	4.15	1.00	5.00	0.50	2.50		
SAT	16	56.20	0.00	0.638		11.00						10.30	0.52	4.30						
SUN	17	58.70	0.00	0.851																
MON	18	60.50	0.00	0.771	15.50	7.28	1.89					15.90	6.76	4.15						-
TUE	19	60.10	0.00	0.82	15.20	7.63	2.36	164.00	1127.03	270.00	1855.48	17.30	7.12	4.09	16.00	109.95	0.50	3.44	1.00	
WED	20	60.40	0.00	0.73	16.30	7.67	2.17	136.00	828.00	250.00	1522.05	16.90	7.00	3.85	1.00	6.09	4.00	24.35	1.00	1.00
THU	21	62.20	0.00	0.64	16.40	7.65	0.18				TOLL.OU	16.50	7.04	3.76	1.00	0.03	4.00	24.50	1.00	1.00
FRI	22	62.70	0.00	0.67	15.50	8.20						17.60	6.80	4.73						
SAT	23	59.60	0.00	0.56								11.00	0.00	4.70						
SUN	24	57.60	0.00	0.62														-		
MON	25	59.60	0.00	0.66	15.10	7.41	2.80					16.20	6.58	3.98						
TUE	26	58.00	0.00	0.67	16.70	7.88	1.24	247.00	1378.13	320.00	1785.43	17.00	6.70	3.74	5.50	30.69	5.20	29.01	5.00	
WED	27	53.50	0.03	0.71	14.40	7.24	0.46	273.00	1605.16	360.00	2116.69	16.80	6.66	5.51	1.00	5.88	8.00	47.04	0.00	
THU	28	58.80	0.02	0.66	13.70	7.38	0.96					16.20	6.85	4.15		0.00	0.00	41.04		
FRI	29	63.00	0.00	0.61	14.50	7.65	1.31					16.90	6.71	3.86						
SAT	30	63.80	0.00	0.72																
TOTAL			0.34	19.20																
MUMIXAI		63.80	0.13	0.85	16.70	11.30	5.76	325.00	1921.74	360.00	2116.69	17.60	7.12	6.61	16.00	109.95	8.00	47.04	5.00	1.00
IINIMUM		47.00	0.00	0.56	7.34	6.95	0.18	129.00	645.52	210.00	1208.47	11.90	6.26	3.65	1.00	5.00	0.50	2.50	1.00	1.00
VERAGE*		56	0.012	0.69	13.32	7.68	2.56	219.63	1295.62	275.00	1621.62	15.22		4.45	3.44	21.93	2.93	17.11	1.58	1.00
Nuritier: O	A naiv ses	28	28	28	20	20	19	18	8	8	8	20	28	28	8	8	8.	. 8	::5	1.00

85%

B.O.D. 98.94

98.43

S.S.

Rec Temp	Rec pH	Rec Salinity	Ammonia	mg/L	Copper	ug/L	Toxicity
13.8	8.02	28.2	5/20/2015	2.00	5/20/2015	11.00	
5/20/2015	5/20/2015	5/20/2015					

Fecal	Enterro	
Coliform	Channel	
Channel		
1.00	1.00	5/20/2015

Weekly						
TSS,BOD	TS	SS	BOD			
Aver.	mg/l	lbs	mg/l	lbs		
WEEK1	1.00	5.94	1.30	7.57		
WEEK2	1.00	5.46	1.55	8.94		
WEEK3	8.50	58.02	2.25	13.89		
WEEK4	3.25	18.28	6.60	38.03		

MAX

8.50

Weekly

Coliform

Geo. Mean

1.00

2.00

1.00

5.00

5.00

38.03

6.60

58.02

NATIONAL POLLUTANT DISCHAR(DISCHARGE MONITORING RE	PORT (DMR)	JILIII (INFUES)					DMR Mailing ZI MAJOR (SUB 01)	P CODE:	99801 \$		
	F 1114	10 1100 12					External Outfall				
PERMITTEE NAME/ADDRESS(Include				_			*** NO DISCH	ARGE		***	
NAME: ADDRESS:	JUNEAU, CITY AND					2321-3				00	1 A
ADDRESS.	155 SOUTH SEWAR JUNEAU, ALASKA				PERMIT	F NUMBER				DISCHARC	GE NUMBER
FACILITY:		DOUGLAS TREATMENT PLANT					MONIT	EPIOD			
LOCATION:		JUNEAU, ALASKA 99801				MO	MONITORING F		YEAR	MO	DAY
ATT:	Jim Westcott, WV	V Utilities Senior	Operator	FROM	2015	5	1	то	2015	5	31
PARAMETER		QUANTITY C	RLOADING		QUA	LITY OR CONCEN	TRATION		NO.	FREQUENCY	
						7			EX	OF ANALYSIS	SAMPLE TYPE
Temperature water deg. C	CAMPLE	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	17.60		0		
00010 1 0	PERMIT						REPORT	deg.C			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX			WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.65	*****	6.61		0	TELIDITIO	01010
00300 10	PERMIT				2		17	mall		n monormiticon.	
Effluent Gross	REQUIREMENT	*****	*****	*****	a a fa fa fa fa fa fa Ta ra da fa fa fa fa	*****	DAILY MAX	mg/L		MERIAN	
BOD, 5-day, 20 deg. C	SAMPLE	17.11	47.04		DALLI MUN.	2.93			••••••••••••	WEEKLY	GRAB
	MEASUREMENT				*****	2.95	8.00		0		
00310 10	PERMIT	690	1380	lbs/d		30	60	mg/L			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX			MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	275.00	*****		0		
00310 G 0	PERMIT					Req. Mon.		mg/L			
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	1119/ -		MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.03	*****		*****	6.60	*****	<u>deletetetetet</u> etetet	0	MONTRE	COMPZ4
00310 W 0	PERMIT	1035		lbs/d		45		Contraction of the second			
See Comments	REQUIREMENT	WKLY AVG	*****	ius/u	*****	WKLY AVG	*****	mg/L			
pH	SAMPLE		<u></u>		6.26	WINLI AVG		<u>+0+0</u> +0+0+0+0+0+0+	<u></u>	MONTHLY	COMP24
	MEASUREMENT	*****	*****	****	0.20	*****	7.12		0		
00400 10	PERMIT				6.0		8.5	Chi		AUTERO ANO	
Eflfuent Gross	REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKDAYS	
Solids, Total suspended	SAMPLE	21.93	109.95		*****	3.44	16.00	<u></u>	0	<u>6 66666666666666</u>	GRAB
00530 1 0	PERMIT	690	1200	111111111111111	*****	20					
Eflfuent Gross	REQUIREMENT	MO AVG	1380 DAILY MAX	lbs/d	*****	30	60	p mg/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty o	f law that this documer	DAILI MAX	vere	*****	MO AVG	DAILY MAX			MONTHLY	COMP24
im Westcott	prepared under my dire	ction or supervision in	accordance with the sy	stem designed		/ /	11	ŀ	907	TELEPHONE 586-0393	
V/W Utilities Senior Operator	to assure that the qualifi- submitted. Based on my or those persons directly submitted is to the heat	the system,	H	5 MM			907 AREA CODE	PHONE NUM DATE	BER		
	submitted is, to the best I am aware that there are	e significant penalties f	or submitting false info	rmation	SIGNA	TURE OF PRINCI	PAL EXECUTIVE		2015	6	F
TYPED OR PRINTED	including the possibility	of fine and imprisonme	ent for knowing violation	ons.	// OFF	ICER OR ANTHON			2015 YEAR	MO	5 DAY
COMMENT AND EXPLANATION OF AN			(Reference all atta	achments here	$() \vee$	//					
The reporting period was from	05/01/2015-05/	31/2015									

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

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

PERMITTEE NAME/ADDRESS(Include				7			*** NO DISCH	ARGE		***			
NAME: ADDRESS:	JUNEAU, CITY AND 155 SOUTH SEWAR					2321-3 NUMBER	-			00:			
	JUNEAU, ALASKA 9				PERMIT	NUMBER	J		DISCHARGE NU				
FACILITY:	JUNEAU-DOUGLA	S TREATMENT P	LANT				MONIT	ORING P	G PERIOD				
LOCATION:	JUNEAU, ALASKA	99801			YR	MO	DAY		YEAR	MO	DAY		
ATT:	Jim Westcott, WW	Utilities Senior	Operator	FROM	2015	5	1] TO [2015	5	31		
PARAMETER		OUANTITY O	R LOADING		QUALITY OR CONCENT				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1		
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	219.63	*****		0				
00530 G 0	PERMIT					Req. Mon		mg/L		0.0000000000000000000000000000000000000			
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****			Monthly	COMP24		
Solids, Total suspended	SAMPLE	21.93				3.44			0		<u></u>		
	MEASUREMENT		*****	*****	*****	5	*****		U				
00530 W 0	PERMIT	1035		lb/d		45		mg/L					
See Comments	REQUIREMENT	WKLY AVG	*****		*****	WKLY AVG	*****	ing/L		Monthly	COMP24		
Nitrogen, ammonia total (as N)	SAMPLE					2.00	2.00	hananananan ara	0	- Honginy			
	MEASUREMENT	*****	*****	*****	*****	2100	2.00		U				
00610 10	PERMIT	Reg. Mon.	Reg. Mon.	lb/d		Req. Mon,	Reg. Mon,	mg/L		0.00000000000000			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX		*****	MO AVG	DAILY MAX	mg/⊏		Semi-annual	COMP24		
Coliform, fecal MF, broth 44.5 C	SAMPLE					1.58	5.00		0		COMP24		
	MEASUREMENT	*****	*****	*****	*****	1.50	5.00		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					5.00	DALLUMAN	1.1.1.1.1.1.1.1.1.1	0	VVEEKIY	GKAD		
	MEASUREMENT	*****	*****	*****	*****	5.00	*****		U				
31616 W 0	PERMIT					800		#100/ml					
See Comments	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****	#100/111		Meekhi	CDAD		
Flow, in conduit or through	SAMPLE	0.69	0.85			WILLI GLU.		<u> en </u>	0	Weekly	GRAB		
treatment plant	MEASUREMENT	0.05	0.05	*****	*****	*****	*****	****	0				
50050 1 0	PERMIT	2.76	6.0	Mgal/d									
Effluent Gross	REQUIREMENT	MO AVG	DAILY MAX	rigayu	*****	*****	*****			Continuous	DCODDD		
BOD, 5-day,percent removal	SAMPLE	110 1100	DALT TRA		98.94	<u>na politica de la prese</u>			0	Continuous	RCORDR		
	MEASUREMENT	*****	*****	*****	50.54	*****	*****	****	0				
81010 K 0	PERMIT				85			%					
Percent Removal	REOUIREMENT	*****	*****	*****	MN % RMV	******	******			NA	CAL OTD		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this documer	nt and all attachments		1.1.1.1.1.70. NJ1V			Percent		TELEPHONE	CALCTD		
lim Westcott	prepared under my direc	tion or supervision in	accordance with the sy	stem designed		11		Ľ	907	586-0393			
W/W Utilities Senior Operator	to assure that the qualifie submitted. Based on my	inquiry of the person of	or persons who manage	the system.	A	hh			AREA CODE	PHONE NUM	BER		
	or those persons directly submitted is, to the best of	responsible for gather	ing the information, the	e information	11	- /)		F		DATE			
	I am aware that there are	significant penalties f	or submitting false info	ormation,		TURE OF PRINCIP			2015	6	5		
TYPED OR PRINTED	including the possibility of Y VIOLATIONS	of fine and imprisonme	ent for knowing violation (Reference all atta	ons.		ICER OR AUTHOR	RIZED AGENT		YEAR	MŎ	DAY		

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

NATIONAL POLLUTANT DISCHARGE DISCHARGE MONITORING REP	e Elimination sys Ort (DMR)	TEM (NPDES)					DMR Mailing ZI MAJOR (SUB 01) External Outfall		99801 \$		
PERMITTEE NAME/ADDRESS(Include F	acility name/Location	if different)					*** NO DISCH			***	
NAME: ADDRESS:	JUNEAU, CITY AND 155 SOUTH SEWAR JUNEAU, ALASKA	BOROUGH OF D,				2321-3 NUMBER]		001 A DISCHARGE NUMBER		
FACILITY:	JUNEAU-DOUGLA		PLANT		MONITORING PERIOD						
LOCATION:	JUNEAU, ALASKA				YR	MO	DAY		YEAR	MO	DAY
ATT:	Jim Westcott, WW	Utilitities Senio	r Operator	FROM	2015	5	1	TO	2015	5	31
PARAMETER	QUANTITY OR LOADING				QUAI	ITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.43	*****	*****		0		
81011 K 0 0 Percent removal	PERMIT	****	*****	*****	85	*****	*****	%			
	KEQUIREMEN			*****	MN % RMV	<u></u>	*****	PERCENT		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were			TELEPHONE	
Jim Westcott	prepared under my direction or supervision in accordance with the system designe	d	907	586-0393	
W/W Utilities Senior Operator	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.		AREA CODE	PHONE NUM	MDED
	or those persons directly responsible for gathering the information, the information	the lange	CODE	DATE	IDER
	submitted is, to the best of my knowledge and belief, true, accurate, and complete.		Second second		· · · · ·
TYPED OD DDINTED	I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	2015	6	5
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	OFFICER OR ANTHORIZED AGENT	YEAR	MO	DAY
COMMENT AND EXPLANATION OF AN	IY VIOLATIONS (Reference all attachments h	ere)//			
The reporting period was fi	rom 05/01/2015-05/31/2015.	V			
EPA Form 3320-1 (Rev 01/06) Previous edition	ns may be used				

NATIONAL POLLUTANT DISCHARG DISCHARGE MONITORING REP PERMITTEE NAME/ADDRESS(Include F	PORT (DMR)						DMR Mailing ZIF MAJOR (SUB 01) UPSTREAM REC External Outfall *** NO DISCH/	EIVING V	\$] ***	
NAME:	JUNEAU, CITY AND	BOROUGH OF			AK-00	2321-3	1			REC-1	
ADDRESS:	155 SOUTH SEWARD			PERMIT NUMBER					DISCHARGE NUMBER		
	JUNEAU, ALASKA 99		-		-						
FACILITY:	JUNEAU-DOUGLAS				MONITO	DRING P	PERIOD				
LOCATION:	JUNEAU, ALASKA 🤉	99801			YR	MO	DAY		YEAR	MO	DAY
ATT:	Jim Westcott, WW	Utilities Senior C	Operator	FROM	2015	5	1	TO	2015	5	31
PARAMETER		QUANTITY O	R LOADING		QUAI	RATION	RATION NO. EX			SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	OF ANALYSIS	
Coliform, fecal MF, broth 44.5 C	SAMPLE						1.0		0		
	MEASUREMENT	*****	*****		*****	*****					
31616 10	PERMIT						Reg. Mon.	#/		Monthly	GRAB
ffluent Gross REQUIREMENT ***** *****					*****	*****	DAILY MAX				

		1			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify u	nder penalty of law that this document and all attachments were			TELEPHONE	
	under my direction or supervision in accordance with the system designed		907	586-0393	
	that the qualified personnel properly gather and evaluate the information	and in	AREA		Norman State
	Based on my inquiry of the person or persons who manage the system, bersons directly responsible for gathering the information, the information		CODE	PHONE NUM	BER
	is, to the best of my knowledge and belief, true, accurate, and complete.	1/ / /		DATE	
	re that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	2015	6	5
	the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATI	ONS (Reference all attachments here,			· · · · · · · · · · · · · · · · · · ·	
The reporting period was from 05/0					

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

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY LOCATION: 1540 Thane Rd

PERMIT NUMBER: AK0023213

Juneau, AK	99801
	Juneau, AK

MONITORING PERIOD: 5/1/2015 5/31/2015 TO MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

Units No. Frequency of Sample Type

Х

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum	1	Minimum	Average	Maximum	1	Ex.	Analysis	1997 1998973 1
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent	Sample meas.	Report	Report	lbs/day	*****	Report	Report	mg/l		When Discharging	Grab
00310 R	I CI IIIIC	monthly average	daily maximum			monthly average	daily maximum				
Total Suspended Solids	Sample meas.				*****						
1 - Final Effluent 00530 R	1 crimic	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	1 CI mite	Report monthly average	Report daily maximum	MGD	****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 R	1 ci mite	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading
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	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
MARK T. MOW SR DREEATRE	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	SIGNATURE OF PRINCIPAL EVECUTIVE	907.790-2525	6/1/15
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	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

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213			MONIT	ORING PERIOD:	5/1/2015		TO	5/31/2015			
					MON	ITORING POINT:	003 (N11.2) (Q) Sta C		NO DISCHARGE:	Х
Parameter		Quantity o	or Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	and a sumplify the state
Biochemical Oxygen Demand (BOD5)	Sample meas.	-			*****						
1 - Final Effluent 00310 Q	reimit	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	reimit	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.	*****	****		*****				а 		
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 mite	*****	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.

	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
MARK J: MOW SR OPPOTTO	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	SIGNATURE OF ORINCIPAL EVECUTIVE	807-790-2525	6/1/5
	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

<u>Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)</u>

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213 MONITORING PERIOD: 5/1/2015 TO 5/31/2015 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: Х Parameter **Quantity or Loading** Units **Quality or Concentration** Units No. **Frequency** of Sample Type Average Maximum Analysis Minimum Ex. Average Maximum **Biochemical Oxygen Demand** Sample ***** (BOD5) meas. ***** 1 - Final Effluent report report lbs/day report When Discharging report mg/l Grab Permit monthly average daily maximum monthly average daily maximum 00310 P reqmt. **Total Suspended Solids** Sample ***** meas. 1 - Final Effluent ***** report report lbs/day report mg/l When Discharging report Grab Permit monthly average daily maximum monthly average maximum 00530 P reqmt. monthly average Coliform, fecal MF, M-FC broth. Sample ***** ***** ***** 44.5 C meas. ***** ***** ***** 1 - Final Effluent report report cts/100 ml When Discharging Grab Permit monthly daily maximum 31616 P reqmt. geometric mean Flow Sample ***** ***** ***** ***** meas. ***** 1 - Final Effluent ***** ***** MGD report ***** When Discharging Permit Recorded daily maximum 50050 P reqmt. Duration of Discharge Sample ***** ***** ***** ***** meas. ***** ***** ***** 1 - Final Effluent Report min/day ***** When Discharging Permit Recorded daily maximum 81381 P reqmt. 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system		TELEPHONE	DATE
MARKITMULES MARINA	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 or united is not be best of my	Mal Mows.	907.790-2525	6/1/15
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID