

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Raddcliffe Road
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 4/1/2017

TO 4/30/2017

NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Temperature (C)	1 - Final Effluent 00010	*****	*****		*****	*****			5X Weekly	Grab
		*****	*****		*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	1 - Final Effluent 00300	*****	*****		4.1	*****	4.1		5X Weekly	Grab
		*****	*****		2.0	*****	2.0		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310	32	62	lbs/day	*****	5.0	7.0	mg/l	Monthly	24-Hr Composite
		690	1,380	daily maximum	*****	30	60	mg/l	Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	G - Influent 00310	1943	*****	lbs/day	*****	306	*****	mg/l	Monthly	24-Hr Composite
		report monthly average	*****		*****	report monthly average	*****		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	W - See Comments 00310	*****	52	1,035	*****	6	*****	mg/l	Monthly	24-Hr Composite
		*****	*****	weekly average	*****	45	*****		Monthly	24-Hr Composite

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 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 violators.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Jim Harriot
Senior Operator
 TYPED OR PRINTED

[Signature]
 OFFICER OR AUTHORIZED AGENT

907.586.0393
 AREA | NUMBER

17/5/11
 Y | M | D

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PERMIT NUMBER: AK0023213 MONITORING PERIOD: 4/1/2017 TO 4/30/2017
 OUTFALL / MONITORING POINT: 001 NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
pH	1 - Final Effluent	*****	*****	S.U.	6.0	7.1	5X Weekly	Grab		
	00400	Permit reqmt.	6.5 minimum		8.5 maximum					
Total Suspended Solids	1 - Final Effluent	25	75	lbs/day	*****	4	7	Monthly	24-Hr Composite	
	00530	Permit reqmt.	690 monthly average		1,380 daily maximum	30 monthly average				
Total Suspended Solids	G - Influent	1705	*****	lbs/day	*****	268	*****	Monthly	24-Hr Composite	
	00530	Permit reqmt.	report monthly average		*****	report monthly average				
Total Suspended Solids	W - See Comments	*****	50	lbs/day	*****	6	*****	Monthly	24-Hr Composite	
	00530	Permit reqmt.	1,035 weekly average		*****	45 weekly average				
Ammonia Nitrogen (as N)	1 - Final Effluent	*****	*****	mg/l	*****	5.9	30	Monthly	24-Hr Composite	
	00610	Sample meas.	*****		*****	14 monthly average				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center;"> Jim Westcott Senior Operator </div>	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.
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="text-align: center;"> Jim Westcott </div>
TELEPHONE 907-584-0393	DATE 17/5/17
AREA NUMBER	Y M D

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 Juneau, AK 99801

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 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 4/1/2017 TO 4/30/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	*****	*****	*****	
	Permit reqmt.	*****	*****	*****	*****	*****	*****	
W - See Comments 00610	Sample meas.	*****	*****	*****	*****	*****	*****	
	Permit reqmt.	*****	*****	*****	*****	*****	*****	
Copper Total Recoverable	Sample meas.	*****	*****	*****	*****	*****	*****	
	Permit reqmt.	*****	*****	*****	*****	*****	*****	
Flow	Sample meas.	0.71	1.3	*****	*****	*****	*****	
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	*****	*****	*****	*****	Recorded
Enterococci	Sample meas.	*****	*****	*****	*****	*****	*****	
	Permit reqmt.	*****	*****	*****	*****	*****	*****	
Fecal Coliform	Sample meas.	*****	*****	*****	*****	*****	*****	
	Permit reqmt.	*****	*****	*****	*****	*****	*****	
1 - Final Effluent 74055	Sample meas.	*****	*****	*****	*****	*****	*****	
	Permit reqmt.	*****	*****	*****	*****	*****	*****	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA | NUMBER

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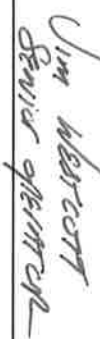
FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213 MONITORING PERIOD: 4/1/2017 TO 4/30/2017
 OUTFALL / MONITORING POINT: 001 NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Fecal Coliform	*****	*****	*****		*****	*****			Weekly	Grab
W - See Comments 74055	Permit reqmt.	*****	*****		400 weekly average	*****	cts/100 ml			
BOD5 Minimum % Removal	Sample meas. *****	*****	*****		98	*****				
K - Percent Removal 81010	Permit reqmt.	*****	*****		85 minimum percent removal	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas. *****	*****	*****		99	*****				
K - Percent Removal 81011	Permit reqmt.	*****	*****		85 minimum percent removal	*****	%		Monthly	Calculation

COMMENTS:
 W = weekly average:

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.

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 Jim Hebert Senior Operator		907.584.5995	4/15/17
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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: 04/01/17 TO 4/30/2017
 MONITORING POINT: 002 (N-11) (P) STA AE NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310 R	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 R	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	1 - Final Effluent 31616 R	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 R	Sample meas. *****	report daily maximum	min/day	*****	*****	*****		When Discharging	Instantaneous Reading
COMMENTS:										

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Mark Mow/Wastewater Collections SR. Operator	TELEPHONE	DATE
	907 586-0393	5/1/17
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER
		5/1/17


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

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 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: 10/1/2017 TO 10/31/2017
 MONITORING POINT: 003 (M11.2) (Q) Sta C
 NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310 R	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum		When Discharging	Grab
Total Suspended Solids	1 - Final Effluent 00530 R	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent 31616 R	*****	*****		*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 R	Sample meas. *****	Report daily maximum	min/day	*****	*****	*****	*****		When Discharging	Instantaneous Reading
COMMENTS:											

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NAME/TITLE PRINCIPLE EXECUTIVE OFFICE Mark Mow/Wastewater Collections SR, Operator 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 evaluated 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.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907 586-0393 DATE 5/1/17

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FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 04/01/17 TO 4/30/2017
 MONITORING POINT: 004 (N15.1) R DOUGLAS NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum		Minimum	Average					Maximum
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310 R	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
		Permit reqmt.									
Total Suspended Solids	1 - Final Effluent 00530 R	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
		Permit reqmt.									
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent 31616 R	*****	*****		*****	*****	Report monthly geometric mean	Report daily maximum	dfs/100 ml	When Discharging	Grab
		Sample meas.	Permit reqmt.								
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****	*****	*****		When Discharging	Recorded
		Permit reqmt.									
Duration of Discharge	1 - Final Effluent 81381 R	*****	Report daily maximum	report daily maximum	*****	*****	*****	*****		When Discharging	Instantaneous Reading
		Sample meas.	Permit reqmt.								
COMMENTS:											

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Mark Mow/Wastewater Collections SR. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 907 586-0393
TYPED OR PRINTED Mark Mow/Wastewater Collections SR. Operator	AREA/NUMBER 907 586-0393	DATE 5/1/17