CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Road Juneau, AK 99801

MONITORING PERIOD: 4/1/2017

LOCATION: 1540 Thane Rd

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

0T 4/30/2017

OUTFALL / MONITORING POINT: 001 PERMIT NUMBER: AK0023213

NO DISCHARGE:

Parameter		Quantity	Quantity or Loading	Units	Qua	Quality or Concentration	ation	Units	<u>8</u>	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	7
Temperature (C)	Sample	***	***		* * * * *	* * * * *	100				
	meas.						6.71				
1 - Final Effluent 00010	Permit reqmt.	****	***		**	**	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample	* * * * *	* * * * *		41	* * * * *	y y				
	incus.										
1 - Final Effluent 00300	Permit reqmt	* * * * *	**************************************		2.0 daily minimum	* * * *	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	32	62		** ** **	5.0	7.0				
1 - Final Effluent 00310	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	* * * * *	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	1943	* * * *		* * * * *	306	* * * * *				
G - Influent 00310	Permit reqmt.	report monthly average	* * * * *	lbs/day	* * * *	report monthly average	**	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	* * * * *	52		* * * * *	6	* * * * *				
W - See Comments 00310	Permit reqmt.	**	1,035 weekly average	lbs/day	** ** ** **	45 weekly average	* * * * *	mg/I		Monthly	24-Hr Composite

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inder penalty of law that this document and all attachments were ye and belief, true, accurate, and complete. I am aware that they ficant penalties for submitting false information, including the age the system, or those persons directly responsible for under my direction or supervision in accordance with a system to assure that qualified personnel properly gather and evaluate ration submitted. Based on my inquiry of the person or persons the information, the information submitted is, to the best of my

SIGNATURE OF PRINCIPAL EXECU OFFICER OR AUTHORIZED AGE

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AREA   NUMBER	907.866 0393	TELEPHONE
AIWID	17/5/11	DATE

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Road FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213

Juneau, AK 99801

MONITORING PERIOD: 4/1/2017

OUTFALL / MONITORING POINT: 001 To 4/30/2017 NO DISCHARGE:

Parameter		Quantity of	Quantity or Loading	Units	Qua	Quality or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	* * * *	* * * * *		6.0	* * * * *	7.1				
1 - Final Effluent 00400	Permit reqmt.	**	**		6.5 minimum	* * * * *	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	25	75		** ** **	4	7				
1 - Final Effluent 00530	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	* * * * *	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	1705	* * * *		** ** **	268	** ** ** *				
G - Influent 00530	Permit reqmt.	report monthly average	* * * *	lbs/day	**	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	* * * * *	50		* * * *	6	* * * * *				
W - See Comments 00530	Permit reqmt.	**	1,035 weekly average	lbs/day	****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	* * * *	* * * * *		* * * *	5.9	5.9				
1 - Final Effluent 00610	Permit reqmt.	** ** ** **	***********		**	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

TYPED OR PRINTED	Service deserta-	Um WESTEUT		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	inowiedge and belief, true, accurate, and complete. I am aware that there	uesigned to assure that quanties personnel property gamer and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for any persons the information of the system of t	prepared under my direction or supervision in accordance with a system	I certify under penalty of law that this document and all attachments were	
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF REINCIPAL EXECUTIVE	A May			111
AREA   NUMBER		917.56 059		TELEPHONE	
YIMID	1	17/5/	Ç	DATE	

MAILING ADDRESS: 2009 Radcliffe Road CONTACT NAME: Samantha Stoughtenger FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

Juneau, AK 99801

MONITORING PERIOD: 4/1/2017

TO 4/30/2017

Flow Enterococci Parameter Fecal Coliform Copper Total Recoverable Ammonia Nitrogen (as N) OUTFALL / MONITORING POINT: 001 W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 61211 74055 50050 01119 00610 Permit Permit reqmt. Permit Permit reqmt. Sample Permit Sample reqmt. Sample Sample Sample reqmt. reqmt. meas. meas. meas. meas. meas. monthly average Average \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* 0.71 \*\*\*\*\* \*\*\*\* 2.76 \*\*\*\*\* Quantity or Loading daily maximum Maximum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 1.3 6.0 Units MGD Minimum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* Quality or Concentration geometric mean weekly average \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Average monthly \*\*\*\* \*\*\*\*\* \*\*\*\*\* 5.9 200 21 daily maximum daily maximum daily maximum Maximum \*\*\*\*\* \*\*\*\*\* Report Report 800 15  $\vdash$ 14 cts/100 ml cts/100 ml Units mg/l l/gu Ex. NO DISCHARGE: Frequency of Requirements See Permit Continuous Analysis Quarterly Weekly Monthly 24-Hr Composite 24-Hr Composite Sample Type Recorded Grab Grab

		1//		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were	/// //	TELEPHONE	DATE
Jun 4/8570077	prepared under my direction of 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	Hulet	507.586.c383	17/5
SENTEL SIGHTION	garrening 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 PRINGIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penallies for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	1 M I Y

Y   M   D	AREA   NUMBER	FICER OR AUTHORIZED AGENT
17/5/41	907.586.0593	July 1
DATE	TELEPHONE	

CONTACT NAME: Samantha Stoughtenger FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Road Juneau, AK 99801

LOCATION: 1540 Thane Rd

Juneau, AK 99801

4/30/2017

TO

OUTFALL / MONITORING POINT: 001 PERMIT NUMBER: AK0023213

MONITORING PERIOD: 4/1/2017

NO DISCHARGE:

Parameter		Quantity or Loading	r Loading	Units	Quali	Quality or Concentration	tion	Units	No.	Frequency of Sample Type	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	* * * * *	* * * *		***	15	* * * * *				
W - See Comments Permit 74055 regmt.	ments Permit 74055 reqmt.	* * * *	* * *		** ** **	400 weekly average	* * * *	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	* * * * *	* * * * *		98	* * * * *	* * * * *				
K - Percent Removal Permit 81010 reqmt.	emoval Permit 81010 regmt	* * * *	* * * *		85 minimum percent removal	**	* * * * * * * * * * * * * * * * * * *	%		Monthly	Calculation
Total Suspended Solids Minimum Sample % Removal meas.	Sample meas.	* * * * *	* * *		99	* * * * *	* * * * *				
K - Percent Removal Permit 81011 regmt.	emoval Permit 81011 reqmt.	**	** ** ** **		85 minimum percent removal	* * * * *	* * * * * * * * * * * * * * * * * * *	%		Monthly	Calculation
						A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	The second secon			The second second second	

### 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.

knowledge and belief, true, accurate, and complete. I am aware that there who manage the system, or those persons directly responsible for prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate certify under penalty of law that this document and all attachments were ithering the information, the information submitted is, to the best of my

OFFICER OR AUTHORIZED AGENT AREA   N	SIGNATURE OF PRINCIPAL EXECUTIVE	Hehert 907. St	TELEPHONE	1 / /
NT AREA   NUMBER	TIVE	907.52.0395	TELEPHONE	
Υ		17/5	DAT	

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MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Mark Mow

PERMIT NUMBER: AK0023213 Juneau, AK 99801

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

Juneau, AK 99801

OT

MONITORING PERIOD: 04/01/17

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

4/30/2017 NO DISCHARGE:

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

TYPED OR PRINTED		Constant		Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE
Indiagning in the Milk Violations.	penalties for submitting raise information, including the possibility of time and	belief, true, accurate, and complete. I am aware that there are significant	information, the information submitted is to the best of my knowledge and	manage the system, or those persons directly responsible for gathering the	information submitted. Based on my inquiry of the person or persons who	designed to assure that qualified personnel properly gather and evaluated the	prepared under my direction or supervision in accordance with a system	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE I certify under penalty of law that this document and all attachments were
AUTHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	Incom.	The land				
AREA/NUMBER YY/MM/DD			907 586-0393					TELEPHONE
YY/MM/DD		5/1117	1110					DATE

YY/MM/DD	AREA/NUMBER	AUTHORIZED AGENT	
		EXECUTIVE OFFICER OR	ine and
5/1117		SIGNATURE OF PRINCIPAL	ant
1110	907 586-0393	11100 1 MOW.	e and
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DATE	TELEPHONE		were

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Mark Mow Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

MONITORING PERIOD: 10/1/2017

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

To 10/31/2017 NO DISCHARGE:

						100000000000000000000000000000000000000	200 (10 Title) (20 C	-	:	Programos.	
Parameter		Quantity of	Quantity or Loading	Units	Qual	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		×	Analysis	
Biochemical Oxygen Demand	Sample				****				_		
(copa)	шеах.										
1 - Final Effluent	Permit	Report	Report	lbs/day	****	Report	Report	mg/		When Discharging	Grab
00310 R	reqmt	monthly average	daily maximum			monthly average	daily maximum				
Total Suspended Solids	Sample				* * * * *				1		
	meas.				*****						
1 - Final Effluent	Permit	Report	Report	lbs/day	****	Report	Report	mg/l	-	When Discharging	Grab
00530 R	reqmt	monthly average	daily maximum			monthly average	daily maximum				
Coliform, fecal MF, M-FC broth,	Sample	****	****		# # # # #						
44.5 C	meas.										
1 - Final Effluent Permit	Permit	****	*****		***	Report	Report	cts/100 ml	_	When Discharging	Grab
31616 R reqmt	reqmt.					monthly geometric mean	daily maximum				
Flow	Sample				****	***	* * * * * * * * * * * * * * * * * * * *		_		
1 - Final Effluent   Permit	Permit	Report	Report	MGD	***	****	*****			When Discharging	Recorded
50050 R reqmt.	reqmt	monthly average	daily maximum								
Duration of Discharge	Sample meas.	* * * *			***	****	****				
1 - Final Effluent 81381 R	Permit reqmt	****	report daily maximum	min/day	***	# # # # #	į			When Discharging	Instantaneous Reading
COMMENTS:									ļ		

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.

TYPED OR PRINTED				Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE
improviment for Knowing violations.	periatives for subtlimining laise information, including the possibility of tine and	belief, true, accurate, and complete. I am aware that there are significant	information, the information submitted is, to the best of my knowledge and	manage the system, or those persons directly responsible for gathering the	information submitted. Based on my inquiry of the person or persons who	designed to assure that qualified personnel properly gather and evaluated the	prepared under my direction or supervision in accordance with a system	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE   certify under penalty of law that this document and all attachments were
AUTHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	Maky mow	The 1 Line				
AREA/NUMBER YY/MM/DD			907 586-0393					TELEPHONE
YY/MM/DD	,	1. 2.1	5///2					DATE

5		TELEPHONE	DATE
ā	he il		
	SIGNATURE OF PRINCIPAL	907 586-0393	5/1/17
	EXECUTIVE OFFICER OR		
	AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Mark Mow

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

TO

MONITORING PERIOD: 04/01/17
MONITORING POINT: 004 (N15.1) R DOUGLAS

4/30/2017 NO DISCHARGE:

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

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TYPED OR PRINTED		Operator		Mark Mow/Wastewater Collections SR				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE
implisoritient for knowing violations.	penalties for submitting false information, including the possibility of fine and	belief, true, accurate, and complete. I am aware that there are significant	information, the information submitted is, to the best of my knowledge and	manage the system, or those persons directly responsible for gathering the	information submitted. Based on my inquiry of the person or persons who	designed to assure that qualified personnel properly gather and evaluated the	prepared under my direction or supervision in accordance with a system	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE I certify under penalty of law that this document and all attachments were
AUTHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	11/00 / 11/00	mall man				
AREA/NUMBER YY/MM/DD			70 m. 907 586-0393 5 /11/ +					TELEPHONE
YY/MM/DD			5/1/7	11				DATE