FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

OUTFALL / MONITORING POINT: 001 PERMIT NUMBER: AK0023213

MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

CONTACT NAME: Samantha Stoughtenger

MONITORING PERIOD: 2/1/2017

OT NO DISCHARGE: 2/28/2017

(BOD5) (BOD5) (BOD5) Biochemical Oxygen Demand Biochemical Oxygen Demand Dissolved Oxygen **Biochemical Oxygen Demand** Parameter Temperature (C) W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent G - Influent 00010 00310 00310 00310 00300 Permit Permit Permit Sample Permit Permit Sample Sample Sample reqmt. reqmt. reqmt. Sample reqmt. meas. meas. meas. meas. monthly average monthly average ***** ***** Average ***** 1461 report **** ***** Quantity or Loading 46 690 daily maximum weekly average Maximum ***** ***** ***** 1,035 : ***** **** 1,380 105 95 lbs/day lbs/day lbs/day Units daily minimum Minimum ***** **** **** ***** **** ***** **** 5.0 2.0 Quality or Concentration monthly average monthly average weekly average ***** ***** Average report 256 ***** 45 30 6 daily maximum daily maximum daily maximum Maximum ***** ***** **** Report 10.9 **** 7.5 17 60 ∞ DEG.C Units mg/l mg/ mg/l mg/l Ex. 0 0 0 0 0 Frequency of Analysis 5X Weekly 5X Weekly Monthly Monthly Monthly 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type Grab Grab

		possibility of fine and imprisonment for knowing violations	
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	SIGNATURE OF PRINCIPAL EXECUTIVE	incomplete and belief free accurate, and complete. I am aware that there	UK. SPOKALOK
		who manage the system or those persons directly responsible for	
COL COC. 019	/	the information submitted. Based on my inquiry of the person or persons	
2		designed to assure that qualified personnel properly gather and evaluate	バラニアロ 一切ででかっ
		prepared under my direction or supervision in accordance with a system	
TELEPHONE		I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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LOCATION: 1540 Thane Rd

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OUTFALL / MONITORING POINT: 001 PERMIT NUMBER: AK0023213

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MONITORING PERIOD: 2/1/2017

TO NO DISCHARGE: 2/28/2017

Ammonia Nitrogen (as N) 면 Total Suspended Solids Total Suspended Solids Parameter Total Suspended Solids W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent G - Influent 00530 00610 00530 00530 00400 Sample Permit Permit reqmt. Permit Sample reqmt. reqmt Permit Sample Sample reqmt Permit reqmt meas. Sample meas. meas. meas. meas. monthly average monthly average ***** ***** ***** Average 1245 **** report Quantity or Loading 690 50 weekly average daily maximum Maximum ***** ***** ***** 1,035 122 **** 1,380 138 lbs/day lbs/day lbs/day Units Minimum ***** ***** ***** minimum **** **** *** **** 6.6 6.5 **Quality or Concentration** monthly average monthly average monthly average weekly average Average ***** **** report 223 14 W 45 30 9 σ daily maximum daily maximum Maximum ***** maximum **** 8.5 7.1 11 30 ω 60 Units mg/l mg/l mg/l mg/l S.U. Ex. 0 0 0 0 0 Frequency of Analysis 5X Weekly Monthly Monthly Monthly Monthly 24-Hr Composite 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type Grab

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are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	gathering the information the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there	the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for	designed to assure that qualified personnel properly gather and evaluate	I certify under penalty of law that this document and all attachments were
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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

OUTFALL / MONITORING POINT: 001 PERMIT NUMBER: AK0023213

MONITORING PERIOD: 2/1/2017

TO 2/28/2017

Flow Enterococci Fecal Coliform Copper Total Recoverable Ammonia Nitrogen (as N) Parameter W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 61211 50050 01119 74055 00610 Permit Sample reqmt. Permit Permit Permit Sample reqmt. Sample Sample Permit Sample reqmt reqmt reqmt. meas. meas. meas, meas. meas. monthly average ***** Average ***** ***** ***** 0.83 ***** ****** 2.76 Quantity or Loading daily maximum Maximum **** ***** **** ***** ***** *** 3.6 6.0 Units MGD Minimum ***** ***** ***** **** ***** **** ***** **Quality or Concentration** geometric mean weekly average ***** ***** ***** Average monthly **** * * * * * **** 200 21 W 1 daily maximum daily maximum daily maximum Maximum ***** ***** Report Report **** NA 800 NA 2 cts/100 ml cts/100 ml Units mg/l l/gu Ex. 0 0 0 0 0 NO DISCHARGE: Frequency of Requirements See Permit Continuous **Analysis** Quarterly Weekly Monthly 24-Hr Composite 24-Hr Composite Sample Type Recorded Grab Grab

possibility of fine and imprisonment for knowing violations	
are significant penalties for submitting false information, including the	TYPED OR PRINTED
knowledge and belief true, accurate, and complete. I am aware that	ファスルード
gathering the information, the information submitted is, to the best of	なべ、いろかんとう
who manage the system, or those persons directly responsible for	
the information submitted. Based on my inquiry of the person or person	V 21020 /17/17/77
designed to assure that qualified personnel properly gather and evalu	ででは、人がからかり
prepared under my direction or supervision in accordance with a sys	
I certify under penalty of law that this document and all attachments w	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ding the	best of my	or persons le for	nd evaluate	nents were	
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	M.		1	
AREA NUMBER		des, 905, Cab	,	TELEPHONE	
DIWIA	111	17/3/		DATE	

FACILITY: JUNEAU DOUGLAS WW TRE

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe 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: 2/1/2017

TO 2/28/2017 NO DISCHARGE:

Parameter		Quantity or Loading	r Loading	Units	Quali	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	* * * * *	* * * * *		***	2	* * * * *		0		
W - See Comments Permit 74055 reqmt	ments Permit 74055 reqmt	* * * *	* ** * *		***************************************	400 weekly average	į	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	* * * * *	* * * * *		97	* * * * *	* * * * *		0		
K - Percent Removal 81010	emoval Permit 81010 regmt	*	***************************************		85 minimum percent removal	* * * * * *	* * * * * * * * * * * * * * * * * * *	%		Monthly	Calculation
Total Suspended Solids Minimum Sample % Removal meas.	Sample meas.	* * * * *	* * * * *		97	* * * *	* * * * *		0		
K - Percent Removal Permit 81011 reqmt	emoval Permit 81011 reqmt.	* * * * *	***************************************		85 minimum percent removal	i	i	%		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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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
Chiero yemper	prepared under my direction or supervision in accidance 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		907.506.0393	17/3/
いべ、 PROXALOX	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 EXECUTIVE		// /
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	AIWID

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: 2/1/2017

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

TO NO DISCHARGE: 2/28/2017

Parameter		Omantitu	"I andina	Ilmita	Omal	L u franchis		-4:-4x		71	
1 at atticeed		Qualitity of Equating	Loaumg	CIIIIO	Quality 0	ity or concentration	пол	STITIO	1 2	9	sampie Type
		Average	Maximum		Minimum	Average	Maximum		EX.	Anarysis	
Biochemical Oxygen Demand	Sample				***						
(BOD5)	meas.				1 1 1 1 1						
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	Permit reqmt.	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	Permit reqmt.	****	****		* * *	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	* * * *			* * * * *	* * * * *	* * * * *				
1 - Final Effluent 50050 Q	Permit reqmt.	** ** ** **	Report daily maximum	MGD	**	***	***			When Discharging	Recorded
Duration of Discharge	Sample meas.	****			* * * * *	* * * * *	* * * *				
1 - Final Effluent 81381 Q	Permit reqmt.	** ** **	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.

TYPED OR PRINTED possit	Implanted under into disease the land accordance wine a system control accordance wine a system designed to assure that capital capital paths and evaluate the information submitted. Based on my inquiry of the person or person who manage he system, or those persons directly responsible for who manage he system, or those persons directly responsible for who manage he system, or those persons directly responsible for who manage he system to the information submitted is, to the best of my directly and best of the second accordance is almost a state of the system of the syst	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certif
are significant penaltes for submitting false information, including the possibility of fine and imprisonment for knowing violations.	propured under my diseason or supervision in accordance with a system of cashing with qualified postsomel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or more persons directly responsible for submitted by the first matter of the person of the persons of the	I certify under penalty of law that this document and all attachments were
OFFICER OR AUTHORIZED AGENT	Mall Mas ANT PO 2825	
AREA NUMBER	901702525	TELEPHONE

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DATE

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: 2/1/2017

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

TO NO DISCHARGE: 2/28/2017

							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
Parameter		Quantity or Loading	T Loading	Units	Qual	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	_	
Biochemical Oxygen Demand	Sample				++++						
(BOD5)	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.				** ** **				\perp		
1 - Final Effluent 00530 Q	Permit reqmt.	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	Permit reqmt.	***	***		* * * *	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.	* * * * *			* * * * *	* * * *	* * * *				
1 - Final Effluent Permit 50050 Q reqmt.	Permit reqmt.	****	Report daily maximum	MGD	****	* * * *	** ** **			When Discharging	Recorded
Duration of Discharge	Sample meas.	****			* * * * *	* * * * *	** ** ** **				
1 - Final Effluent 81381 Q	Permit reqmt.	* * * * *	report daily maximum	min/day	**	**	**			When Discharging	Recorded
COMMENTS:											

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER T. Male 15 R. O. F. F. A. Destroy the information, the information submitted is, to the best of my TYPED OR PRINTED billy of fine and imprisonment OFFICE OR AUTHORIZED AGENT

AREA | NUMBER YIMID DATE

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: 2/1/2017

ТО 2/28/2017

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

NO DISCHARGE:

							002 (14-TT) (F) 310 ME	La AL		NO DISCHARGE:	×
Parameter		Quantity	Quantity or Loading	Units	Qual	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	7
Biochemical Oxygen Demand	Sample					c					
(BOD5)	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	Permit reqmt.	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	Permit reqmt.	***	**		**	Report monthly	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample	* * * * * * * * * * * * * * * * * * *			* * * * *	* * * *	* * * *				
1 - Final Effluent	Permit	* * * * * * * * * * * * * * * * * * * *	Report	MGD	* * * * * *	***	* * * *			When Discharging	Recorded
50050 Q	reqmt.		daily maximum								
	Sample meas.	* * * * * *			* * * *	* * * *	* * * * *				
1 - Final Effluent 81381 Q	Permit reqmt.	** ** ** **	report daily maximum	min/day	* * *	* * * *	* * * *			When Discharging	Recorded
COMMENTS:											
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AREA NUMBE	OFFICER OR AUTHORIZED AGENT	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TYPED OR PRINTED	
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18t-19 Juny111	111264	who manage the system, or those persons directly responsible for		1 21/10	MARIA
	111111111111111111111111111111111111111	the information submitted. Based on my inquiry of the person or persons			
		designed to assure that qualified personnel properly gather and evaluate			
10040		prepared under my direction or supervision in accordance with a system			
TELEPHONE		I certify under penalty of law that this document and all attachments were		VAME/ITTLE PRINCIPAL EXECUTIVE OFFICER	WIE/IIITE

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AREA NUMBER	35.084-401)	TELEPHONE
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