

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

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
 MONITORING POINT: 001
 MONITORING PERIOD: 2/1/2017 TO 2/28/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Temperature (C)	Sample meas. ***** 1 - Final Effluent Permit reqmt. 00010	***** *****	***** *****	***** *****	***** *****	0	5X Weekly	Grab
Dissolved Oxygen	Sample meas. ***** 1 - Final Effluent Permit reqmt. 00300	***** *****	5.0 2.0	***** *****	7.5 17	0	5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas. 46 1 - Final Effluent Permit reqmt. 00310	105 1,380	***** *****	6 30	8 60	0	Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas. 1461 G - Influent Permit reqmt. 00310	***** *****	***** *****	256 report monthly average	***** *****	0	Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas. ***** W - See Comments 00310	95 1,035	***** *****	7 45	***** *****	0	Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GRIERO TEMPEL SR. OPERATOR	907.586.0193	17/3/17
TYPED OR PRINTED	AREA NUMBER	Y M D
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.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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PERMIT NUMBER: AK0023213


MONITORING PERIOD: 2/1/2017

TO 2/28/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
pH	Sample meas.	*****	*****	6.6	*****	7.1	0	5X Weekly	Grab
	Permit reqmt.	*****	*****	6.5 minimum	*****	8.5 maximum			
Total Suspended Solids	Sample meas.	50	138	*****	6	11	0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	*****	30 monthly average	60 daily maximum		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	1245	*****	*****	223	*****	0		
	Permit reqmt.	report monthly average	*****	*****	report monthly average	*****		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	122	*****	9	*****	0		
	Permit reqmt.	*****	1,035 weekly average	*****	45 weekly average	*****		Monthly	24-Hr Composite
W - See Comments	Sample meas.	*****	*****	*****	3	3	0		
	Permit reqmt.	*****	*****	*****	14 monthly average	30 daily maximum		Monthly	24-Hr Composite
1 - Final Effluent	Sample meas.	*****	*****	*****	*****	*****	0		
	Permit reqmt.	*****	*****	*****	*****	*****			


NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
GIRIBO TEMPEL SR. OPERATOR		907.586.0393		17/3/19	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA NUMBER	
					

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GRIFFIN TEMPEL</i> <i>SK. OPERABLE</i> 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 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.	TELEPHONE <i>907.586.0993</i>	DATE <i>17/3/19</i>
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA NUMBER	Y M D

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PERMIT NUMBER: AK0023213

MONITORING PERIOD: 2/1/2017

TO 2/28/2017

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	Average	Maximum				
Fecal Coliform	*****	*****	*****		*****	*****	*****	cts/100 ml	0	Weekly	Grab
W - See Comments 74055	Permit reqmt.	*****	*****		*****	*****	*****			weekly average	
BOD5 Minimum % Removal	Sample meas.	*****	*****		97	*****	*****	%	0	Monthly	Calculation
K - Percent Removal 81010	Permit reqmt.	*****	*****		85	*****	*****	%			
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		97	*****	*****	%	0	Monthly	Calculation
K - Percent Removal 81011	Permit reqmt.	*****	*****		85	*****	*****	%			

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GRIFFINO TEMPEL SR. OPERATOR	907.586.0398	17/3/17
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.		
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

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

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 2/1/2017 TO 2/28/2017
 MONITORING POINT: 003 (M11.2) (Q) Sta C
 NO DISCHARGE:

Parameter	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 Q	Sample meas. 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 Q	Sample meas. 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 Q	Sample meas. Permit reqmt.	*****	*****	*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging Grab
Flow									
1 - Final Effluent 50050 Q	Sample meas. Permit reqmt.	*****	Report daily maximum	*****	*****	*****	*****	MGD	When Discharging Recorded
Duration of Discharge									
1 - Final Effluent 81381 Q	Sample meas. Permit reqmt.	*****	report daily maximum	*****	*****	*****	*****	min/day	When Discharging Recorded
COMMENTS:									

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TYPED OR PRINTED MARK J. Mow/SE	AREA NUMBER	Y M D

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

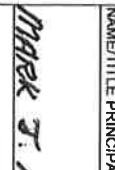
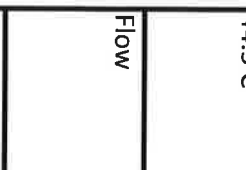
CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 2/1/2017 TO 2/28/2017
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE:

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

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 TYPED OR PRINTED		 OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE	AREA NUMBER	Y M D
907-590-2522	2/1/17		

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 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 2/1/2017 TO 2/28/2017
 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	Maximum				
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
	00310 Q	Permit reqmt.			*****					
Total Suspended Solids	1 - Final Effluent	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
	00530 Q	Permit reqmt.			*****					
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent	Sample meas.	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
	31616 Q	Permit reqmt.			*****					
Flow	1 - Final Effluent	Sample meas.	*****		*****				When Discharging	Recorded
	50050 Q	Permit reqmt.		MGD	*****					
Duration of Discharge	1 - Final Effluent	Sample meas.	*****		*****				When Discharging	Recorded
	81381 Q	Permit reqmt.		min/day	*****					
COMMENTS:										

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MARK J. MOW/SR. OPERATIONS SUPERVISOR TYPED OR PRINTED	907-790-2825 3/1/17	