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: PERMIT NUMBER: AK0023213

MONITORING PERIOD: 3/1/2017

3/31/2017

TO

OUTFALL / MONITORING POINT: 001	001					<u></u>				NO DISCHARGE:	
Parameter		Quantity	Quantity or Loading	Units	Quality	lity or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	i i
Temperature (C)	Sample	* * * * *	***		++++						
	meas.	÷	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		) ) )	******	10.8		0		
1 - Final Effluent 00010	Permit reqmt.	**	* * * *		** ** ** **	* * * * * *	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample	* * * *	***		3.2	* * * * *	8.5		0		
	Т										
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	40		* * * * *	6	∞		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.	1532	* * * * *		** ** ** **	293	* * * *		0		
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.	* * * * *	39		* * * * *	7	* * * * *		0		
W - See Comments 00310	Permit reqmt	* * * * *	1,035 weekly average	lbs/day	* * * *	45 weekly average	* * * *	mg/l		Monthly	24-Hr Composite
TOTAL CONTRACTOR OF THE CONTRA						\					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	70	I certify under penalty of ke	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	attachments wo	em /	/	TELEPHONE	433		DATE	
		Proposed minor his arion		CAS R I I I I I I I I I I I I I I I I I I							

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gathering the information, the information submitted is, to the best of my

knowledge and belief, true, accurate, and complete. I am aware that there who manage the system, or those persons directly responsible for the information submitted. Based on my inquiry of the person or persons designed to assure that qualified personnel properly gather and evaluate prepared under my direction or supervision in accordance with a system

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907.506.0393

AREA | NUMBER

Y M D

TYPED OR PRINTED

GRIEND TEMPEL

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: 3/1/2017

NO DISCHARGE: 3/31/2017

TO

Ammonia Nitrogen (as N) Total Suspended Solids 모 Parameter Total Suspended Solids Total Suspended Solids W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent G - Influent 00610 00530 00530 00530 00400 Permit reqmt. Sample Permit Permit reqmt. Permit Sample Sample reqmt. Permit Sample reqmt. Sample reqmt. meas. meas. meas. meas. monthly average monthly average \*\*\*\*\* \*\*\*\*\* Average \*\*\*\*\* 1465 \*\*\*\*\* report \*\*\*\*\* \*\*\*\*\* **Quantity or Loading** 690 31 weekly average daily maximum Maximum \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1,035 1,380 \*\*\*\* 55 55 lbs/day lbs/day lbs/day Units Minimum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* minimum \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 6.5 6.5 **Quality or Concentration** monthly average monthly average monthly average weekly average Average \*\*\*\*\* report 283 \*\*\*\*\* 14 45 2 6 30 6 daily maximum daily maximum Maximum \*\*\*\* \*\*\*\*\* maximum \*\*\*\*\* \*\*\*\* 7.1 30 2 8 8.5 5 7 Units mg/l mg/l mg/l mg/l S.U. No. 0 0 0 0 0 Frequency of 5X Weekly **Analysis** Monthly Monthly Monthly Monthly 24-Hr Composite 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type Grab

TYPED OR PRINTED		SC. CPERATUR		CELERO INCORT		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
are significant penaties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Inowhedge and belief, true, accurate, and complete. I am aware that there	who manage the system, or those persons directly responsible for	the information submitted. Based on my inquiry of the person or persons	designed to assure that qualified personnel properly gather and evaluate	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 PRINCIPAL EXECUTIVE					
AREA   NUMBER		10/200000	でん パン くさい			TELEPHONE

YIMID	AREA   NUMBER	FFICER OR AUTHORIZED AGENT
111		NATURE OF PRINCIPAL EXECUTIVE
17/4/5	c600 725 Cab	
DATE	TELEPHONE	

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

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MAILING ADDRESS: 2009 Radcliffe Road Juneau, AK 99801

MONITORING PERIOD: 3/1/2017 TO

3/31/2017

**OUTFALL / MONITORING POINT: 001** PERMIT NUMBER: AK0023213

Fecal Coliform Enterococci Flow Copper Total Recoverable Ammonia Nitrogen (as N) W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 74055 61211 50050 01119 00610 Permit Permit Permit Sample Sample Permit Sample reqmt. reqmt. Permit Sample reqmt. reqmt. Sample reqmt. meas. meas. meas. meas. monthly average Average \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.71 \*\*\*\* \*\*\*\*\* \*\*\*\* 2.76 **Quantity or Loading** daily maximum Maximum \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1.7 6.0 Units MGD Minimum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* **Quality or Concentration** geometric mean weekly average Average \*\*\*\* monthly \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 200 ω 21 2 daily maximum daily maximum daily maximum Maximum \*\*\*\* \*\*\*\*\* Report \*\*\*\* Report NA 25 800 Z cts/100 ml cts/100 ml Units mg/l /gu No. 0 0 0 0 0 NO DISCHARGE: Frequency of Requirements See Permit Continuous **Analysis** Weekly Quarterly Monthly Sample Type 24-Hr Composite 24-Hr Composite Recorded Grab Grab

Alwia	AREA   NUMBER	OFFICER OR AUTHORIZED AGENT	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
1/		SIGNATURE OF PRINCIPAL EXECUTIVE	<ul> <li>knowledge and bekef, true, accurate, and complete. I am aware that there</li> </ul>	v v
17/4	C1 rosa 205/2/2/		who manage the system, or those persons directly responsible for	SX. CHERATON
\			designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	CKIEKO TEMPEL
DATE	TELEPHONE		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Road Juneau, AK 99801

LOCATION: 1540 Thane Rd

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 3/1/2017

3/31/2017

TO

% Removal **BOD5** Minimum % Removal Fecal Coliform Parameter Total Suspended Solids Minimum OUTFALL / MONITORING POINT: 001 K - Percent Removal K - Percent Removal W - See Comments 81011 81010 74055 Sample reqmt. Sample reqmt. Permit Sample Permit Permit reqmt. meas. meas. meas. \*\*\*\* \*\*\*\*\* \*\*\*\*\* Average \*\*\*\*\* \*\*\*\* **Quantity or Loading** Maximum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* Units minimum percent minimum percent Minimum \*\*\*\* removal removal 98 98 85 85 **Quality or Concentration** weekly average Average \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 25 400 Maximum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* cts/100 ml Units % % Ex. 0 0 0 NO DISCHARGE: Frequency of **Analysis** Monthly Monthly Weekly Sample Type Calculation Calculation Grab

### COMMENTS:

W = weekly average;

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I confify 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 persons or persons who meadage the system, or those persons directly responsible for pathering the information, the information submitted is, to the best of my lambering the information submitted is, to the best of my lambering the information submitted is, to the best of my submitted beful rule, accurate, and complete. I am aware that there are significant penalties for submitting takes information, including the penalties for submitting takes information.	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER    Certify under penalty of law that this document and all attachments we prepared under my direction or supervision in accordance with a syst designed to assure that qualified personnel properly gather and evaluation submitted. Based on my inquiry of the person or personation submitted. Based on my inquiry of the person or personation submitted is, to the best of not personation submitted is, to the best of not personation submitted is, to the best of not not personation submitted is, to the best of not not personation submitted is, to the best of not not personation submitted is, to the best of not not personation submitted is, to the best of not not personation submitted is, to the best of not not personation submitted is, to the best of not not personation submitted is, to the best of not not personation submitted is, to the best of not not not personation submitted is, to the best of not
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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: 3/1/2017

ТО 3/31/2017

Quantity or Loading Units MONITORING POINT: 002 (N-11) (P) Sta AE Quality or Concentration NO DISCHARGE:

A-0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0		Samuel or rouning	21 FOURTH	CILIE	Qual	Quality of Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.		,
Biochemical Oxygen Demand	Sample				****						
1 - Final Effluent	Permit	Report	Report	lbs/day	****	Report	Report	mg/l		When Discharging	<u>a</u>
	reqmt.	monthly average	daily maximum			monthly average	daily maximum	(		90	<u>Ciac</u>
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	!		c c	
Coliform, fecal MF, M-FC broth,	Sample	* * * *	* * * *		*****				$\downarrow$		
44.5 C	meas.				1 1 1 1 1						
ent 6 R	Permit regmt	** ** ** **	***		**	Report monthly	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample				* * * *	****	***				
1 - Final Effluent	Permit	Report	Report	MGD	****	*****	***			When Discharging	Recorded
5005Ó R	reqmt.	monthly average	daily maximum								
	Sample meas.	**			**	***	* * * * *				
1 - Final Effluent <sub> </sub> 81381 R	Permit reqmt.	**************************************	report daily maximum	min/day	* * * * *	****	***			When Discharging	Instantaneous Reading
COMMENTS:											
									l		

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MORK I MOW (SR. OPERATOR TYPED OR PRINTED

OFFICATOR AUTHORIZED AGENT Sec. 064- ta AREA | NUMBER 41/14 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: 3/1/2017

3/31/2017

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

NO DISCHARGE:

Blochemical Oxygen Demand   Sample (BODS)   1-Final Effluent Permit   Permit (Sample Permit Sonor)   Permit (BODS)   1-Final Effluent Permit (BODS)   1-Final Effluent Permit (BODS)   Permi	Parameter		0					Spignon (N) (T.CT-N) LOG	Spignon (	2	NO DISCHARGE:	<
Average Demand Sample neas.  1 - Final Effluent Permit nonthly average daily maximum by average daily maximum and the permit and the permit by average daily maximum by average daily maximum and the permit by daily maximum and the permit by average daily maximum and the permit by daily maximum and the permit by average daily maximum and the permit and the permit by average daily maximum and the permit and the perm			Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
1 - Final Effluent Permit meas.  2 - **********************************	Biochemical Oxygen Demand	3	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	A
1-Final Effluent Permit Nample Permit Notice Solution Stample Permit Solution Soluti	(BOD5)	meas.				**						
Color   Colo	1 - Final Effluent	Permit	Report	Report	lbs/day	* * *	Report	Report	me/i		Who Dishard	
Sample   Report   Discharging   Sample   Report   Discharging   Report	00310 R	reqmt.	monthly average	daily maximum			monthly average	daily maximum	ģ		when Discharging	Grab
T-Final Effluent   Permit   Meport   Memorape   Meport   Memorape   Meport   Meport   Meport   Meport   Meport   Meport   Memorape   Meport   Memorape   Meport   Memorape   Memorape   Meport   Memorape	Total Suspended Solids	Sample								L		
1-Final Effluent Permit 00530 R reqmt.  Report 00530 R reqmt.  1-Final Effluent Permit 31616 R reqmt.  Report 00530 R reqmt.  Sample 1-Final Effluent Permit 150050 R reqmt.  Report 015charging 150charging 150chargi		meas.				***						
Cocal MF, M-FC broth,   Sample   *****   ******   ******   ******   ******	1 - Final Effluent	Permit	Report	Report	lbs/day	***	Report	Report	ma/l			
fecal MF, M-FC broth, meas.  1 - Final Effluent 31616 R reqnit.  2	00530 R	reqmt.	monthly average	daily maximum			monthly average	daily maximum	8/		wnen Discharging	Grab
1-Final Effluent Permit Report Permit Permit Report Permit	Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	**	***		* * * * * * * * * * * * * * * * * * * *						
Sample   Report   Report   Sample   Sample   Sample   Sample   Sample   Sample   Sample   Southly   Southly average   Sample	1 - Final Effluent	Permit	***	****		* * * * *	Report		cts/100 ml	<	Vhen Discharging	9
1 - Final Effluent permit 50050 R regmt.  1 - Final Effluent permit 70050 R regmt.  2 - **********************************	31616 R	reqmt.					monthly					
1 - Final Effluent Permit 50050 R reqmt. Sample meas. 1 - Final Effluent Port reqmt. 1 - Final Effluent Sample meas. 1 - Final Effluent Report monthly average meas. 1 - Final Effluent Report reqmt.		Sample				*****	2010			1		
1 - Final Effluent Fermit 50050 R reqmt. Report Found Frequent Found Fou		meas.				***	****	****				
F Discharge  Sample		_	Report	Report	MGD	**	* * * *	***		<	then Discharging	Popular
f Discharge    Sample   *****		⊢	monthly average	daily maximum								Recorded
1 - Final Effluent Permit 81381 R reqmt. report daily maximum report daily maximum report report daily maximum		Sample meas.	* * * *			***	* * * * * *	* * * * *		4		
81381 R reqmt. daily maximum		Permit	:	report	min/day	* * * *	***	* * * * * * *		5	then Discharging	
COMMENTS:		reqmt.		daily maximum							Suging Charles	Reading
	COMMENTS:									F		
					Ì							

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARK J. MOW SR. OFREAD TYPED OR PRINTED F PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT 25 - 65 - FB AREA | NUMBER Y|M|D 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: 3/1/2017

TO 3/31/2017

MONITORING POINT: 003 (N-11.2) (Q) Sta C

NO DISCHARGE:

Parameter							( (-a)	c) via c	1	O PISCHANGE.	7
		Quantity	Quantity or Loading	Units	Qua	Quality or Concentration	ation	Units	Z	Frequency of	Cample Tune
Riochemical Overson Domest		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	oumpic Type
(BOD5)	Sample meas.				**						
1 - Final Effluent	Permit	Report	Report	lbs/day	***	Report	Report	37			
00310 R	reqmt.	monthly average	daily maximum			monthly average	daily maximum	0/		wnen Discharging	Grab
Total Suspended Solids	Sample				**				1		
1 7:	meds.										
- 14 14 -	Permit	Report	Report	lbs/day	***	Report	Report	mg/l	~	Vhen Discharging	o d
00530 R	reqmt.	montnly average	daily maximum			monthly average	daily maximum	ģ	_	Anien Obendiging	GESO
Coliform, fecal MF, M-FC broth,	Sample	**	++++						ļ		
44.5 C	meas.		† † † †		** ** **						
1 - Final Effluent	Permit	:	**		***	Report	Report	cts/100 ml	<	The Discharge	)
31616 R	reqmt.					monthly	daily maximum		_	S. Constant	Giab
Flow	Sample					Reometric mean		ļ	ļ		
	meas.				****	****	****				
1 - Final Effluent 50050 R	Permit reqmt	Report monthly average	Report daily maximum	MGD	**	***	**		\$	When Discharging	Recorded
Duration of Discharge	Sample	**						L	Ļ		
	meas.	***************************************			***	****	****				
1 - Final Effluent 81381 R	Permit reqmt	* * * *	report daily maximum	min/day	***************************************	* * * *	***************************************		8	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 MARK A MountSR. OPPRESE TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NCIPAL EXECUTIVE word

222-84-4% TELEPHONE AREA | NUMBER Y|M|D DATE