

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
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 3/1/2017 TO 3/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Average	Maximum				
Temperature (C)	Sample meas.	*****	*****	*****	10.8	DEG.C	0	5X Weekly	Grab
	1 - Final Effluent 00010	Permit reqmt.	*****	*****	Report daily maximum				
Dissolved Oxygen	Sample meas.	*****	3.2	*****	8.5		0		
	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	8	mg/l	0	24-Hr Composite
	1 - Final Effluent 00310	Permit reqmt.	690 monthly average	1,380 daily maximum	30 monthly average	60 daily maximum	mg/l		Monthly
Biochemical Oxygen Demand (BOD5)	Sample meas.	1532	*****	*****	293	*****	0		
	G - Influent 00310	Permit reqmt.	report monthly average	*****	report monthly average	*****	mg/l		Monthly
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	39	*****	7	*****	0		
	W - See Comments 00310	Permit reqmt.	*****	1,035 weekly average	45 weekly average	*****	mg/l		Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GRIFFIN TEMPEL
 SR. OPERATOR

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

[Signature]

TELEPHONE

907.506.0393

DATE

1/7/17

AREA NUMBER

Y | M | D

TYPED OR PRINTED

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

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MONITORING PERIOD: 3/1/2017

TO 3/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Average				
pH	Sample meas.	*****	6.5	*****	7.1	0	5X Weekly	Grab
	Permit reqmt.	*****	6.5 minimum	*****	8.5 maximum	S.U.		
Total Suspended Solids	Sample meas.	31	55	*****	6	7	0	Monthly
	Permit reqmt.	690 monthly average	1,380 daily maximum	*****	30 monthly average	60 daily maximum		
Total Suspended Solids	Sample meas.	1465	*****	*****	283	*****	0	Monthly
	Permit reqmt.	report monthly average	*****	*****	report monthly average	*****		
Ammonia Nitrogen (as N)	Sample meas.	*****	55	*****	6	*****	0	Monthly
	Permit reqmt.	*****	1,035 weekly average	*****	45 weekly average	*****		
1 - Final Effluent 00610	Sample meas.	*****	*****	*****	2	2	0	Monthly
	Permit reqmt.	*****	*****	*****	14 monthly average	30 daily maximum		

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

S. Stoughtenger

[Signature]

907.586.0395

12/4/17

TYPED OR PRINTED

OFFICER OR AUTHORIZED AGENT

AREA | NUMBER

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

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 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING POINT: 001

MONITORING PERIOD: 3/1/2017 TO 3/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Maximum	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				Minimum	Average				
Ammonia Nitrogen (as N)	Sample meas. *****	*****		*****	2	*****	0		
W - See Comments 00610	Permit reqmt. *****				21 weekly average	*****		Monthly	24-Hr Composite
Copper Total Recoverable	Sample meas. *****	*****		*****	*****	NA	0		
1 - Final Effluent 01119	Permit reqmt. *****				Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow	Sample meas. 0.71	1.7		*****	*****	*****	0		
1 - Final Effluent 50050	Permit reqmt. 2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****		Continuous	Recorded
Enterococci	Sample meas. *****	*****		*****	*****	NA	0		
1 - Final Effluent 61211	Permit reqmt. *****				Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas. *****	*****		*****	3	25	0		
1 - Final Effluent 74055	Permit reqmt. *****				200 monthly geometric mean	800 daily maximum		Weekly	Grab

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

GRABAU TEMPEL
 SR. OPERATOR

907.588.0393

17/4/17

AREA NUMBER

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

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PERMIT NUMBER: AK0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 3/1/2017

TO 3/31/2017
 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	*****	*****	*****		*****	*****		0		
W - See Comments 74055	Permit reqmt.	*****	*****		*****	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		98	*****		0		
K - Percent Removal 81010	Permit reqmt.	*****	*****		85	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98	*****		0		
K - Percent Removal 81011	Permit reqmt.	*****	*****		85	*****	%		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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
SR. OPERATOR	907.526.0393	12/4/17
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		

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: 3/1/2017 TO 3/31/2017
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE:

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

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Mark J. Mow</i>	907-790-2525	4/1/17
TYPED OR PRINTED	AREA NUMBER	Y I M I 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 only gather and evaluate the information submitted. Based on my best knowledge and belief, the information submitted, the information submitted is 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		

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

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 3/1/2017

TO 3/31/2017

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

NO DISCHARGE:

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

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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 its operation, 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.		TELEPHONE	DATE
MARK S. MOW / SR. OPERATOR			207-750-2025	4/1/17
TYPED OR PRINTED			AREA NUMBER	Y M D

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 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801
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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	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type		
			Average	Maximum	Minimum						
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	Sample meas.	Permit reqmt.	*****	*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
Flow	1 - Final Effluent 50050 R	Sample meas.	Permit reqmt.	Report monthly average	MGD	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 R	Sample meas.	Permit reqmt.	Report daily maximum	min/day	*****	*****	*****		When Discharging	Instantaneous Reading
COMMENTS:											

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MARK X. MAWSE, OPERATOR TYPED OR PRINTED	Signature of Principal Executive Officer Mark X. Mowse OFFICER OR AUTHORIZED AGENT
TELEPHONE	DATE
907-720-2225	4/1/17
AREA NUMBER	Y M D