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

LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213

MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

MONITORING PERIOD: 5/1/2017

TO NO DISCHARGE: 5/31/2017

(BOD5) (BOD5) **Biochemical Oxygen Demand Biochemical Oxygen Demand** Dissolved Oxygen (BOD5) Biochemical Oxygen Demand Parameter Temperature (C) OUTFALL / MONITORING POINT: 001 W - See Comments 1 - Final Effluent Final Effluent 1 - Final Effluent G - Influent 00310 00300 00010 00310 00310 Permit Permit Sample Permit Sample reqmt. Sample Sample reqmt. Sample reqmt Permit Permit reqmt. reqmt. meas. meas. meas. monthly average monthly average ***** Average ***** ***** 2583 **** ***** report Quantity or Loading 90 690 weekly average daily maximum Maximum ***** ***** ***** 1,035 170 ***** 1,380 ***** 287 lbs/day lbs/day lbs/day Units daily minimum Minimum ***** ***** **** ***** ***** ***** ω ω 2.0 **Quality or Concentration** monthly average monthly average weekly average ***** ***** Average 360 ***** ***** report 22 12 45 30 daily maximum daily maximum daily maximum Maximum ***** ***** Report ***** 16.4 6.6 37 8 17 Units DEG.C mg/l mg/l mg/l mg/l Ex. 0 0 0 0 0 Frequency of 5X Weekly 5X Weekly Analysis Monthly Monthly Monthly 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type Grab Grab

SENICA STRATER TYPED OR PRINTED

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

R AUTHORIZED AGENT	OF NEWSCIPAL EXECUTIVE	/
AREA NUMBER		1650°65548

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AREA NUMBER	% F. S&L C395
AIWID	17/6/13

TELEPHONE

DATE

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Road

PERMIT NUMBER: AK0023213

Juneau, AK 99801

MONITORING PERIOD: 5/1/2017

LOCATION: 1540 Thane Rd

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

TO 5/31/2017

							1107/2/0			1107/101/	
OUTFALL / MONITORING POINT: 001	001								 -	NO DISCHARGE:	
Parameter		Quantity o	Quantity or Loading	Units	Quality	ity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	1
рH	Sample meas.	* * * * *	** ** **		7.1	* * * *	7.6		0		
1 - Final Effluent 00400	Permit reqmt.	* * * *	* * * *		6.5 minimum	****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	67	145		* * * * *	9	14		0		
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.	1931	* * * * *		* * * * *	269	* * * * *		0		
G - Influent 00530	Permit reqmt	report monthly average	* * * * *	lbs/day	**	report monthly average	** ** **	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	* * * *	109		* * * * *	12	* * * * *		0		
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.	* * * *	* * * *		* * * * *	11	11		0		
1 - Final Effluent Permit 00610 reqmt.	Permit reqmt.	*****	* * *		**	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite
							7				

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ED	SENIEL OPERATOR	7	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were repared under my direction or supervision in accordance with a system esigned to assure that qualified personnel properly gather and evaluate athering the information, the information submitted is, to the best of my information submitted. Based on my inquiry of the person or persons

SIGNATURE OF PRINCHAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA | NUMBER GIWIA TELEPHONE

DATE

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

MAILING ADDRESS: 2009 Radcliffe Road Juneau, AK 99801 LOCATION: 1540 Thane Rd

PERMIT NUMBER: AK0023213

Juneau, AK 99801

Units Quality or Concentration Units No. Frequency of Sample Type
Quality or Concentration Units No. Frequency of Minimum Average Maximum Units No. Frequency of ******* 11 ******** 0 ******** 21 ******** mg/l Monthly ******** ******** 0 0 ******** Quarterly ******* ******** 0 Continuous
Quantity or Loading Units Quality or Concentration Units Quality or Concentration Units No. Frequency of Ex. Analysis ******* ******* ******* 11 ******* 0 Frequency of Ex. Analysis ******* ******* 11 ******* 0 Monthly ******* ******* ******* 0 Monthly ******* ******* ******* Report daily maximum 0 Quarterly 0.83 1.6 ******* ******* ******* 0 Quarterly 0.83 1.6 ******* ******* ******* 0 Quarterly ******* 4****** ******* ******* 0 Gontinuous ******* ******* ******* 1 0 Gentinuous
Units Quality or Concentration Units No. Frequency of
Quality or Concentration
Average Maximum 11
Units No. Frequency of Ex. Analysis ** mg/l O Monthly t ug/l O Quarterly num Cts/100 ml See Permit Requirements cts/100 ml Cts/100 ml Weekly num Cts/100 ml Weekly
wo DISCHARGE: Units No. Frequency of Ex. Analysis
NO DISCHARGE: No. Frequency of Ex. Analysis O Monthly Quarterly Continuous Continuous Weekly Weekly
NO DISCHARGE: D. Frequency of Analysis Monthly Monthly Quarterly Quarterly See Permit Requirements Weekly
Sample Type 24-Hr Composite 24-Hr Composite Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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pathening 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 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

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TELEPHONE

DATE

OFFICER OR AUTHORIZED AGENT

AREA | NUMBER

Y M D

who manage the system, or those persons directly responsible for

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: 5/1/2017

TO 5/31/2017 NO DISCHARGE:

THE RESIDENCE OF THE PARTY OF T									_	NO DISCHARGE:	
Parameter	T.	Quantity o	Quantity or Loading	Units	Quali	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.		
Fecal Coliform	Sample meas.	* * * *	* * * *		* * * * *	74	* * * * *		0		
W - See Comments 74055	ments permit 74055 reqmt.	* * * *	* * * * *		*****	400 weekly average	**	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	* * * * *	* * * * *		97	* * * *	* * * * *		0		
K - Percent Removal Permit 81010 reqmt.	Permit reqmt	***************************************	* * * * *		85 minimum percent removal	* * * * *	** ** ** **	%		Monthly	Calculation
Total Suspended Solids Minimum Sample % Removal meas.	Sample meas.	* * * * *	* * * *		97	* * * * *	** ** ** **		0		
K - Percent Removal Permit 81011 reqmt	Permit reqmt	* * * * *	* * * *		85 minimum percent removal	* * * *	** ** ** **	%		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.

GIWIA	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
1/4/1/	107.20.00	SONATURE OF PRINCIPAL EXECUTIVE	of my	SENICL CHEINTER
7//-//=	21/1/12 2511-10 200	1 Mas 2	designed to assure that quartied personnel properly gather and evaluate the information submittled. Based on my inquiry of the persons or persons who manage the system or those persons directly reconsists for	Jim WESTCOTT
		1/4/1	prepared under my direction or supervision in accordance with a system	/ /
DATE	TEI EPHONE	1 / /	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
		//		
	\	`		

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

To

MONITORING PERIOD: 5/1/2017 MONITORING POINT: 003 (N11.2) (Q) Sta C 5/31/2017 NO DISCHARGE:

										I	
											COMMENTS:
Ü								,		reqmt.	81381 R
Instantaneous	When Discharging			*****	!	:	min/day	report	!	Permit	1 - Final Effluent
										meas.	
				****	****	****			****	Sample	Duration of Discharge
								daily maximum	monthly average	reqmt.	50050 R
Recorded	When Discharging			****	***	****	MGD	Report	Report	Permit	1 - Final Effluent Permit
				****	****	* * * *				meas.	Flow
		I	Ī		illedii						
				daily maximum	monthly geometric					reqmt.	31616 R
Grab	When Discharging		cts/100 ml		Report	****		****	:	Permit	1 - Final Effluent
										meas.	44.5 C
						* * *		***	***	Sample	Coliform, fecal MF, M-FC broth,
				dally maximum	montniy average			daliy maximum	monuniy average	reqmt.	00530 R
Grab	When Discharging		mg/l	Report	Report	***	lbs/day	Report	Report	Permit	1 - Final Effluent
										meas.	
						***				Sample	Total Suspended Solids
				daliy maximum	montnly average			dally maximum	monthly average	reqmt.	00310 R
Grab	When Discharging		mg/l	Report	Report	:	lbs/day	Report	Report	Permit	1 - Final Effluent
										meas.	(BOD5)
						****				Sample	Biochemical Oxygen Demand
	Analysis	Ex.		Maximum	Average	Minimum		Maximum	Average		
Sample Type	Frequency of	No.	Units	ation	Quality or Concentration	Qua	Units	Quantity or Loading	Quantity o		Parameter

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Attach an explanation of any violations. Reference all attachments below.

į	_	_						-	_
	TYPED OR PRINTED		Operator		Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE
	mproduition, 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	May I mons.	Jane Janes				
	AREA/NUMBER YY/MM/DD			907 586-0393 5/3///					TELEPHONE
	YY/MM/DD			5/3//1	1/2/2				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: 5/1/2017 MONITORING POINT: 004 (N15.1) R DOUGLAS

TO 5/31/2017 NO DISCHARGE:

											COMMENTS:
ő								1		reqmt.	81381 R
Instantaneous Reading	When Discharging			!		****	min/day	report	**	Permit	1 - Final Effluent
				3 3 3 3 3 3	***************************************	***************************************			***************************************	meas.	
				****	*****	*****			*****	Sample	Duration of Discharge
Recorded	When Discharging				****		MGD	Report daily maximum	Report monthly average	Permit reqmt.	1 - Final Effluent Permit 50050 R reqmt
				****	****	***				Sample meas.	Flow
					mean					reqmt.	31616 K
Grab	When Discharging		cts/100 ml	Report daily maximum	Report monthly geometric	****	****	**	***	Permit	
										meas.	44.5 C
						* * * * *		***	***	Sample	Coliform, fecal MF, M-FC broth,
				daily maximum	montniy average			daily maximum	monthly average	reqmt.	00530 R
Grab	When Discharging		mg/l	Report	Report	***	lbs/day	Report	Report	Permit	1 - Final Effluent
										meas.	
						****				Sample	Total Suspended Solids
				daily maximum	montnly average			dally maximum	montnly average	reqmt.	00310 R
Grab	When Discharging		mg/l	Report	Report		lbs/day	Report	Report	Permit	1 - Final Effluent
										meas.	(BOD5)
						***				Sample	Biochemical Oxygen Demand
	Analysis	Ex.		Maximum	Average	Minimum		Maximum	Average		
Sample Type	Frequency of	No.	Units	ation	Quality or Concentration	Qua	Units	or Loading	Quantity or Loading		Parameter

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.

Г	1						_		
	TYPED OR PRINTED		Operator		Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE
	miphisonnient 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
ľ	ALITHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	1	Show I July	Jn . 1			
	AREA/NUMBER YY/MM/DD			907 586-0393					TELEPHONE
	YY/MM/DD		3	0/4///	5/2/3				DATE

CONTACT NAME: Mark Mow

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 155 S. Seward Street Juneau, AK 99801 LOCATION: 1540 Thane Rd Juneau, AK 99801

MONITORING PERIOD: 5/1/2017

44.5 C Flow Biochemical Oxygen Demand Coliform, fecal MF, M-FC broth, Parameter Total Suspended Solids 1 - Final Effluent PERMIT NUMBER: AK0023213 1 - Final Effluent 1 - Final Effluent 31616 R 00530 R 00310 R Permit Sample reqmt. Permit Sample Sample meas. reqmt Permit Sample reqmt meas. meas. monthly average monthly average Average ***** Report Report į Quantity or Loading Report daily maximum daily maximum Maximum ***** Report ***** Units lbs/day lbs/day Minimum *** ***** ***** ***** : **** ***** MONITORING PERIOD: 5/1/2017 MONITORING POINT: 002 (N-11) (P) STA AE **Quality or Concentration** nonthly geometric monthly average monthly average Average **** Report Report Report Report daily maximum Report daily maximum daily maximum Maximum **** Report cts/100 ml Units mg/l mg/l To Ex. NO DISCHARGE: 5/31/2017 When Discharging When Discharging When Discharging Frequency of **Analysis** Sample Type Grab Grab Grab

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Duration of Discharge

1 - Final Effluent

81381 R

Permit reqmt.

1 - Final Effluent

Permit

meas.

reqmt.

monthly average

daily maximum

Report

MGD

:

* * *

When Discharging

Recorded

Report

Sample meas.

i

report daily maximum

min/day

When Discharging

Instantaneous

Reading

COMMENTS:

TYPED OR PRINTED	Mark Mow/Wastewater Collections SR. Operator							NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	
mpracominent for Miowing 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	Attach an explanation of any violations. Reference all attachments below
AUTHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	111000 4.111000						below.
AREA/NUMBER YY/MM/DD		907 586-0393 \$/31/17						TELEPHONE	
YY/MM/DD		,	5/3///7	- 1 - 1 -				DATE	