FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213
OUTFALL / MONITORING POINT: 001

MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

CONTACT NAME: Samantha Stoughtenger

MONITORING PERIOD: 6/1/2017

6/30/2017 NO DISCHARGE:

TO

(BOD5) Dissolved Oxygen Parameter **Biochemical Oxygen Demand Biochemical Oxygen Demand** Biochemical Oxygen Demand Temperature (C) (BOD5) (BOD5) W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent G - Influent 00010 00310 00300 00310Permit Sample Sample Permit Sample Permit Sample reqmt. Sample Permit reqmt. reqmt. Permit reqmt. meas. meas. meas. monthly average monthly average \*\*\*\* Average \*\*\*\*\* 2990 \*\*\*\*\* report Quantity or Loading 94 690 weekly average daily maximum Maximum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1,035 359 \*\*\*\* 205 1,380 lbs/day lbs/day lbs/day Units daily minimum Minimum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 3.5 Quality or Concentration monthly average monthly average weekly average \*\*\*\*\* Average \*\*\*\*\* report 410 25 12 45 30 daily maximum daily maximum daily maximum Maximum \*\*\*\*\* \*\*\*\*\* 17.0 Report \*\*\*\*\* 5.4 43 60 17 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 Sample Type 24-Hr Composite 24-Hr Composite 24-Hr Composite Grab Grab

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 befief, true, accurate, and complete. I am aware that there are significant penalties for submitting take information, including the

SIGNATURE OF PRINCIPAL EXECUTIVE AREA
OFFICER OR AUTHORIZED AGENT AREA

TELEPHONE DATE

AREA I NUMBER Y I M I D

MAILING ADDRESS: 2009 Radcliffe Road CONTACT NAME: Samantha Stoughtenger FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

OUTFALL / MONITORING POINT: 001 PERMIT NUMBER: AK0023213

Juneau, AK 99801

MONITORING PERIOD: 6/1/2017

Juneau, AK 99801

NO DISCHARGE: 6/30/2017

TO

Parameter		Quantity or Loading	r Loading	Units	Qual	Quality or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	,
рн	Sample meas.	* * * *	* * * * *		7.2	* * * * *	7.5		0		
1 - Final Effluent 00400	Permit reqmt.	* * * * *	* * * * *		6.5 minimum	* * * *	8,5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	81	368		** ** ** **	11	44		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.	1877	* * * *		* * * *	260	* * * * *		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.	* * * * *	200		****	24	* * * *		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.	* * * *	* * * *		* * * *	18	18		0		
1 - Final Effluent 00610	Permit reqmt	****	**		****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

TYPED OR PRINTED	Senice efforts	WAVIET IT LE PRINCIPAL EXECUTIVE OFFICER
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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 designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons prepared under my direction or supervision in accordance with a system I certify under penalty of law that this document and all attachments were

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1	TELEPHONE	DATE
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AGENT	AREA   NUMBER	GIWIA

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 6/1/2017

OT 6/30/2017

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OUTFALL / MONITORING POINT: 001	001					ا ا				יט הופכוו אחרה.	
COLLABB / FIGURE CHIEF CHIEF.	] 5								,	NO DISCHARGE:	
Parameter		Quantity	Quantity or Loading	Units	Quality	ity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Ammonia Nitrogen (as N)	Sample meas.	* * * *	* * * *		****	18	* * * * * * * * * * * * * * * * * * *		0		
W - See Comments 00610	Permit reqmt	****	* * * *		** ** ** **	21 weekiy average	** ** ** **	mg/l		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.	0.82	1.1		* * * * *	* * * * *	* * * * *		0		
1 - Final Effluent 50050	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	****	****	**			Continuous	Recorded
Enterococci	Sample meas.	****	* * *		* * * * *	* * * * *	1		0		
1 - Final Effluent 61211	Permit reqmt.	*****	** ** ** **		***	** ** **	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	****	***		* * * * *	ω	16		0		
1 - Final Effluent 74055	Permit reqmt.	**	**		* * * * * * * * * * * * * * * * * * *	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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 gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that then certify under penalty of law that this document and all attachments were who manage the system, or those persons directly responsible for

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

	m _	
AREA   NUMBER	H. BC 193	TELEPHONE
Alwid	17/7/12	DATE

CONTACT NAME: Samantha Stoughtenger LOCATION: 1540 Thane Rd FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Road Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 6/1/2017

Juneau, AK 99801

TO

	Analysis	Ex.		Maximum	Average	Minimum		Maximum	Average		
Sample Ty	No. Frequency of	No.	Units	ation	lity or Concentration	Qual	Units	or Loading	Quantity		Parameter
	NO DISCHARGE:									001	OUTFALL / MONITORING POINT: 001

						removal				81011 reqmt	81011
Calculation	Monthly		%	***	****	. 85		****	****	Permit	K - Percent Removal Permit
		0		* * * * *	* * * *	96		* * * * *	* * * * *	Sample meas.	% Removal meas.
						removal				81010 reqmt.	81010
Calculation	Monthly		%	* * * *	* * * *	85		**	**	Permit	K - Percent Removal Permit
		0		* * * *	* * * * *	97		* * * * *	* * * *	Sample meas.	BOD5 Minimum % Removal
					weekly average					74055 reqmt.	74055
Grab	Weekly		cts/100 ml	* * * *	400	* * * * * *		****	***	Dom:+	W - See Comments
		0		** ** **	16	* * * *		* * * * *	* * * *	Sample meas.	Fecal Coliform
	Analysis	Ex.		Maximum	Average	Minimum		Maximum	Average		
Sample Type	Frequency of Sample Type	No.	Units	ation	<b>Quality or Concentration</b>	Quali	Units	Quantity or Loading	Quantity of		Parameter

### 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 TYPED OR PRINTED gathering the information, the information submitted is, to the best of my 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE

907.586.0383 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: 6/1/2017 MONITORING POINT: 004 (N15.1) (R)Douglas

6/30/2017 NO DISCHARGE:

Parameter		Quantity or Loading	r Loading	Units	Qual	<b>Quality or Concentration</b>	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand	Sample				***						
(BOD5)	meas.										
1 - Final Effluent	Permit	Report	Report	lbs/day	***	Report	Report	mg/l		When Discharging	Grab
00310 R	reqmt.	monthly average	dally maximum			monthly average	daily maximum				
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				
Coliform, fecal MF, M-FC broth,	Sample	****	****		****						
44.5 C	meas.										
1 - Final Effluent	Permit	***	****			Report	Report	cts/100 ml		When Discharging	Grab
31616 R	reqmt					monthly geometric mean	daily maximum				
Flow	Sample meas.				***	* * * *	* * * *				
1 - Final Effluent Permit	Permit	Report	Report	MGD	**************************************	***	***			When Discharging	Recorded
50050 R	reqmt.	monuny average	dally maximum								
Duration of Discharge	Sample meas.	***			* * * * * *	* * * *	***				
1 - Final Effluent Permit	Permit	***	report	min/day	I	***	***			When Discharging	Instantaneous
81381 R reqmt.	reqmt.		adily indexing								Ne de ciril
COMMENTS:											
								I	I		

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

TYPED OR PRINTED	penalties for submitting	belief, true, accurate, an		Mark Mow/Wastewater Collections SR.   manage the system, or t	information submitted. I	designed to assure that	prepared under my direc	NAME/ ITLE PRINCIPLE EXECUTIVE OFFICE To certify under penalty of law that this document and all attachments were
ing violations.	penalties for submitting talse 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	or law that this document and all attachments were
AUTHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	Mira y mou	70000				
AREA/NUMBER YY/MM/DD			907 586-0393	E				TELEPHONE
YY/MM/DD			11201	1/3/2				DATE

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Mark Mow LOCATION: 1540 Thane Rd FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

Juneau, AK 99801 Juneau, AK 99801

PERMIT NUMBER: AK0023213 MONITORING PERIOD: 6/1/2017 MONITORING POINT: 002 (N-11) (P) Sta AE To NO DISCHARGE: 6/30/2017

Parameter		Quantity or Loading	r Loading	Units	Qual	<b>Quality or Concentration</b>	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand	Sample				****						
(BOD5)	meas.										
1 - Final Effluent	Permit	Report	Report	lbs/day	******	Report	Report	mg/l		When Discharging	Grab
00310 R	reqmt	monthly average	daily maximum			monthly average	daily maximum				
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	daliy maximum			monthly average	daily maximum				
Coliform, fecal MF, M-FC broth,	Sample	****	*****		****						
44.5 C	meas.										
1 - Final Effluent	Permit	**	****		******	Report	Report	cts/100 ml		When Discharging	Grab
31616 R	reqmt					monthly geometric	daily maximum				
Flow	Sample meas.				***	* * *	# # # *				
	Permit	Report monthly average	Report	MGD		:	**			When Discharging	Recorded
50050 R	ттрат								L		
Duration of Discharge	Sample meas.	* * * *			***	****	* * * * *				
1 - Final Effluent	Permit	***	report	min/day	**	****	* *			When Discharging	Instantaneous
81381 R	reqmt		daily maximum								N. COURT
COMMENTS:											
											l e

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

Mark Mow/Wastewater Collections SR. NAME/TITLE PRINCIPLE EXECUTIVE OFFICE Operator manage the system, or those persons directly responsible for gathering the  $oxed{\mid}$ I certify under penalty of law that this document and all attachments were penalties for submitting false information, including the possibility of fine a belief, true, accurate, and complete. I am aware that there are significant information, the information submitted is, to the best of my knowledge an information submitted. Based on my inquiry of the person or persons who designed to assure that qualified personnel properly gather and evaluated prepared under my direction or supervision in accordance with a system

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imprisonment for knowing violations.

ı		IELEPHONE	DATE
the	J 0 2		7/3/17
<u>ā</u> 0	March Mon	907 586-0393	
-	SIGNATURE OF PRINCIPAL		
and	EXECUTIVE OFFICER OR		
	AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Mark Mow

PERMIT NUMBER: AKOO23213 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

TO 6/30/2017

MONITORING PERIOD: 6/1/2017 MONITORING POINT: 003 (N11.2) (Q) Sta C

NO DISCHARGE:

Duration of Discharge Flow COMMENTS: Coliform, fecal MF, M-FC broth, Total Suspended Solids Biochemical Oxygen Demand Parameter 1 - Final Effluent 31616 R 81381 R 50050 R 00530 R 00310 R Permit Permit reqmt. Permit Sample Permit reqmt. Permit Sample reqmt. reqmt. reqmt Sample Sample meas. meas. Sample meas. meas. meas. monthly average monthly average monthly average \*\*\*\*\* Average \*\*\*\*\* Report Report \*\*\*\*\* \*\*\*\*\* Report **Quantity or Loading** daily maximum daily maximum daily maximum daily maximum Maximum \*\*\*\* report Report Report Report \*\*\* min/day lbs/day lbs/day Units MGD Minimum \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* . \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* **Quality or Concentration** nonthly geometric monthly average monthly average Average \*\*\*\* \*\*\*\* Report \*\*\*\* Report Report : daily maximum daily maximum daily maximum Maximum \*\*\*\*\* \*\*\*\*\* \*\*\*\* Report Report Report cts/100 ml Units mg/l ng/l Ex. When Discharging When Discharging When Discharging When Discharging When Discharging Frequency of Analysis Sámple Type Instantaneous Recorded Reading Grab Grab Grab

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617

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TYPED OR PRINTED		Operator		Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	
and a solution of a solution o	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   certify under penalty of law that this document and all attachments were	Attach an explanation of any violations. Reference all attachments below.
	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	111.	The way					below.
AREA/NUMBER			907 586-0393					TELEPHONE	
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e and	EXECUTIVE OFFICER OR		
	AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD