

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

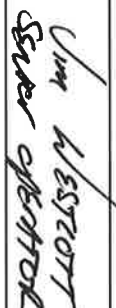
PERMIT NUMBER: AK0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 6/1/2017

TO 6/30/2017

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				
Temperature (C)	Sample meas.	*****	*****		*****	*****	17.0	DEG.C	0	5X Weekly	Grab
		*****	*****								
Dissolved Oxygen	Sample meas.	*****	*****		3.5	*****	5.4	mg/l	0	5X Weekly	Grab
		*****	*****								
Biochemical Oxygen Demand (BOD5)	Sample meas.	94	359	lbs/day	*****	*****	43	mg/l	0	Monthly	24-Hr Composite
		690	1,380								
Biochemical Oxygen Demand (BOD5)	Sample meas.	2990	*****	lbs/day	*****	*****	410	mg/l	0	Monthly	24-Hr Composite
		report monthly average	*****								
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	205	lbs/day	*****	*****	25	mg/l	0	Monthly	24-Hr Composite
		*****	1,035								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Jim Westcott Senior Operator	TELEPHONE 907.586.0393
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.	DATE 17/7/12
OFFICER OR AUTHORIZED AGENT	AREA NUMBER Y M D

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PERMIT NUMBER: AK0023213
 MONITORING POINT: 001

MONITORING PERIOD: 6/1/2017 TO 6/30/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Maximum	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				Minimum	Average				
pH	Sample meas.	*****		7.2	*****	7.5	0		
	*****	*****		6.5 minimum	*****	8.5 maximum		5X Weekly	Grab
Total Suspended Solids	1 - Final Effluent	81	368		*****	11	44	0	
	Sample meas.	81	368		*****	11	44	0	
Total Suspended Solids	1 - Final Effluent	690	1,380		*****	30	60	0	
	Sample meas.	1877	*****		*****	260	*****	0	
Total Suspended Solids	G - Influent	report	*****		*****	report	*****	0	
	Permit reqmt.	monthly average	*****	lbs/day	*****	monthly average	*****	Monthly	24-Hr Composite
Total Suspended Solids	W - See Comments	*****	200		*****	24	*****	0	
	Sample meas.	*****	200		*****	24	*****	0	
Ammonia Nitrogen (as N)	1,035	1,035	lbs/day	*****	45	*****	*****	0	
	Permit reqmt.	weekly average	*****	*****	weekly average	*****	*****	Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	1 - Final Effluent	*****	*****		*****	18	18	0	
	Sample meas.	*****	*****		*****	18	18	0	
Ammonia Nitrogen (as N)	1 - Final Effluent	*****	*****		*****	14	30	0	
	Permit reqmt.	*****	*****		*****	14	30	0	

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Jan Westcott Senior Operator			907.586.0393	17/7/12
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT		AREA NUMBER	Y M D

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 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 6/1/2017

TO 6/30/2017

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	18	*****	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	*****	21 weekly average	*****			
W - See Comments 00610	Sample meas.	*****	*****	*****	NA	*****	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	*****	Report daily maximum	*****			
Copper Total Recoverable	Sample meas.	*****	*****	*****	NA	*****	0	Quarterly	24-Hr Composite
	Permit reqmt.	*****	*****	*****	Report daily maximum	*****			
Flow	Sample meas.	0.82	1.1	*****	*****	*****	0	Continuous	Recorded
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	*****	*****	*****			
Enterococci	Sample meas.	*****	*****	*****	1	*****	0	See Permit Requirements	Grab
	Permit reqmt.	*****	*****	*****	Report daily maximum	*****			
Fecal Coliform	Sample meas.	*****	*****	*****	3	16	0	Weekly	Grab
	Permit reqmt.	*****	*****	*****	200 monthly geometric mean	800 daily maximum			

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<i>Jim Westcott</i> Senior Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907. 86 4993	17/7/12
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 6/1/2017


TO 6/30/2017

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	W - See Comments 74055	*****	*****		*****	*****	cts/100 ml	0	Weekly	Grab
		Permit reqmt.	*****		*****	Permit reqmt.				
BOD5 Minimum % Removal	K - Percent Removal 81010	*****	*****		97	*****	%	0	Monthly	Calculation
		Sample meas.	*****		*****	85				
Total Suspended Solids Minimum % Removal	K - Percent Removal 81011	*****	*****		96	*****	%	0	Monthly	Calculation
		Sample meas.	*****		*****	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
<i>Jim Westcott</i>	907.586.5393
TYPED OR PRINTED	DATE
<i>Senior Operator</i>	17/7/12
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
 PERMIT NUMBER: AK0023213

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

MONITORING PERIOD: 6/1/2017 TO 6/30/2017
 MONITORING POINT: 004 (N15.1) (R)Douglas NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type					
			Average	Maximum					Average	Maximum			
Biochemical Oxygen Demand (BOD5)	Sample meas. 1 - Final Effluent 00310 R	Report monthly average	Report monthly average	Report daily maximum	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	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	Sample meas. 1 - Final Effluent 31616 R	*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging				When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****		When Discharging				When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 R	*****	Report daily maximum	min/day	*****	*****		When Discharging				When Discharging	Instantaneous Reading
COMMENTS:													

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Mark Mow/Wastewater Collections SR. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		907 586-0393	7/13/17
TYPED OR PRINTED			AREA/NUMBER	YY/MM/DD

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: 6/1/2017 TO 6/30/2017
 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 Permit reqmt. 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 Permit reqmt. 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 Permit reqmt. *****	cts/100 ml	*****	*****	Report monthly geometric mean	Report daily maximum		When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 R Permit reqmt. Report monthly average	MGD	*****	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 R Permit reqmt. *****	report daily maximum	*****	*****	*****	*****		When Discharging	Instantaneous Reading
COMMENTS:									

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Mark Mow/Wastewater Collections SR. Operator				907 586-0393	7/3/17
TYPED OR PRINTED			AREA/NUMBER		yy/mm/dd

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 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

MONITORING PERIOD: 6/1/2017 TO 6/30/2017
 MONITORING POINT: 003 (N11.2) (Q) Sta C 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 Report daily maximum	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 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	Sample meas. 1 - Final Effluent 31616 R	***** Report monthly average	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab	
Flow	Sample meas. 1 - Final Effluent 50050 R	Report monthly average Report daily maximum	MGD	***** *****	***** *****	When Discharging	Recorded	
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 R	Report monthly average Report daily maximum	min/day	***** *****	***** *****	When Discharging	Instantaneous Reading	
COMMENTS:								

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NAME/TITLE PRINCIPLE EXECUTIVE OFFICE Mark Mow/Wastewater Collections SR. Operator 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 evaluated 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 	TELEPHONE 907 586-0393 DATE 7/31/17