

JD WWT JULY DMR 2017

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User: CBJWASTEWATER, Permittee User



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Signing Process Confirmation - CDX Activity ID: _6e732183-dec1-4e2a-8d0c-421f64f80541

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>	<u>View Copy of Submission</u>
AK0023213	JUNEAU, CITY AND BOROUGH OF	001	001-A	(no description)	07/31/17	08/15/17	

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Edit DMR

Collapse Header

Permit

Permit ID: AK0023213
Permittee: JUNEAU, CITY AND BOROUGH OF
Facility: JUNEAU, CITY AND BOROUGH OF
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 5433 SHAUNE DRIVE
 JUNEAU, AK 99801
Facility Location: 1540 THANE ROAD
 JUNEAU, AK 99801
Discharge: A - (no description)

Report Dates & Status

Monitoring Period: From 07/01/17 to 07/31/17
Status: **NetDMR Validated**

DMR Due Date: 08/15/17

Principal Executive Officer

First Name:
Title:


Last Name:
Telephone:


No Data Indicator (NODI)

Form NODI:

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl Type	
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00010	Temperature, water deg. centigrade	<input type="checkbox"/>						<input type="text" value="17.3"/>	<input type="text" value="deg C"/>	<input type="text" value="0"/>	<input type="text" value="05/WK"/>	<input type="text" value="GR"/>
1 - Effluent Gross		Smpl.										
Season: 0		Req					Req Mon Daily Maximum	Degrees Centigrade		Five Per Week		GRAB
NODI	<input type="text"/>	NODI					<input type="text"/>					

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00300	Oxygen, dissolved [DO]				=		=	mg/L	0	05/WK	GR
1 - Effluent Gross											
Season: 0		Req.			>= 2 Daily Minimum		<= 17 Daily Maximum	Milligrams per Liter		Five Per Week	GRAB
NODI:		NODI									
00310	BOD, 5-day, 20 deg. C		=	=	lb/d	=	=	mg/L	1	01/30	24
1 - Effluent Gross											
Season: 0		Req.	<= 690 Monthly Average	<= 1380 Daily Maximum	Pounds per Day	<= 30 Monthly Average	<= 60 Daily Maximum	Milligrams per Liter		Monthly	COMP24
NODI:		NODI									
00310	BOD, 5-day, 20 deg. C		=		lb/d	=		mg/L	0	01/30	24
G - Raw Sewage Influent											
Season: 0		Req.	Req Mon Monthly Average		Pounds per Day	Req Mon Monthly Average		Milligrams per Liter		Monthly	COMP24
NODI:		NODI									
00310	BOD, 5-day, 20 deg. C		=		lb/d	=		mg/L	0	01/30	24
W - See Comments											
Season: 0		Req.	<= 1035 Weekly Average		Pounds per Day	<= 45 Weekly Average		Milligrams per Liter		Monthly	COMP24
NODI:		NODI									
00400	pH				=		=	SU	0	05/WK	GR
1 - Effluent Gross											
Season: 0		Req.			>= 6.5 Minimum		<= 8.5 Maximum	Standard Units		Five Per Week	GRAB
NODI:		NODI									

Parameter Code  Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00530 Solids, total suspended		<input type="text" value="333"/>	<input type="text" value="2496"/>	<input type="text" value="lb/d"/>	<input type="text" value="32"/>	<input type="text" value="232"/>	<input type="text" value="mg/L"/>	<input type="text" value="3"/>	<input type="text" value="01/30"/>	<input type="text" value="24"/>
1 - Effluent Gross										
Season: 0	Req.	<= 690 Monthly Average	<= 1380 Daily Maximum	Pounds per Day	<= 30 Monthly Average	<= 60 Daily Maximum	Milligrams per Liter		Monthly	COMP24
NODI: <input type="text"/>	NODI	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
00530 Solids, total suspended		<input type="text" value="1777"/>		<input type="text" value="lb/d"/>	<input type="text" value="212"/>		<input type="text" value="mg/L"/>	<input type="text" value="0"/>	<input type="text" value="01/30"/>	<input type="text" value="24"/>
G - Raw Sewage Influent										
Season: 0	Req.	Req Mon Monthly Average		Pounds per Day	Req Mon Monthly Average		Milligrams per Liter		Monthly	COMP24
NODI: <input type="text"/>	NODI	<input type="text"/>			<input type="text"/>					
00530 Solids, total suspended		<input type="text" value="895"/>		<input type="text" value="lb/d"/>	<input type="text" value="85"/>		<input type="text" value="mg/L"/>	<input type="text" value="1"/>	<input type="text" value="01/30"/>	<input type="text" value="24"/>
W - See Comments										
Season: 0	Req.	<= 1035 Weekly Average		Pounds per Day	<= 45 Weekly Average		Milligrams per Liter		Monthly	COMP24
NODI: <input type="text"/>	NODI	<input type="text"/>			<input type="text"/>					
00610 Nitrogen, ammonia total [as N]					<input type="text" value="17"/>	<input type="text" value="17"/>	<input type="text" value="mg/L"/>	<input type="text" value="1"/>	<input type="text" value="01/30"/>	<input type="text" value="24"/>
1 - Effluent Gross										
Season: 0	Req.				<= 14 Monthly Average	<= 30 Daily Maximum	Milligrams per Liter		Monthly	COMP24
NODI: <input type="text"/>	NODI				<input type="text"/>	<input type="text"/>				

Parameter Code  Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00610 Nitrogen, ammonia total [as N]	Smpl.				= 17		mg/L	0	01/30	24
W - See Comments										
Season: 0	Req.				<= 21 Weekly Average		Milligrams per Liter		Monthly	COMP24
NODI: <input type="text"/>	NODI				<input type="text"/>					
50050 Flow, in conduit or thru treatment plant	Smpl.	= 1.03	= 1.7	MGD				0	99/99	RC
1 - Effluent Gross										
Season: 0	Req.	<= 2.76 Monthly Average	<= 6 Daily Maximum	Million Gallons per Day					Continuous	Recorder (auto)
NODI: <input type="text"/>	NODI	<input type="text"/>	<input type="text"/>							
61211 Enterococci	Smpl.				= 20		#/100mL	0	09/99	GR
1 - Effluent Gross										
Season: 0	Req.				Req Mon Daily Maximum		Number per 100 Milliliters		See Permit	GRAB
NODI: <input type="text"/>	NODI				<input type="text"/>					
74055 Coliform, fecal general	Smpl.				= 2	= 94	#/100mL	0	01/07	GR
1 - Effluent Gross										
Season: 0	Req.				<= 200 Monthly Geometric Mean	<= 800 Daily Maximum	Number per 100 Milliliters		Weekly	GRAB
NODI: <input type="text"/>	NODI				<input type="text"/>	<input type="text"/>				

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
74055	Coliform, fecal general					= 94		#/100mL	0	01/07	GR
W - See Comments											
Season: 0		Req.				<= 400 Weekly Average		Number per 100 Milliliters		Weekly	GRAB
NODI:		NODI									
81010	BOD, 5-day, percent removal					= 94		%	0	01/30	CA
K - Percent Removal											
Season: 0		Req.				>= 85 Minimum Percent Removal		Percent		Monthly	CALCTD
NODI:		NODI									
81011	Solids, suspended percent removal					= 85		%	0	01/30	CA
K - Percent Removal											
Season: 0		Req.				>= 85 Minimum Percent Removal		Percent		Monthly	CALCTD
NODI:		NODI									

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: 7/1/2017 TO 7/31/2017
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: **X**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 R	Sample meas.				*****						
	Permit reqmt.	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	Sample meas.				*****						
	Permit reqmt.	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	Report daily maximum	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:											

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 PRINCIPLE EXECUTIVE OFFICE	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.	TELEPHONE	DATE
Mark Mow/Wastewater Collections SR. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393	08/01/17
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

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

PERMIT NUMBER: AK0023213

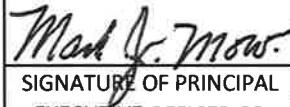
MONITORING PERIOD: 7/1/2017 TO 7/31/2017
 MONITORING POINT: 003 (N-11.2) (Q) Sta. C NO DISCHARGE: **X**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 R	Sample meas.				*****						
	Permit reqmt.	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	Sample meas.				*****						
	Permit reqmt.	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	Report daily maximum	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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Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	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.	TELEPHONE	DATE
Mark Mow/Wastewater Collections SR. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393	08/01/17
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: 7/1/2017 TO 7/31/2017
 MONITORING POINT: 004 (N - 15.1) (R) DOUGLAS NO DISCHARGE: X

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 R	Sample meas.				*****						
	Permit reqmt.	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	Sample meas.				*****						
	Permit reqmt.	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	Report daily maximum	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:

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 PRINCIPLE EXECUTIVE OFFICE Mark Mow/Wastewater Collections 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 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.	TELEPHONE 907 586-0393	DATE 08/01/17
TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD

Edit Check Errors

Code	Name	Monitoring Location	Season ID	Field	Type	Description	Acknowledge
00310	BOD, 5-day, 20 deg. C	Effluent Gross	0	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit.	<input checked="" type="checkbox"/>
00530	Solids, total suspended	Effluent Gross	0	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit.	<input checked="" type="checkbox"/>
00530	Solids, total suspended	Effluent Gross	0	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit.	<input checked="" type="checkbox"/>
00530	Solids, total suspended	Effluent Gross	0	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit.	<input checked="" type="checkbox"/>
00530	Solids, total suspended	See Comments	0	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit.	<input checked="" type="checkbox"/>
00610	Nitrogen, ammonia total [as N]	Effluent Gross	0	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit.	<input checked="" type="checkbox"/>

DMR Comments

W=WEEKLY AVERAGE

Comments

Attachments

File Name	Type	Size	Remove
2009_001.pdf	Portable document format; Adobe Acrobat File	< 1 MB	*
2008_001.pdf	Portable document format; Adobe Acrobat File	< 1 MB	*
2010_001.pdf	Portable document format; Adobe Acrobat File	< 1 MB	*
2011_001.pdf	Portable document format; Adobe Acrobat File	< 1 MB	*
2007_001.pdf	Portable document format; Adobe Acrobat File	< 1 MB	*

Report Last Saved By

User: CBJWASTEWATER
 Name: Randall Brown
 E-Mail: randall.brown@juneau.org
 Date/Time: 08/10/17 1:18 AKDT