

Permit

Permit ID: AK0023213
Permittee: JUNEAU, CITY AND BOROUGH OF
Facility: JUNEAU, CITY AND BOROUGH OF

Major:
Permittee Address: 5433 SHAUNE DRIVE
 JUNEAU , AK99801
Facility Location: 1540 THANE ROAD
 JUNEAU-DOUGLAS WWTP
 JUNEAU , AK99801
Discharge: 001-A - (no description)

Permitted Feature: 001 - External Outfall
Report Dates & Status
Monitoring Period: From 09/01/17 to 09/30/17
Status: **NetDMR Validated**

DMR Due Date: 10/15/17

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

First Name: Randall
Title: Wastewater Treatment Plant Supervisor

Last Name: Brown
Telephone: 907-586-0393

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3				

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	Smpl.						=16.2	04 ° deg C	0	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	04 ° deg C		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
00300	Oxygen, dissolved [DO]	Smpl.			=2.5			=6.7	19 ° mg/L	0	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.			>=2 DAILY MN			<=17 DAILY MX	19 ° mg/L		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=128	=823	26 - lb/d	=11	=45		19 ° mg/L	0	01/30 - Monthly	24 ° COMP24
1 - Effluent Gross												
Season: 0		Req.	<=690 MO AVG	<=1380 DAILY MX	26 - lb/d	<=30 MO AVG	<=60 DAILY MX		19 ° mg/L		01/30 - Monthly	24 ° COMP24
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=2310		26 - lb/d	=251			19 ° mg/L	0	01/30 - Monthly	24 ° COMP24
G - Raw Sewage Influent												
Season: 0		Req.	Req Mon MO AVG		26 - lb/d	Req Mon MO AVG			19 ° mg/L		01/30 - Monthly	24 ° COMP24
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=241		26 - lb/d	=15			19 ° mg/L	0	01/30 - Monthly	24 - COMP24
W - See Comments												
Season: 0		Req.	<=1035 WKLY AVG		26 - lb/d	<=45 WKLY AVG			19 ° mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00400	pH	Smpl.			=6.9		=7.8		12 - SU	0	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.			>=6.5 MINIMUM		<=8.5 MAXIMUM		12 - SU		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
X	Solids, total suspended	Smpl.	=205	=2103	26 - lb/d	=15	-115		19 ° mg/L	2	01/30 - Monthly	24 ° COMP24
1 - Effluent Gross												
Season: 0		Req.	<=690 MO AVG	<=1380 DAILY MX	26 - lb/d	<=30 MO AVG	<=60 DAILY MX		19 ° mg/L		01/30 - Monthly	24 ° COMP24
NODI: -		NODI										
00530	Solids, total suspended	Smpl.	=1678		26 - lb/d	=187			19 ° mg/L	0	01/30 - Monthly	24 ° COMP24
G - Raw Sewage Influent												
Season: 0		Req.	Req Mon MO AVG		26 - lb/d	Req Mon MO AVG			19 ° mg/L		01/30 - Monthly	24 ° COMP24
NODI: -		NODI										
00530	Solids, total suspended	Smpl.	=562		26 - lb/d	=32			19 ° mg/L	0	01/30 - Monthly	24 ° COMP24
W - See Comments												
Season: 0		Req.	<=1035 WKLY AVG		26 - lb/d	<=45 WKLY AVG			19 ° mg/L		01/30 - Monthly	24 ° COMP24
NODI: -		NODI										
		Smpl.				=17	=19		19 ° mg/L	1	01/30 - Monthly	24 ° COMP24

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>

Comments**Attachments**

Name	Type	Size
2251_001.pdf	pdf	219846
2252_001.pdf	pdf	281509

Report Last Saved By**JUNEAU, CITY AND BOROUGH OF**

User: CBJWASTEWATER
 Name: Randall Brown
 E-Mail: randall.brown@juneau.org
 Date/Time: 2017-10-10 12:53 (Time Zone:-08:00)

Report Last Signed By

User: CBJWASTEWATER
 Name: Randall Brown
 E-Mail: randall.brown@juneau.org
 Date/Time: 2017-10-10 12:53 (Time Zone:-08:00)

Code	Parameter Name	NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3				
X 00610	Nitrogen, ammonia total [as N]											
1 - Effluent Gross												
Season: 0		Req.				<=14 MO AVG	<=30 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
NODI: -		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.				=19		19 - mg/L	0	01/30 - Monthly	24 - COMP24	
W - See Comments												
Season: 0		Req.				<=21 WKLY AVG		19 - mg/L		01/30 - Monthly	24 - COMP24	
NODI: -		NODI										
01119	Copper, total recoverable	Smpl.					=18.7	28 - ug/L	0	01/90 - Quarterly	24 - COMP24	
1 - Effluent Gross												
Season: 0		Req.					Req Mon DAILY MX	28 - ug/L		01/90 - Quarterly	24 - COMP24	
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.19	=2.19	03 - MGD				0	99/99 - Continuous	RC - Recorder (auto)	
1 - Effluent Gross												
Season: 0		Req.	<=2.76 MO AVG	<=6 DAILY MX	03 - MGD					99/99 - Continuous	RC - Recorder (auto)	
NODI: -		NODI										
61211	Enterococci	Smpl.					=1	13 - #/100mL	0	09/99 - See Permit	GR - GRAB	
1 - Effluent Gross												
Season: 0		Req.					Req Mon DAILY MX	13 - #/100mL		09/99 - See Permit	GR - GRAB	
NODI: -		NODI										
74055	Coliform, fecal general	Smpl.				=0.1	=15	13 - #/100mL	0	01/07 - Weekly	GR - GRAB	
1 - Effluent Gross												
Season: 0		Req.				<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL		01/07 - Weekly	GR - GRAB	
NODI: -		NODI										
74055	Coliform, fecal general	Smpl.				=15		13 - #/100mL	0	01/07 - Weekly	GR - GRAB	
W - See Comments												
Season: 0		Req.				<=400 WKLY AVG		13 - #/100mL		01/07 - Weekly	GR - GRAB	
NODI: -		NODI										
81010	BOD, 5-day, percent removal	Smpl.				=96		23 - %	0	01/30 - Monthly	CA - CALCTD	
K - Percent Removal												
Season: 0		Req.				>=85 MN % RMV		23 - %		01/30 - Monthly	CA - CALCTD	
NODI: -		NODI										
81011	Solids, suspended percent removal	Smpl.				=92		23 - %	0	01/30 - Monthly	CA - CALCTD	
K - Percent Removal												
Season: 0		Req.				>=85 MN % RMV		23 - %		01/30 - Monthly	CA - CALCTD	
NODI: -		NODI										

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

September 2017

DAY	WEATHER				FLOWS				INFLUENT							EFFLUENT						
	DATE	TEMP °F	RAIN INCHES	FALL INCHES	J-D TITLER MOD	TEMP °C	PH	D.O. mg/L	T.S.S. mg/L	BOD mg/L	T.S.S. LBS	BOD LBS	TEMP °C	PH	D.O. mg/L	T.S.S. mg/L	BOD mg/L	FECAL COLIFORM /100 ml	Channel Fecal /100 ml	ENTERO FECAL /100 ml	NH3 mg/L	
Fri	1	53.60	1.22	2.02	14.3	7.3	7.9	135	2269	270	4537	15	7	5	32	538	23	387				
Sat	2	59.50	0.53	1.24																		
Sun	3	49.60	T	1.17																		
Mon	4	55.80	0.70	1.92	12.5	7.2	5.5					14.8	7.0	4.2								
Tue	5	58.00	0.50	1.08	13.8	7.3	5.3	108	974	180	1623	15.2	7.0	4.4	30	270	19	171				
Wed	6	59.00	0.00	1.60	14.0	7.3	4.5	156	2075	250	3326	16.1	7.1	4.0	1	13	3	41				
Thu	7	54.90	0.65	1.20	14.2	7.5	5.6	156	1559	360	3597	16.2	7.1	3.6	12	120	17	170	1	7	1	15
Fri	8	52.50	0.40	1.86	15.6	7.5	4.0	52	807	120	1861	15.4	7.1	5.3	1	16	5	84				
Sat	9	51.80	1.46	1.97																		
Sun	10	52.30	0.45	1.40																		
Mon	11	50.40	0.11	1.06	13.2	7.2	4.4	46	407	160	1417	14.20	6.98	4.33	1	9	2	18	1			
Tue	12	50.50	0.15	0.87	14.1	7.4	4.4	228	1656	310	2252	15.00	7.10	4.26	1	7	3	25				
Wed	13	48.70	0.00	0.95	13.7	7.4	3.0	304	2401	400	3159	15.20	7.18	4.33	1	8	6	48				
Thu	14	49.90	0.00	0.71	13.5	7.2	1.9	412	2453	520	3096	15.90	7.11	3.51	12	71	6	35				
Fri	15	51.00	0.00	0.67	15.8	7.2	6.9					14.40	7.84	2.50								
Sat	16	49.00	0.00	0.74																		
Sun	17	50.20	0.39	0.74																		
Mon	18	48.60	0.12	0.78	14.3	7.3	3.3	170	1102	168	1089	14.70	7.28	4.16	1	6	3	17	8			
Tue	19	50.10	0.11	0.80	14.2	7.4	3.4	216	1443	160	1069	15.50	7.24	3.44	5	35	7	49				
Wed	20	49.80	0.00	0.79	14.4	7.4	3.3	280	1852	390	2579	15.70	7.10	3.64	12	79	18	119				
Thu	21	48.90	0.00	0.93	14.7	7.3	2.4	432	3333	500	3857	16.10	7.05	3.37	8	62	10	77				19
Fri	22	51.50	0.65	0.74	12.7	7.2	5.1					15.20	7.04	4.00								
Sat	23	51.90	0.41	1.40																		
Sun	24	54.10	0.81	1.25	14.3	7.3	3.9	53	554	88	920	14.10	7.04	5.81	4	46	7	70				
Mon	25	50.20	0.29	1.13	13.3	7.3	6.4	139	1312	170	1805	15.10	7.14	4.39	5	49	3	25				
Tue	26	54.00	0.49	1.95	12.1	7.3	7.6	184	3365	140	2561	14.10	6.98	5.67	115	2103	45	823	15			
Wed	27	57.70	1.17	2.19	13.7	7.3	7.6	104	971	76	729	13.60	6.98	6.69	5	49	5	47				
Thu	28	52.60	1.10	1.12	12.6	7.3	7.8	104	971	76	729	13.60	6.98	6.69	5	49	5	47				
Fri	29	47.20	T	0.83	13.3	7.4	4.5					14.50	6.98	5.71								
Sat	30	46.90	0.00	0.65																		
Total			11.71	35.76																		
MAXIMUM		59.50	1.46	2.19	15.8	7.5	7.9	432	3365	520	4537	16.2	7.8	6.7	115	2103	45	823	15	7	1	19
MINIMUM		46.80	0.00	0.65	12.1	7.2	1.9	46	407	78	729	13.6	6.9	2.5	1	6	2	17	1	7	1	15
AVERAGE*		52.00	0.418	1.19	13.8	7.3	5.1	187	1678	251	2310	15.1	7.1	4.2	15	205	11	130	1	7	1	17
WEEKLY AVERAGES																						
WEEK1																						
WEEK2																						
WEEK3																						
WEEK4																						
MAX																						

85%
B.O.D.
S.S.
96
92

MZ NH3	mg/L	AmSta Sal	ppt	Toxicity
9/7/17	16.7	9/7/17	18.7	
MZ Entero	mpm/100ml	AmSta NH3	mg/L	
9/7/17	10	9/7/17	0.16	

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: 9/1/2017

TO 9/30/2017
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Temperature (C)	Sample meas.	*****	*****		*****	16.20				
	Permit reqmt.	*****	*****		*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.50	6.69				
	Permit reqmt.	*****	*****		2.0 daily minimum	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	129.76	823.03		*****	45.00				
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	2310.43	*****		*****	250.82				
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	241.09		*****	14.83				
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA NUMBER
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.			
TYPED OR PRINTED			

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

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 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2017

TO 9/30/2017

OUTFALL / MONITORING POINT: 001

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
pH	Sample meas.	*****	*****	6.89	*****	7.84			
	Permit reqmt.	*****	*****	6.5 minimum	*****	8.5 maximum	S.U.	5X Weekly	Grab
Total Suspended Solids	Sample meas.	204.81	2103	*****	14.53	115	2		
	Permit reqmt.	690 monthly average	1,380 daily maximum	*****	30 monthly average	60 daily maximum		Monthly	24-Hr Composite
Total Suspended Solids G - Influent	Sample meas.	1678.42	*****	*****	186.76	*****			
	Permit reqmt.	report monthly average	*****	*****	report monthly average	*****		Monthly	24-Hr Composite
Total Suspended Solids W - See Comments	Sample meas.	*****	562	*****	32	*****			
	Permit reqmt.	*****	1,035 weekly average	*****	45 weekly average	*****		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	17.0	19.0	1		
	Permit reqmt.	*****	*****	*****	14 monthly average	30 daily maximum		Monthly	24-Hr Composite

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	OFFICER OR AUTHORIZED AGENT	AREA NUMBER
		Y M D

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 Juneau, AK 99801

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 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2017

TO 9/30/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	*****				
	Permit reqmt.	*****	*****		19.0	21 weekly average	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	18.7				
	Permit reqmt.	*****	*****		*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow 1 - Final Effluent 50050	Sample meas.	1.19	2.19		*****	*****				
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	1.00				
	Permit reqmt.	*****	*****		*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	0.83				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
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	AREA NUMBER	Y M D
OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		

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CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Road
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 LOCATION: 1540 Thane Rd
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PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2017

TO 9/30/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Fecal Coliform	Sample meas.	*****	*****		*****	*****				
W - See Comments 74055	Permit reqmt.	*****	*****		*****	400 weekly average	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		96	*****				
K - Percent Removal 81010	Permit reqmt.	*****	*****		85 minimum percent removal	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		92	*****				
K - Percent Removal 81011	Permit reqmt.	*****	*****		85 minimum percent removal	*****	%	1	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
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA NUMBER
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.			
TYPED OR PRINTED			
		Y M D	



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK 002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas WW Treatment Plant	Facility Location: Juneau, AK
Person Reporting: Karen A. Sewell		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone/email
Date/Time Event was Noticed: 10/5/2017 @ 1535		Date/Time Reported: 10/6/2017 @ 1037	Name of DEC Staff Contacted: Email
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 9/26/2017 @ 2040	End Date/Time (exact): 9/27/2017 @ 0830	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): TSS 115mg/l Daily Max and TSS 2103 Lbs Daily MAX			
Description of the noncompliance and its cause (be specific): Solids wash out due to high flows, plant under construction and operating with one basin on line.			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
TSS mg/l	60mg/l /day	115 mg/l	9/26/2017 @ 2040
TSS lbs	1380 lbs/day	2103lbs	9/26/2017 @ 2058
			Compositor running to 9/27/2017 @ 0830
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste and high flows came down. Plant flow was 2.17 MGD max.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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.			
Name: Karen A. Sewell		Title: WW OP. II	Signature: <i>Karen A. Sewell</i> Date: 10.6.17

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas WW Treatment Plant	Facility Location: Juneau, AK
Person Reporting: Karen A. Sewell		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone/email
Date/Time Event was Noticed: 10/6/2017		Date/Time Reported: 10/6/2017	Name of DEC Staff Contacted: email
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 9/7/2017	End Date/Time (exact): 9/21/2017	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): Nh3 mg/l monthly average was 17.			
Description of the noncompliance and its cause (be specific): Nh3 monthly average was 17. The plant is operating with 1 basin while under construction and having to switch back and forth with basins causing high Nh3.			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) There is no more switching basins at this point. Treatment and MCRT is more stable.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Nh3 mg/l	14 mg/l/month avg.	17mg/l/mo avg.	9/7/2017 9/21/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Allowing for longer MCRT by not switching basins during construction.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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.			
Name: Karen A. Sewell	Title: WW OP. II	Signature:	Date:

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

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: 9/1/2017 TO 9/30/2017
 MONITORING POINT: 003 (N1.1.2) (Q) Sta C NO DISCHARGE: X

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum			
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	Report monthly average	Report daily maximum	cts/100 ml	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab	
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	Report monthly average	Report daily maximum		When Discharging	Recorded	
Duration of Discharge	1 - Final Effluent 81381 R	Report monthly average	Report daily maximum	min/day	Report monthly average	Report daily maximum		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	10/2/17
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: 9/1/2017 TO 9/30/2017
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
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	Sample meas.				*****					
1 - Final Effluent 00530 R	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	Sample meas.	*****	*****		*****					
1 - Final Effluent 31616 R	Permit reqmt.	*****	*****		Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.				*****	*****				
1 - Final Effluent 50050 R	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****	*****		*****	*****				
1 - Final Effluent 81381 R	Permit reqmt.	*****	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  Mark Mow	TELEPHONE 907 586-0393 DATE 10/2/17
		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: 9/1/2017 TO 9/30/2017
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: X

Parameter	Sample meas. Permit reqmt.	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	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	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 R	*****	report daily maximum	min/day	*****	*****	*****			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	10/2/17
TYPED OR PRINTED		AREA/NUMBER	YY/MM/DD