

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 , AK99801
Facility Location: 1540 THANE ROAD
 JUNEAU , AK99801
Discharge: 001-A - (no description)

Report Dates & Status

Monitoring Period: From 10/01/17 to 10/31/17
Status: **NetDMR Validated**

DMR Due Date: 11/15/17

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			
00010	Temperature, water deg. centigrade						=14.6	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]				=4		=7.5	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							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							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							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							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									
00530	Solids, total suspended							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									
00530	Solids, total suspended							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

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				
NODI: -												
00530	Solids, total suspended	Smpl.	=61.8		26 - lb/d		=10.8		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: -												
00610	Nitrogen, ammonia total [as N]	Smpl.					=3.02	=7.6	19 - mg/L		01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		Req.					<=14 MO AVG	<=30 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -												
00610	Nitrogen, ammonia total [as N]	Smpl.					=7.6		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: -												
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.05	=3.96	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: -												
61211	Enterococci	Smpl.					=9		13 - #/100mL		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: -												
74055	Coliform, fecal general	Smpl.					=2	=5	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: -												
74055	Coliform, fecal general	Smpl.					=3		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: -												
81010	BOD, 5-day, percent removal	Smpl.				=97			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		Req.							23 - %			

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				
						>=85 MN % RMV				01/30 - Monthly	CA_ CALCTD	
NODI: -		NODI										
81011	Solids, suspended percent removal	Smpl.			=97				23 - %	0	01/30 - Monthly	CA_ CALCTD
	K - Percent Removal											
Season: 0		Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA_ CALCTD
NODI: -		NODI										

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

No errors.

Comments

Attachments

Name	Type	Size
2335_001.pdf	pdf	268373

Report Last Saved By

JUNEAU, CITY AND BOROUGH OF

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2017-11-09 13:47 (Time Zone:-09:00)

Report Last Signed By

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2017-11-09 13:48 (Time Zone:-09:00)

User: CBJWASTEWATER1, Permittee User



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DMR Copy of Submission

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

MONITORING PERIOD: 10/1/2017

TO 10/31/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	*****	14.6		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		4.0	*****	7.5		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	34.2	71.8		*****	5.49	9.80		0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) G - Influent 00310	Sample meas.	34.16	*****		*****	5.49	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	*****	45.53		*****	7.93	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE
TYPED OR PRINTED	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: 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

MONITORING PERIOD: 10/1/2017

TO 10/31/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.5	*****	7.1		0		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	31.38	70.96		*****	4.87	12.00		0		
	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 G - Influent 00530	Sample meas.	1010.20	*****		*****	165.07	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	*****	61.83		*****	10.80	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	3.02	7.60		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

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PERMIT NUMBER: AK0023213

MONITORING PERIOD: 10/1/2017

TO 10/31/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	7.60	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	6.7		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow 1 - Final Effluent 50050	Sample meas.	1.05	4.0		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	0.00		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	2.27	5.00		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 10/1/2017

TO 10/31/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	3.00	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97.24	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		97.05	*****	*****		0		
	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.

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TYPED OR PRINTED	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

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

PERMIT NUMBER: AK0023213

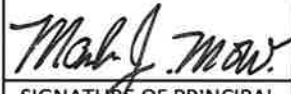
MONITORING PERIOD: 10/1/2017 TO 10/31/2017

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:											

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Mark Mow/Wastewater Collections SR. Operator			907 586-0393	10/1/17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD

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


CONTACT NAME: Mark Mow
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 PERMIT NUMBER: AK0023213

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

MONITORING PERIOD: 10/1/2017 TO 10/31/2017
 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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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	10/17
TYPED OR PRINTED			AREA/NUMBER	YY/MM/DD

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

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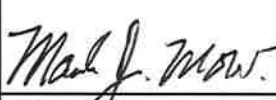
MONITORING PERIOD: 10/1/2017 TO 10/31/2017

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:											

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Mark Mow/Wastewater Collections SR. Operator			907 586-0393	10/26/17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD