Permit

Permit ID:

AK0023213

Major:

**✓** 

Permittee:

JUNEAU, CITY AND BOROUGH OF

**Permittee Address:** 

5433 SHAUNE DRIVE JUNEAU, AK99801 1540 THANE ROAD

Facility:

JUNEAU, CITY AND BOROUGH OF

**Facility Location:** 

JUNEAU, AK99801

**Permitted Feature:** 

001 - External Outfall

Discharge:

001-A - (no description)

Report Dates & Status

**Monitoring Period:** 

From 10/01/17 to 10/31/17

**DMR Due Date:** 

11/15/17

**NetDMR Validated** Status:

Considerations for Form Completion

W=WEEKLY AVERAGE

**Principal Executive Officer** 

First Name:

**Last Name:** 

Brown

Title:

Wastewwater Treatment Plant Supervisor

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

NODI **Parameter** 

of

Freq. of

| Pa                  | rameter                                  | NODI     | Quant              | ity or Loading     |              |               | Quality or Cor    | ncentration         | #             | Freq. of  | Smpl.                       |                |
|---------------------|--|----------|--------------------|--------------------|--------------|---------------|-------------------|---------------------|---------------|-----------|-----------------------------|----------------|
| Code                | Name                                     |          | Value 1            | Value 2            | Units        | Value 1       | Value 2           | Value 3             | Units         | of<br>Ex. | Analysis                    | Туре           |
| 00010               | Temperature,<br>water deg.<br>centigrade | Smpl.    |                    |                    |              |               |                   | =14.6               | 04 - deg<br>C | 0         | 05/WK -<br>Five Per<br>Week | GR -<br>GRAB   |
| 1 - Efflu           | ent Gross                                |          |                    |                    |              |               |                   |                     |               |           |                             |                |
| Season:             | 0  | Req.     |                    |                    |              |               |                   | Req Mon DAILY<br>MX | 04 deg<br>C   |           | 05/WK -<br>Five Per<br>Week | GR<br>GRAB     |
| NODI: -             |  | NODI     |                    |                    |              |               |                   |                     |               |           |                             |                |
| )0300               | Oxygen,<br>dissolved<br>[DO]             | Smpl.    |                    |                    |              | =4            |                   | =7.5                | 19 -<br>mg/L  | 0         | 05/WK -<br>Five Per<br>Week | GR =<br>GRAB   |
| 1 - Efflu           | ent Gross                                |          |                    |                    |              |               |                   |                     |               |           | OF MAIL                     |                |
| Season              | 0  | Req.     |                    |                    |              | >=2 DAILY MN  |                   | <=17 DAILY MX       | 19 -<br>mg/L  |           | 05/WK -<br>Five Per<br>Week | GR =<br>GRAB   |
| NODI: -             |  | NODI     |                    |                    |              |               |                   |                     |               |           |                             |                |
|                     | BOD, 5-day,<br>20 deg. C                 | Smpl.    | =34                | =72                | 26 -<br>lb/d |               | =5.5              | =9.8                | 19 -<br>mg/L  | 0         | 01/30 -<br>Monthly          | 24 -<br>COMP24 |
| 1 - Efflu           | ent Gross                                |          | . COO NO           | 4 1200 DATIV       | 26           |               | - 20 MO           |                     | 10            |           | 01/20                       | 24             |
| Season              | : 0                                      | Req.     | <=690 MO<br>AVG    | <=1380 DAILY<br>MX | 26 -<br>lb/d |               | <=30 MO<br>AVG    | <=60 DAILY MX       | 19 -<br>mg/L  |           | 01/30 -<br>Monthly          | 24 -<br>COMP2  |
| NODI: -             |  | NODI     |                    |                    |              |               |                   |                     |               |           |                             |                |
| 00310               | BOD, 5-day,<br>20 deg. C                 |          | 34                 |                    | 26 -         |               |                   |                     | 19 -          | 0         | 01/30 -                     | 24 -           |
| G - Raw<br>Influent | Sewage                                   | Smpl.    | =34                |                    | lb/d         |               | =5.5              |                     | mg/L          | 0         | Monthly                     | COMP2          |
| Season              | : 0                                      | Req.     | Req Mon MO<br>AVG  |                    | 26 -<br>lb/d |               | Req Mon MO<br>AVG |                     | 19 -<br>mg/L  |           | 01/30 -<br>Monthly          | 24 -<br>COMP2  |
| NODI: -             |  | NODI     |                    |                    |              |               |                   |                     |               |           |                             |                |
|                     | BOD, 5-day,<br>20 deg. C                 | Smpl.    | =45.5              |                    | 26 -<br>lb/d |               | =7.9              |                     | 19 -<br>mg/L  | 0         | 01/30 -<br>Monthly          | 24 -<br>COMP2  |
| W - See             | Comments                                 |          |                    |                    |              |               | .=                |                     | 10            |           | 0.4.400                     | 245            |
| Season              | : 0                                      | Req.     | <=1035 WKLY<br>AVG |                    | 26 -<br>lb/d |               | <=45 WKLY<br>AVG  |                     | 19 -<br>mg/L  |           | 01/30 -<br>Monthly          | 24 -<br>COMP2  |
| NODI: -             |  | NODI     |                    |                    |              |               |                   |                     |               |           |                             |                |
| 00400<br>L - Efflu  | pH<br>Jent Gross                         | Smpl.    |                    |                    |              | -6,5          |                   | =7.1                | 12 - SU       | 0         | 05/WK -<br>Five Per<br>Week | GR -<br>GRAB   |
| Season              | : 0                                      | Req.     |                    |                    |              | >=6.5 MINIMUM |                   | <=8.5 MAXIMUM       | 12 - SU       |           | 05/WK -<br>Five Per<br>Week | GR -<br>GRAB   |
| NODI;               | ē)                                       | NODI     |                    |                    |              |               |                   |                     |               |           | W CCK                       |                |
|                     | Solids, total suspended                  |          | =31.4              | =70.9              | 26 -         |               | =4.9              | =12                 | 19 -          | Ö         | 01/30 -                     | 24 =           |
| 1 - Efflu           | ient Gross                               | <b>p</b> | 32                 | , 513              | lb/d         |               |                   |                     | mg/L          |           | Monthly                     | COMP2          |
| Season              | : 0                                      | Req.     | <=690 MO<br>AVG    | <=1380 DAILY<br>MX | 26 -<br>Ib/d |               | <=30 MO<br>AVG    | <=60 DAILY MX       | 19 -<br>mg/L  |           | 01/30 -<br>Monthly          | 24 =<br>COMP2  |
| NODI: -             |  | NODI     |                    |                    |              |               |                   |                     |               |           |                             |                |
|                     | Solids, total suspended                  | Smpl.    | =1010              |                    | 26 -         |               | =165.1            |                     | 19 -          | 0         | 01/30 -                     | 24 -           |
| G - Rav<br>Influent | v Sewage<br>I                            | •        |                    |                    | lb/d         |               |                   |                     | mg/L          |           | Monthly                     | COMP2          |
| Season              | : 0                                      | Req.     | Req Mon MO<br>AVG  |                    | 26 -<br>lb/d |               | Req Mon MO<br>AVG |                     | 19 -<br>mg/L  |           | 01/30 -<br>Monthly          | 24 =<br>COMP2  |

| Pa        | rameter                                     | NODI  | Quant              | ity or Loading |                        |         | Quality or Co     | ncentration         |                 | #         | Freq. of              | Smpl.                      |
|-----------|---|-------|--------------------|----------------|------------------------|---------|-------------------|---------------------|-----------------|-----------|-----------------------|----------------------------|
| Code      | Name  |       | Value 1            | Value 2        | Units                  | Value 1 | Value 2           | Value 3             | Units           | of<br>Ex. | Analysis              | Туре                       |
| NODI:     |   | NODI  |                    |                |                        |         |                   |                     |                 | -         |                       |                            |
| 00530     | Solids, total suspended                     | Smpl. | =61.8              |                | 26 -<br>lb/d           |         | =10.8             |                     | 19 -<br>mg/L    | 0         | 01/30 -<br>Monthly    | 24 =<br>COMP24             |
| W - See   | Comments                                    |       |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| Season    | : 0   | Req.  | <=1035 WKLY<br>AVG |                | 26 -<br>lb/d           |         | <=45 WKLY<br>AVG  |                     | 19 -<br>mg/L    |           | 01/30 -<br>Monthly    | 24 -<br>COMP24             |
| NODI:     |   | NODI  |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| 00610     | Nitrogen,<br>ammonia<br>total [as N]        | Smpl. |                    |                |                        |         | =3.02             | =7.6                | 19 -<br>mg/L    |           | 01/30 -<br>Monthly    | 24 -<br>COMP24             |
| 1 - Efflu | ient Gross                                  |       |                    |                |                        |         |                   |                     |                 |           | ,                     |                            |
| Season    | : 0   | Req.  |                    |                |                        |         | <=14 MO<br>AVG    | <=30 DAILY MX       | 19 -<br>mg/L    |           | 01/30 -<br>Monthly    | 24 -<br>COMP24             |
| NODI:     |   | NODI  |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| 00610     | Nitrogen,                                   |       |                    |                |                        |         |                   |                     |                 |           |                       |                            |
|           | ammonia<br>total [as N]                     | Smpl. |                    |                |                        |         | =7.6              |                     | 19 -<br>mg/L    | 0         | 01/30 -<br>Monthly    | 24 -<br>COMP24             |
| W - See   | Comments                                    |       |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| Season    | : 0   | Req.  |                    |                |                        |         | <=21 WKLY<br>AVG  |                     | 19 -<br>mg/L    |           | 01/30 -<br>Monthly    | 24 -<br>COMP24             |
| NODI:     | •   | NODI  |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| 50050     | Flow, in<br>conduit or<br>thru<br>treatment | Smpl. | =1.05              | =3.96          | 03 <del>-</del><br>MGD |         |                   |                     |                 | Ö         | 99/99 -<br>Continuous | RC -<br>Recorder           |
| 1 [66]    | plant                                       |       |                    |                |                        |         |                   |                     |                 |           |                       | (auto)                     |
| 1 - EIII  | ient Gross                                  |       |                    |                |                        |         |                   |                     |                 |           |                       | D.C.                       |
| Season    | : 0   | Req.  | <=2.76 MO<br>AVG   | <=6 DAILY MX   | 03 ≕<br>MGD            |         |                   |                     |                 |           | 99/99 -<br>Continuous | RC =<br>Recorder<br>(auto) |
| NODI:     |   | NODI  |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| 61211     | Enterococci                                 | Count |                    |                |                        |         |                   | =9                  | 13 -            |           | 09/99 -               | GR:-                       |
| 1 - Efflu | ent Gross                                   | Smpl. |                    |                |                        |         |                   | =9                  | #/100mL         |           | See Permit            | GRAB                       |
| Season    | : 0   | Req.  |                    |                |                        |         |                   | Req Mon DAILY<br>MX | 13 -<br>#/100mL |           | 09/99 -<br>See Permit |                            |
| NODI:     |   | NODI  |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| 74055     | Coliform,<br>fecal general                  | Smpl. |                    |                |                        |         | =2                | =5                  | 13 -<br>#/100mL | 0         | 01/07 -<br>Weekly     | GR =<br>GRAB               |
| 1 - Efflu | ent Gross                                   |       |                    |                |                        |         |                   |                     | #, 100m2        |           | ,,                    | 3.0.2                      |
| Season    | : 0   | Req.  |                    |                |                        |         | <=200 MO<br>GEOMN | <=800 DAILY<br>MX   | 13 -<br>#/100mL |           | 01/07 -<br>Weekly     | GR =<br>GRAB               |
| NODI:     | -   | NODI  |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| 74055     | Coliform,<br>fecal general                  | Smpl. |                    |                |                        |         | =3                |                     | 13 -            | 0         | 01/07 -               | GR -                       |
| W - See   | e Comments                                  | J     |                    |                |                        |         |                   |                     | #/100mL         |           | Weekly                | GRAB                       |
| Season    | : 0   | Req.  |                    |                |                        |         | <=400 WKLY<br>AVG |                     | 13 -<br>#/100mL |           | 01/07 -<br>Weekly     | GR≅<br>GRAB                |
| NODI:     | -   | NODI  |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| 81010     | BOD, 5-day,<br>percent<br>removal           | Smpl. |                    |                |                        | =97     |                   |                     | 23 - %          | 0         | 01/30 -<br>Monthly    | CA -<br>CALCTD             |
| K - Per   | cent Removal                                |       |                    |                |                        |         |                   |                     |                 |           |                       |                            |
| Season    | : 0   | Req.  |                    |                |                        |         |                   |                     | 23 - %          |           |                       |                            |

| Pa       | rameter                                    | NODI  | Quantity or Loading |         | Quality or Concentration |                  |         |         |        | Freq. of<br>Analysis | Smpl.<br>Type      |                |
|----------|--|-------|---------------------|---------|--------------------------|------------------|---------|---------|--------|----------------------|--------------------|----------------|
| Code     | Name                                       |       | Value 1             | Value 2 | Units                    | Value 1          | Value 2 | Value 3 | Units  | of<br>Ex.            | Allarysis          | 1,400          |
|          |  |       |                     |         |                          | >=85 MN %<br>RMV |         |         |        |                      | 01/30 -<br>Monthly | CALCTD         |
| NODI: -  |  | NODI  |                     |         |                          |                  |         |         |        |                      |                    |                |
| 81011    | Solids,<br>suspended<br>percent<br>removal | Smpl. |                     |         |                          | =97              |         |         | 23 - % | 0                    | 01/30 -<br>Monthly | CA _<br>CALCTD |
| K - Pero | ent Removal                                |       |                     |         |                          |                  |         |         |        |                      |                    |                |
| Season   | : 0  | Req.  |                     |         |                          | >=85 MN %<br>RMV |         |         | 23 - % |                      | 01/30 -<br>Monthly | 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         | Туре | Size   |
|--------------|------|--------|
| 2335_001.pdf | pdf  | 268373 |

### Report Last Saved By

### JUNEAU, CITY AND BOROUGH OF

User: CBJWASTEWATER1 Name: James Westcott

jim.westcott@juneau.org E-Mail:

2017-11-09 13:47 (Time Zone:-09:00) Date/Time:

Report Last Signed By

User: CBJWASTEWATER1 Name: James Westcott

E-Mail: jim.westcott@juneau.org

2017-11-09 13:48 (Time Zone:-09:00) Date/Time:

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■ User:CBJWASTEWATER1, Permittee User



**DMR Copy of Submission** 

CONTACT NAME: Samantha Stoughtenger

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Road

LOCATION: 1540 Thane Rd

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 10/1/2017

/2017

10/31/2017

NO DISCHARGE:

| Parameter                           |                 | Quantity o                | r Loading               | Units   | Qual                 | lity or Concentra         | ation                   | Units | No. | Frequency of | Sample Type     |
|-------------------------------------|-----------------|---------------------------|-------------------------|---------|----------------------|---------------------------|-------------------------|-------|-----|--------------|-----------------|
|                                     |                 | Average                   | Maximum                 |         | Minimum              | Average                   | Maximum                 |       | Ex. | Analysis     |                 |
| Temperature (C)                     | Sample<br>meas. | *****                     | *****                   |         | *****                | *****                     | 14.6                    |       | 0   |              |                 |
| 1 - Final Effluent<br>00010         | Lemme           | ****                      | ****                    |         | ****                 | ****                      | Report<br>daily maximum | DEG.C |     | 5X Weekly    | Grab            |
| Dissolved Oxygen                    | Sample<br>meas. | *****                     | *****                   |         | 4.0                  | *****                     | 7.5                     |       | 0   |              |                 |
| 1 - Final Effluent<br>00300         | Permit          | *****                     | *****                   |         | 2.0<br>daily minimum | ****                      | 17<br>daily maximum     | mg/l  |     | 5X Weekly    | Grab            |
| Biochemical Oxygen Demand (BOD5)    | Sample<br>meas. | 34.2                      | 71.8                    | ÷       | *****                | 5.49                      | 9.80                    |       | 0   |              |                 |
| 1 - Final Effluent<br>00310         | reimit          | 690<br>monthly average    | 1,380<br>daily maximum  | lbs/day | *****                | 30<br>monthly average     | 60<br>daily maximum     | mg/l  |     | Monthly      | 24-Hr Composite |
| Biochemical Oxygen Demand (BOD5)    | Sample<br>meas. | 34.16                     | *****                   |         | *****                | 5.49                      | *****                   |       | 0   |              |                 |
| G - Influent<br>00310               | Leimir          | report<br>monthly average | *****                   | lbs/day | *****                | report<br>monthly average | *****                   | mg/l  |     | Monthly      | 24-Hr Composite |
| Biochemical Oxygen Demand<br>(BOD5) | Sample<br>meas. | *****                     | 45.53                   | 15      | *****                | 7.93                      | *****                   |       | 0   |              |                 |
| W - See Comments<br>00310           | rermit          | *****                     | 1,035<br>weekly average | lbs/day | *****                | 45<br>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   |                                  | TELEPHONE     | DATE  |
|--|--|----------------------------------|---------------|-------|
|  | 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 | SIGNATURE OF PRINCIPAL EXECUTIVE |               |       |
| TYPED OR PRINTED                       | are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.               | OFFICER OR AUTHORIZED AGENT      | AREA   NUMBER | YIMID |

CONTACT NAME: Samantha Stoughtenger

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Road

LOCATION: 1540 Thane Rd

Juneau, AK 99801 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 10/1/2017

10/31/2017

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

| Parameter                   |                 | Quantity 0                | or Loading              | Units   | Qua            | lity or Concentra         | ation               | Units | No. | Frequency of | Sample Type     |
|-----------------------------|-----------------|---------------------------|-------------------------|---------|----------------|---------------------------|---------------------|-------|-----|--------------|-----------------|
|                             |                 | Average                   | Maximum                 |         | Minimum        | Average                   | Maximum             |       | Ex. | Analysis     |                 |
| рН                          | Sample<br>meas. | *****                     | *****                   |         | 6.5            | *****                     | 7.1                 |       | 0   |              |                 |
| 1 - Final Effluent<br>00400 | I CI MILC       | ****                      | ****                    |         | 6.5<br>minimum | *****                     | 8.5<br>maximum      | S.U   |     | 5X Weekly    | Grab            |
| Total Suspended Solids      | Sample<br>meas. | 31.38                     | 70.96                   |         | *****          | 4.87                      | 12.00               |       | 0   |              |                 |
| 1 - Final Effluent<br>00530 | I CI IIII C     | 690<br>monthly average    | 1,380<br>daily maximum  | lbs/day | *****          | 30<br>monthly average     | 60<br>daily maximum | mg/l  |     | Monthly      | 24-Hr Composite |
| Total Suspended Solids      | Sample<br>meas. | 1010.20                   | *****                   |         | *****          | 165.07                    | *****               |       | 0   |              |                 |
| G - Influent<br>00530       | Leimic          | report<br>monthly average | ****                    | lbs/day | *****          | report<br>monthly average | *****               | mg/l  |     | Monthly      | 24-Hr Composite |
| 'Total Suspended Solids     | Sample<br>meas. | *****                     | 61.83                   |         | *****          | 10.80                     | *****               |       | 0   |              |                 |
| W - See Comments<br>00530   | I CI IIII C     | *****                     | 1,035<br>weekly average | lbs/day | *****          | 45<br>weekly average      | *****               | mg/l  |     | Monthly      | 24-Hr Composite |
| Ammonia Nitrogen (as N)     | Sample<br>meas. | *****                     | *****                   |         | *****          | 3.02                      | 7.60                |       | 0   |              |                 |
| 1 - Final Effluent<br>00610 | I CI IIII C     | *****                     | ****                    |         | *****          | 14<br>monthly average     | 30<br>daily maximum | mg/l  |     | Monthly      | 24-Hr Composite |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were  |                                  | TELEPHONE     | DATE  |
|--|---|----------------------------------|---------------|-------|
|  | 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   | SIGNATURE OF PRINCIPAL EXECUTIVE |               |       |
| TYPED OR PRINTED                       | are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.  | OFFICER OR AUTHORIZED AGENT      | AREA   NUMBER | YIMID |

CONTACT NAME: Samantha Stoughtenger

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Road

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 10/1/2017

2017

10/31/2017

OUTFALL / MONITORING POINT: 001

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

| NAME/TITLEPRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were   |                                  | TELEPHONE     | DATE  |
|---------------------------------------|--|----------------------------------|---------------|-------|
|                                       | prepared under my direction or supervision in accordance with a system<br>designed to assure that qualified personnel properly gather and evaluate   |                                  |               |       |
|                                       | theinformation submitted. Based on my inquiry of the person or persons   |                                  |               |       |
|                                       | whomanage 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 | SIGNATURE OF PRINCIPAL EXECUTIVE |               |       |
| TYPED OR PRINTED                      | are significant penalties for submitting false information, including the<br>possibility of fine and imprisonment for knowing violations.            | OFFICER OR AUTHORIZED AGENT      | AREA   NUMBER | YIMID |

CONTACT NAME: Samantha Stoughtenger

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Road

LOCATION: 1540 Thane Rd

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 10/1/2017

10/31/2017

NO DISCHARGE: OUTFALL / MONITORING POINT: 001

| Parameter                                   |                 | Quantity of | or Loading | Units | Qual                             | ity or Concentra      | ation   | Units      | No. | Frequency of | Sample Type |
|---|-----------------|-------------|------------|-------|----------------------------------|-----------------------|---------|------------|-----|--------------|-------------|
|   |                 | Average     | Maximum    |       | Minimum                          | Average               | Maximum |            | Ex. | Analysis     |             |
| Fecal Coliform                              | Sample<br>meas. | *****       | *****      |       | *****                            | 3.00                  | *****   |            | 0   |              |             |
| W - See Comments<br>74055                   | I CI IIIIC      | ****        | *****      |       | *****                            | 400<br>weekly average | ****    | cts/100 ml |     | Weekly       | Grab        |
| BOD5 Minimum % Removal                      | Sample<br>meas. | *****       | *****      |       | 97.24                            | *****                 | *****   |            | 0   |              |             |
| K - Percent Removal<br>81010                |                 | ****        | *****      |       | 85<br>minimum percent<br>removal | *****                 | *****   | %          |     | Monthly      | Calculation |
| Total Suspended Solids Minimum<br>% Removal | Sample<br>meas. | *****       | *****      |       | 97.05                            | *****                 | *****   |            | 0   |              |             |
| K - Percent Removal<br>81011                | I CI IIII C     | ****        | *****      |       | 85<br>minimum percent<br>removal | *****                 | *****   | %          |     | Monthly      | Calculation |

| COMMENTS:           |  |
|---------------------|--|
| W = weekly average; |  |
|                     |  |
|                     |  |
|                     |  |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were   |                                  | TELEPHONE     | DATE  |
|--|--|----------------------------------|---------------|-------|
|  | 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  | SIGNATURE OF PRINCIPAL EXECUTIVE |               |       |
| TYPED OR PRINTED                       | are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.   | OFFICER OR AUTHORIZED AGENT      | AREA   NUMBER | YIMID |

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PERMIT NUMBER: AKO023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 10/1/2017

TO 10/31/2017

| Parameter                                 |                 | Quantity o                | MONITORING POINT: 004 (N-15.1)(R)(Diantity or Loading Units Quality or Concentration |         | Units   | No.                                 | NO DISCHARGE:  Frequency of | X<br>Sample Type |              |                  |                          |
|---|-----------------|---------------------------|--|---------|---------|-------------------------------------|-----------------------------|------------------|--------------|------------------|--------------------------|
|   |                 | Ауегаде                   | Maximum  | Cina    | Minimum | Average                             | Maximum                     | 1 011123         | Ex. Analysis |                  | Sample Type              |
| Biochemical Oxygen Demand<br>(BOD5)       | Sample<br>meas. |                           |  |         | *****   |                                     | 7                           |                  |              |                  | 2                        |
| 1 - Final Effluent<br>00310 R             |                 | Report<br>monthly average | Report<br>daily maximum  | lbs/day | *****   | Report<br>monthly average           | Report<br>daily maximum     | mg/l             |              | When Discharging | Grab                     |
| Total Suspended Solids                    | Sample<br>meas. |                           |  |         | *****   |                                     |                             |                  |              |                  |                          |
| 1 - Final Effluent<br>00530 R             |                 | Report<br>monthly average | Report<br>daily maximum  | lbs/day | *****   | Report<br>monthly average           | Report<br>daily maximum     | mg/l             |              | When Discharging | Grab                     |
| Coliform, fecal MF, M-FC broth,<br>14.5 C | Sample<br>meas. | *****                     | *****  |         | *****   |                                     |                             |                  |              |                  |                          |
| 1 - Final Effluent<br>31616 R             | 1 Climic        | *****                     | *****  |         | ****    | Report<br>monthly geometric<br>mean | Report<br>daily maximum     | cts/100 ml       |              | When Discharging | Grab                     |
| Flow                                      | Sample<br>meas. |                           |  |         | *****   | *****                               | *****                       |                  |              |                  |                          |
| 1 - Final Effluent<br>50050 R             | Permit          | Report<br>monthly average | Report<br>daily maximum  | MGD     | ******  | ******                              |                             |                  |              | When Discharging | Recorded                 |
| Duration of Discharge                     | Sample<br>meas. | *****                     |  |         | *****   | *****                               | *****                       |                  |              |                  |                          |
| 1 - Final Effluent<br>81381 R             | I CI IIIIC      | *****                     | report<br>daily maximum  | min/day | *****   | *****                               | *****                       |                  |              | When Discharging | Instantaneous<br>Reading |
| COMMENTS:                                 | · · · · · ·     |                           |  |         |         | .,,                                 |                             |                  |              |                  |                          |

| NAME/TITLE PRINCIPLE EXECUTIVE OFFICE        | I certify under penalty of law that this document and all attachments were   |                        | TELEPHONE    | DATE     |
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| I I  | 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  | -m 11 -                |              | ا ر ز    |
| Mark Mow/Wastewater Collections SR. Operator | manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and   | Mary Maw.              | 907 586-0393 | 11/11/17 |
|  | belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and  | SIGNATURE OF PRINCIPAL |              |          |
| 1  | imprisonment for knowing violations.   | EXECUTIVE OFFICER OR   |              |          |
| TYPED OR PRINTED                             | The state of the s | AUTHORIZED AGENT       | AREA/NUMBER  | YY/MM/DD |

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: 10/1/2017

TO 10/31/2017

MONITORING POINT: 003 (N-11.2) (Q) Sta. C

NO DISCHARGE:

| Parameter                                 |                 | Quantity or Load          |                         | Quantity or Loading Units Quality or Concentration |         | or Loading Units                    |                         | Quality or Concentration |          | lity or Concentration | Units                    | No. | Frequency of | Sample Type |
|---|-----------------|---------------------------|-------------------------|--|---------|-------------------------------------|-------------------------|--------------------------|----------|-----------------------|--------------------------|-----|--------------|-------------|
|   | Ачегаде         | Maximum                   |                         | Minimum  | Average | Maximum                             |                         | Ex.                      | Analysis |                       |                          |     |              |             |
| Biochemical Oxygen Demand<br>(BOD5)       | Sample<br>meas. |                           |                         |  | *****   |                                     |                         |                          |          |                       |                          |     |              |             |
| 1 - Final Effluent<br>00310 R             |                 | Report<br>monthly average | Report<br>daily maximum | lbs/day  | *****   | Report<br>monthly average           | Report<br>daily maximum | mg/l                     |          | When Discharging      | Grab                     |     |              |             |
| Total Suspended Solids                    | Sample<br>meas. |                           |                         |  | *****   |                                     |                         |                          |          |                       |                          |     |              |             |
| 1 - Final Effluent<br>00530 R             |                 | Report<br>monthly average | Report<br>daily maximum | lbs/day  | *****   | Report<br>monthly average           | Report<br>daily maximum | mg/l                     | ı        | When Discharging      | Grab                     |     |              |             |
| Coliform, fecal MF, M-FC broth,<br>44.5 C | Sample<br>meas. | *****                     | *****                   |  | *****   |                                     |                         |                          |          |                       |                          |     |              |             |
| 1 - Final Effluent<br>31616 R             |                 | ****                      | *****                   |  | *****   | Report<br>monthly geometric<br>mean | Report<br>daily maximum | cts/100 ml               |          | When Discharging      | Grab                     |     |              |             |
| Flow                                      | Sample<br>meas. |                           |                         |  | *****   | *****                               | *****                   |                          |          |                       |                          |     |              |             |
| 1 - Final Effluent<br>50050 R             |                 | Report<br>monthly average | Report<br>daily maximum | MGD  | ******  | *****                               | *****                   |                          |          | When Discharging      | Recorded                 |     |              |             |
| Duration of Discharge                     | Sample<br>meas. | *****                     |                         |  | *****   | *****                               | *****                   |                          |          |                       |                          |     |              |             |
| 1 - Final Effluent<br>81381 R             | renunt          | ****                      | report<br>daily maximum | min/day  | ****    | *****                               | *****                   |                          |          | When Discharging      | Instantaneous<br>Reading |     |              |             |

| NAME/TITLE PRINCIPLE EXECUTIVE OFFICE | I certify under penalty of law that this document and all attachments were   |                        | TELEPHONE    | DATE     |
|---------------------------------------|--|------------------------|--------------|----------|
| I .                                   | 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  | -1. 11                 |              | . / _    |
| Mark Mow/Wastewater Collections SR.   | manage the system, or those persons directly responsible for gathering the   | Ma DII Trans           |              | ulllit   |
|                                       | information, the information submitted is, to the best of my knowledge and   | 111am 4 1101.          | 907 586-0393 |          |
|                                       | belief, true, accurate, and complete. I am aware that there are significant  | SIGNATURE OF PRINCIPAL |              |          |
|                                       | penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | EXECUTIVE OFFICER OR   |              |          |
| TYPED OR PRINTED                      | improdutent for knowing violations.  | AUTHORIZED AGENT       | AREA/NUMBER  | YY/MM/DD |

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: 10/1/2017

10/31/2017

TO

MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: Parameter **Quantity or Loading** Units **Quality or Concentration** Units No. Frequency of Sample Type Analysis Maximum Average Minimum Average Maximum Biochemical Oxygen Demand Sample \*\*\*\*\* (BOD5) meas. lbs/day When Discharging Report Report Report Report mg/l Grab 1 - Final Effluent Permit monthly average daily maximum monthly average daily maximum 00310 R reqmt. Total Suspended Solids Sample \*\*\*\*\* meas. \*\*\*\*\* Report Report lbs/day When Discharging 1 - Final Effluent Report Report mg/l Grab **Permit** monthly average daily maximum monthly average daily maximum reqmt 00530 R Coliform, fecal MF, M-FC broth, Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 44.5 C meas. \*\*\*\*\* cts/100 ml When Discharging 1 - Final Effluent Report Report Permit monthly geometric daily maximum 31616 R reqmt Sample Flow \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. MGD \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* When Discharging 1 - Final Effluent Report Report Recorded Permit monthly average daily maximum 50050 R reqmt Duration of Discharge Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* min/day When Discharging report Instantaneous 1 - Final Effluent Permit daily maximum Reading 81381 R regmt. COMMENTS:

| NAME/TITLE PRINCIPLE EXECUTIVE OFFICE | I certify under penalty of law that this document and all attachments were   |                        | TELEPHONE    | DATE     |
|---------------------------------------|--|------------------------|--------------|----------|
|                                       | prepared under my direction or supervision in accordance with a system   |                        |              |          |
|                                       | designed to assure that qualified personnel properly gather and evaluated the  |                        | i'           |          |
|                                       | information submitted. Based on my inquiry of the person or persons who  | 700 10                 |              | 11.      |
| Mark Mow/Wastewater Collections SR.   | manage the system, or those persons directly responsible for gathering the   | Mark L. Mow.           |              | 11/1/17  |
|                                       | information, the information submitted is, to the best of my knowledge and   | 1110mg. 1000.          | 907 586-0393 |          |
|                                       | belief, true, accurate, and complete. I am aware that there are significant  | SIGNATURE OF PRINCIPAL |              |          |
|                                       | penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | EXECUTIVE OFFICER OR   |              |          |
| TYPED OR PRINTED                      | imprisonment for knowing violations.   | AUTHORIZED AGENT       | AREA/NUMBER  | YY/MM/DD |