Permit

Permit ID:

AK0023213

Major:

**✓** 

Permittee:

JUNEAU, CITY AND BOROUGH OF

Permittee Address:

5433 SHAUNE DRIVE JUNEAU , AK99801

Facility:

JUNEAU, CITY AND BOROUGH OF

**Facility Location:** 

1540 THANE ROAD JUNEAU-DOUGLAS WWTP

JUNEAU , AK99801

Permitted Feature:

001 - External Outfall

Discharge:

001-A - (no description)

Report Dates & Status

Monitoring Period:

From 11/01/17 to 11/30/17

**DMR Due Date:** 

12/15/17

Status:

**NetDMR Validated** 

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

First Name:

Randall

Last Name:

Brown

Title:

Wastewwater Treatment Plant Supervisor

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

-

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

Pa	rameter	NODI	Quant	ity or Loading			Quality or Concentration					Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
00010	Temperature, water deg. centigrade	Smpl.						=12.8	04 - deg C	0	05/WK - Five Per Week	GR - GRAB
1 - Efflu	ient Gross										WEEK	
Season:	: 0	Req.						Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB
NODI: -	-	NODI										
00300	Oxygen, dissolved [DO]	Smpl.				=4.1		=7.3	19 - mg/L	0	05/WK - Five Per Week	GR - GRAB
1 - Efflu	ient Gross										Week	
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.	=32	=92	26 - lb/d		=5	=8	19 - mg/L	0	01/30 - Monthly	24 = COMP24
l - Efflu	ient Gross				,				<i>5.</i>		,	
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.	=1532		26 -		=252		19 =	0	01/30 -	24 -
G - Raw Influent	Sewage				lb/d				mg/L		Monthly	COMP24
Season:	: 0	Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - COMP2
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=61		26 - lb/d		=6		19 - mg/L	0	01/30 - Monthly	24 - COMP24
W - See	Comments				, -				··· 3, =		,	·· <b>-</b>
Season:	: 0	Req.	<=1035 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		01/30 - Monthly	24 - COMP24

Parameter	NODI	Quanti	ty or Loading		Quality or Concentration				# of	Freq. of	Smpl. Type
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Туре
NODI: -	NODI								Ħ		
<b>X</b> 00400	Smpl.				=6.3		=6.9	12 - SU	5	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross										Week	
Season: 0	Req.				>=6.5 MINIMUM		<=8.5 MAXIMUM	12 - SU		05/WK - Five Per Week	GR _ GRAB
NODI: -	NODI										
00530 Solids, total suspended	Smpl.	=37	=88	26 - lb/d		=6	=10	19 - mg/L	0	01/30 - Monthly	24 _ COMP24
1 - Effluent Gross				10/4				mg/L		Monthly	COMPZ
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	Smnl	=1423		26 -		=225		19 =	0	01/30 -	24 -
G - Raw Sewage Influent	Silipi.	-1423		lb/d		-223		mg/L	0	Monthly	COMP24
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.	=60		26 - lb/d		=9		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										
00610 Nitrogen, ammoria total [as N]	Smpl.					=1	=6	19_ mg/L	0	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

Parameter	NODI	Quan	tity or Loading			Quality or Co	ncentration		# of	Freq. of	Smpl.
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Туре
NODI: -	NODI										
00610 Nitrogen, ammonia total [as N]	Smpl.					=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: -	NODI										
50050 Flow, in conduit or thru treatment plant	Smpl.	=0.31	=1.39	03 - MGD					0	99/99 - Continuous	RC - Recorde (auto)
1 - Effluent Gross											
Season: 0	Req.	<=2.76 MO AVG	<=6 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorde (auto)
NODI: -	NODI										. ,
51211 Enterococci 1 - Effluent Gross	Smpl.										
Season: 0	Req.						Req Mon DAILY MX	13 - #/100mL		09/99 - See Permit	GR = GRAB
NODI: -	NODI						9 - Conditional Monitoring - Not Required This Period				
74055 Coliform, fecal general	Smpl.					=4	=11	13 - #/100mL	0	01/07 - Weekly	GR - GRAB
1 - Effluent Gross								#/ 100IIIL		reckly	GIVAD
Season: 0	Req.					<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL		01/07 - Weekly	GR - GRAB
NODI: -	NODI										
74055 Coliform, fecal general	Smpl.					=11		13 - #/100mL	0	01/07 - Weekly	GR - GRAB

Pai	rameter	NODI	Quant	ity or Loading		Quality or Concentration					Freq. of	Smpl
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
Season:	0	Req.					<=400 WKLY AVG		13 - #/100mL		01/07 - Weekly	GR - GRAB
NODI: -		NODI										
	BOD, 5-day, percent removal	Smpl.				=98			23 - %	0	01/30 - Monthly	CA _ CALCTD
K - Perce	ent Removal											
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CALCTD
NODI: -		NODI										
	Solids, suspended percent removal	Smpl,				=97			23 - %	0	01/30 - Monthly	CA - CALCTE
K - Perce	ent Removal											
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTE
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

Para	meter	Monitoring	Pi-IJ	<b></b> .	Paradottan	
Code	Name	Location	Field	Туре	Description	Acknowledge
00400	pН	1 - Effluent Gross	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$ )	$\checkmark$

#### Comments

#### **Attachments**

Name	Туре	Size
2495_001.pdf	pdf	539372
2489_001.pdf	pdf	292804

### Report Last Saved By

#### JUNEAU, CITY AND BOROUGH OF

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2017-12-15 12:57 (Time Zone:-09:00)

### Report Last Signed By

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2017-12-15 12:58 (Time Zone:-09:00)

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## 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: <a href="mailto:dec-wqreporting@alaska.gov">dec-wqreporting@alaska.gov</a>.

## NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATIO	N	PERMIT# (if any): AK0	02321-3			
Owner or Operator:		Facility Name:			Facility Lo	
City and Borough of Juneau		Juneau Douglas Wastewa	ter Treatment Facility	у [ ]	Juneau, AK	
Person Reporting:		Phone Numbers of Perso	n Reporting:	]	Reported I	How? (e.g. by phone):
Jim Westcott		907-586-0393			Hotline	
Jiii Westeoti				'	10011110	
Date/Time Event was Notice	d:	Date/Time Reported:		1	Name of D	EC Staff Contacted:
11/15/2017 @ 1320 pm		11/15/2017 @ 1430 pm			Hotline	
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHIN	4 24 HOURS OF DI	SCOVE	RY OF NO	ONCOMPLIANCE
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photo	s as ne	cessary)	
Period of Noncompliance	Start Date/T	Fime (exact): 11/15/2017	@ 1320 pm	End Da	ate/Time (e	exact): 11/15/2017 @ 1320 pm
If noncompliance has not be $N\!/A$	en corrected,	provide a statement regar	ding the anticipated	d time th	e noncomp	oliance is expected to continue:
Estimated Quantity involved N/A	d (volume or	weight):				
Description of the noncompl	iance and its	cause (be specific):				
Unknown						
						act on Environmental Health Irink from wells until further
Increased effluent testing thro	ughout the we	ek.				
Permit Condition Deviation	(Identify eac	h permit condition exceed	ed during the event.	)		
Parameter (e.g. BOD pl		Permit Limit	Exceedance (sa		sult)	Sample Date
рН		6.5	6.3	1		11/15/2017
p1x		0.5	0.3			11/13/2017
Connective Actions (Attach	docomination	of compositive actions to be	to western the system	40	mal anama	tion and to minimize or eliminate
chances of recurrence.)	description	of corrective actions taken	to restore the system	in to nor	тат орега	tion and to minimize or eliminate
Increased testing frequency/a	nalysis.					
	Í					
Environmental Damage: (i	f yes, provide	details below)	☐ Yes	Γ	No	<b>▼</b> Unknown
Actual /Potential Impact on	Environment	/Public Health (describe i	n detail)			
Unknown						
I certify under penalty of law th	at this docume	nt and all attachments were p	repared under my direc	ction or s	upervision i	n accordance with a system designed
to assure that qualified personne system, or those persons directly						person or persons who manage the 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: Jim Westcott Title: Senior Operator 11/15 /2017 Signature: Date:

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.

GENERAL INFORMATIO	N	PERMIT# (if any): AK0	02321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewa			ility Location: eau, AK			
Person Reporting: Jim Westcott		Phone Numbers of Person 907-586-0393	on Reporting:	Rep Hot	orted How? (e.g. by phone): line			
Date/Time Event was Notice 11/8/2017 @ 0700 am	ed:	Date/Time Reported: 11/9/2017 @ 1620 pm		Nar Hot	ne of DEC Staff Contacted: line			
VERBAL NOTIFICATION	MUST BE M	MADE TO ADEC WITHIN	N 24 HOURS OF DI	SCOVERY	OF NONCOMPLIANCE			
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photo	s as neces	sary)			
Period of Noncompliance			me (exact): 11/8/2017 @ 0700 am End Date/Time (exact): 11/8/2017 @ 0700 am					
If noncompliance has not be N/A	en corrected,	provide a statement rega	rding the anticipated	l time the n	oncompliance is expected to continue:			
Estimated Quantity involved N/A	d (volume or	weight):						
Description of the noncomp	liance and its	cause (be specific):						
Unknown								
					ial Impact on Environmental Health not to drink from wells until further			
Increased testing frequency/ar	nalysis.							
Permit Condition Deviation	(Identify eac	h permit condition exceed	ed during the event.	)	2			
Parameter (e.g. BOD pl	- I	Permit Limit	Exceedance (sa		Sample Date			
рН		6.5	6.3		11/8/2017			
Corrective Actions (Attach : chances of recurrence.)	a description	of corrective actions taker	n to restore the syste	m to norma	l operation and to minimize or elimin	ate		
Increased testing frequency/ar	nalysis.							
Environmental Damage: (i	f yes, provide	details below)	☐ Yes	ΓN	o <b>V</b> Unknown			
Actual /Potential Impact on	Environment	t/Public Health (describe i	n detail)					
Unknown								
to assure that qualified personne system, or those persons directly	el properly gath y responsible fo	ner and evaluate the information, gathering the information,	ion submitted. Based o the information submi	n my inquiry tted is, to the	rvision in accordance with a system design of the person or persons who manage the best of my knowledge and belief, true, as the possibility of fine and imprisonment			
Name: Jim Westcott FORMS M	Title: UST BE SEN	Senior Operator TTO ADEC WITHIN FI	Signature: (VE DAYS OF BEC	OMING AV	Date: 11/9/2017 VARE OF THE EVENT.			
			1/					



# 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.

GENERAL INFORMATION	PERMIT# (if any): AK	002321-3							
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas Wastew	vater Treatment Facility	Facility L Juneau, Al						
Person Reporting: Jim Westcott	Phone Numbers of Pers 907-586-0393	son Reporting:	Reported Hotline	How? (e.g. by phone):					
Date/Time Event was Noticed: 11/9/2017 @ 1350 pm	<b>Date/Time Reported:</b> 11/9/2017 @ 1620 pm		Name of I Hotline	DEC Staff Contacted:					
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITH	IN 24 HOURS OF DIS	COVERY OF N	ONCOMPLIANCE					
<b>INCIDENT DETAILS (attac</b>	h additional sheets, lab ro	eports, and photos	as necessary)						
· ·	<b>Date/Time</b> (exact): 11/9/2017	· .		(exact): 11/9/2017 @ 1350 pm					
If noncompliance has not been corr N/A		arding the anticipated	time the noncom	pliance is expected to continue:					
Estimated Quantity involved (volum N/A	ne or weight):								
Description of the noncompliance a	nd its cause (be specific):								
Unknown									
Increased testing frequency/analysis.									
Permit Condition Deviation (Identi	fy each permit condition excee	ded during the event.)							
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam	nple result)	Sample Date					
рН	6.5	6.4		11/9/2017					
Corrective Actions (Attach a descri chances of recurrence.)	ption of corrective actions take	en to restore the system	n to normal oper	ation and to minimize or eliminate					
Increased testing frequency/analysis.									
Environmental Damage: (if yes, p	rovide details below)	☐ Yes	□ No	Unknown					
Actual /Potential Impact on Enviro	nment/Public Health (describe	in detail)							
Unknown									
I certify under penalty of law that this d to assure that qualified personnel proper system, or those persons directly respons accurate, and complete. I am aware that knowing violations.	rly gather and evaluate the information sible for gathering the information	ation submitted. Based on a, the information submitted	my inquiry of the red is, to the best of	personor persons who manage the					
	Title: SeniorOperator	Signatu re:	MA	Date: 11/9/2017					
FORMS MUSTBE	SENT TO ADEC WITHIN F	FIVE DAYS OF BECO	MING AWARE	OF THEEVENT.					



# Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

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-wgreporting@alaska.gov.

GENERAL INFORMATIO	N	PERMIT# (if any): AK0	02321-3					
Owner or Operator:		Facility Name:	ton Transfer and Francisco		Facility Lo			
City and Borough of Juneau		Juneau Douglas Wastewa			Juneau, Ak			
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	n Reporting:		Reported I Hotline	How? (e.g. by phone):		
Date/Time Event was Notice 11/10/2017 @ 0633 am	ed:	<b>Date/Time Reported:</b> 11/11/2017 @ 1610 pm			Name of D Hotline	DEC Staff Contacted:		
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHIN	N 24 HOURS OF DI	SCOVE	RY OF N	ONCOMPLIANCE		
INCIDENT DETAILS	(attach ad	ditional sheets, lab rej	ports, and photos	s as nec	cessary)			
Period of Noncompliance			ime (exact): 11/10/2017 @ 0633 am End Date/Time (exact): 11/10/2017 @ 0633 am					
If noncompliance has not be N/A	en corrected,	provide a statement regar	rding the anticipated	d time th	e noncom	pliance is expected to continue:		
Estimated Quantity involved N/A	d (volume or	weight):						
Description of the noncomp	liance and its	cause (be specific):						
Unknown								
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 testing frequency/analysis.								
Permit Condition Deviation	(Identify eac	h permit condition exceed	ed during the event.)	)				
Parameter (e.g. BOD pl	Ð	Permit Limit	Exceedance (sa	mple res	sult)	Sample Date		
pН		6.5	6.4	1		11/10/2017		
Corrective Actions (Attach a chances of recurrence.)	description	of corrective actions taken	to restore the system	m to nor	mal opera	tion and to minimize or eliminate		
Increased testing frequency/ar	nalysis.							
Environmental Damage: (i	f yes, provide	details below)	∇es	Г	No	∇ Unknown		
Actual /Potential Impact on	Environment	/Public Health (describe i	n detail)					
Unknown								
to assure that qualified personne system, or those persons directly accurate, and complete. I am aw knowing violations.	el properly gath y responsible fo vare that there a	ner and evaluate the information gathering the information, the significant penalties for su	on submitted. Based or the information submit bmitting false informa	n my inqu tted is, to	uiry of the t	ossibility of fine and imprisonment for		
Name: Jim Westcott	Title:							
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

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GENERAL INFORMATIO	N	PERMIT# (if any): AK0	0023213							
Owner or Operator:		Facility Name:		Facility L						
City and Borough of Juneau		Juneau Douglas Wastewa	ater Treatment Facility	y Juneau, Al	X					
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	on Reporting:	Reported Hotline	How? (e.g. by phone):					
Date/Time Event was Notice 11/28/2017 @ 1620 pm	ed:	<b>Date/Time Reported:</b> 11/30/2017 @ 1620 pm		Name of I Hotline	DEC Staff Contacted:					
VERBAL NOTIFICATION	MUST BE M	ADE TO ADEC WITHI	ADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE							
INCIDENT DETAILS										
Period of Noncompliance		<b>Γime</b> (exact): 11/28/2017	me (exact): 11/28/2017 End Date/Time (exact): 11/28/2017							
If noncompliance has not be N/A	en corrected,	provide a statement rega	rding the anticipated	I time the noncom	pliance is expected to continue:					
Estimated Quantity involved (volume or weight): N/A										
Description of the noncomp	Description of the noncompliance and its cause (be specific):									
Unknown										
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 effluent testing thro	Increased effluent testing throughout the day.									
Permit Condition Deviation	(Identify eac	h permit condition exceed	ed during the event.	)						
Parameter (e.g. BOD pl	<u>1)</u>	Permit Limit	Exceedance (sa	imple result)	Sample Date					
pН		6.5	6.4	1	11/28/2017					
1										
Corrective Actions (Attach a chances of recurrence.)	a description	of corrective actions taken	to restore the system	m to normal opera	ation and to minimize or eliminate					
Increased effluent testing thro	ughout the day	y.								
Environmental Damage: (i	f yes, provide	details below)	T Yes	Г No	<b>▽</b> Unknown					
Actual /Potential Impact on	Environment	t/Public Health (describe i	n detail)							
Unknown										
to assure that qualified personne system, or those persons directly										
	Title.	Schiol Operator	Signature.	111						
		T TO ADEC WITHIN FI	The state of the s	OMING AWARE						

## 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: 11/1/2017

TO 11/30/2017

MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: X

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No.	Frequency of	Sample Type	
		Average	Maximum	1	Minimum	Average	Maximum	1	Ex.	Analysis	
ochemical Oxygen Demand ODS)	Sample meas.				*****		4)				
1 - Final Effluent 00310 R		Report monthly average	Report daily maximum	ibs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
ital Suspended Solids	Sample meas.				*****						
1 - Final Effluent 00530 R		Report monthly average	Report daily maximum	lbs/day		Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
oliform, fecal MF, M-FC broth, 1.5 C	Sample meas.	*****	*****		*****		*+				
1 - Final Effluent 31616 R	1 01 11110	*****	*****		******	Report monthly geometric mean	Report daily maximum	cts/100 m		When Discharging	Grab
w	Sample meas.				*****	*****	*****				
1 - Final Effluent 50050 R		Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
uration of Discharge	Sample meas.	*****			*****	*****	*****				
1 - Final Effluent 81381 R	Leimic	*****	report daily maximum	min/day	*****	******	*****			When Discharging	Instantaneous Reading

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		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluated the		-	
Mark Mow/Wastewater Collections SR.  Operator	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	Malf mors.		12/1/17
TOPED ON PRINTED	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	AREA/NUMBER	YY/MM/DD
TYPED OR PRINTED		AUTHORIZED AGENT	ANDATIONIDEN	11/14/14/00

### 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: 11/1/2017

TO 11/30/2017

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

NO DISCHARGE:

**Parameter Quantity or Loading** Units **Quality or Concentration** Units Frequency of Sample Type Ex. **Analysis** Average Maximum Minimum Maximum Average **Biochemical Oxygen Demand** Sample \*\*\*\*\* (BOD5) meas. \*\*\*\*\* 1 - Final Effluent Permit lbs/day Report Report Report Report mg/l When Discharging Grab monthly average daily maximum monthly average daily maximum 00310 R regmt Sample Total Suspended Solids \*\*\*\*\* meas. \*\*\*\*\* Report Report lbs/day Report Report mg/l When Discharging Grab 1 - Final Effluent Permit monthly average daily maximum monthly average daily maximum reqmt. 00530 R Coliform, fecal MF, M-FC broth. Sample \*\*\*\*\* 44.5 C meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Report Report cts/100 ml When Discharging Grab 1 - Final Effluent Permit monthly geometric daily maximum 31616 R reqmt mean Flow Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. MGD \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* When Discharging Report Report Recorded 1 - Final Effluent Permit monthly average daily maximum reqmt 50050 R Duration of Discharge Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. \*\*\*\*\* \*\*\*\*\* report min/day When Discharging Instantaneous 1 - Final Effluent Permit daily maximum Reading 81381 R regmt. 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		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system			
1	designed to assure that qualified personnel properly gather and evaluated the		10	
Mark Mow/Wastewater Collections SR. Operator	information submitted. Based on my inquiry of the person or persons who	4.4 . 0		
	manage the system, or those persons directly responsible for gathering the	Mall Trans		
	information, the information submitted is, to the best of my knowledge and	Mal J. Mow	907 586-0393	12/1/17
	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	EXECUTIVE OFFICER OR	1.0	
TYPED OR PRINTED	imprisonment for knowing violations.	AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD

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

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 11/1/2017

TO 11/30/2017

MONITORING POINT: 004 (N-15.1)(R)(DOUGLAS) NO DISCHARGE:

Parameter		Quantity of	r Loading	Units	Qua	Quality or Concentration		Units	No.	Frequency of	Sample Type
		Average	Maximum	1 1	Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****			la l			
1 - Final Effluent 00310 R		Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.				*****						
1 - Final Effluent 00530 R		Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	*****	*****		*****						**
1 - Final Effluent 31616 R	I CI IIII	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas.				*****	*****	*****				
1 - Final Effluent 50050 R		Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.	*****	- ×		*****	*****	*****				
1 - Final Effluent	Permit reqmt.	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617

Attach an explanation of of violations. Reference all attachments below.

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			
1	information submitted. Based on my inquiry of the person or persons who		1.0	ا را
Mark Mow/Wastewater Collections SR.	manage the system, or those persons directly responsible for gathering the	Mall. Mow.	•	12/1/17
	information, the information submitted is, to the best of my knowledge and	111an g. 1100.	907 586-0393	121117
Operator	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	EXECUTIVE OFFICER OR		
TYPED OR PRINTED	imprisonment for knowing violations.	AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD