Permit

Permit ID:

AK0023213

JUNEAU, CITY AND BOROUGH OF

Major: Permittee Address:

V 5433 SHAUNE DRIVE

Permittee:

Facility:

JUNEAU, CITY AND BOROUGH OF

JUNEAU, AK99801 1540 THANE ROAD

Facility Location:

JUNEAU-DOUGLAS WWTP

JUNEAU, AK99801

**Permitted Feature:** 

001 - External Outfall

**NetDMR Validated** 

Discharge:

001-A - (no description)

Report Dates & Status

**Monitoring Period:** 

From 12/01/17 to 12/31/17

**DMR Due Date:** 

01/15/18

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

First Name:

Randall

Value 1

**Last Name:** 

Brown

Title:

Wastewwater Treatment Plant Supervisor

Value 2

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

NODI Parameter Code Name

**Quantity or Loading** 

Units Value 1 **Quality or Concentration** 

Value 2 Value 3

# of **Analysis** 

Smpl. Type

Pai	ameter	NODI	Quanti	ty or Loading		Quantity 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
	Temperature, water deg. centigrade	Smpl.						=10.9	04 - deg C	0	05/WK - Five Per Week	GR = GRAB
1 - Efflu	ent Gross									_	OE /WK	
Season:	0	Req.						Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
	Oxygen, dissolved [DO]	Smpl.				=3.7		=8.2	19 - mg/L	0	05/WK - Five Per Week	GR - GRAB
L - Efflu	ent Gross										05/WK -	
Season:	0	Req.				>=2 DAILY MN		<=17 DAILY MX	19 - mg/L		Five Per Week	GR - GRAB
IODI: -		NODI										
	BOD, 5-day, 20 deg. C ent Gross	Smpl.	=41	=102	26 - lb/d		=8	=26	19 - mg/L	0	01/30 - Monthly	24 - COMP2
Season:		Req.	<=690 MO AVG	<=1380 DAILY	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP2
IODI: -		NODI			ŕ				-		·	
00310	BOD, 5-day, 20 deg. C	Smpl.	=1323		26 -		=254		19 -	0	01/30 -	24 -
6 - Raw Influent	Sewage				lb/d				mg/L		Monthly	COMP2
eason:	0	Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - COMP2
IODI: -		NODI										
	BOD, 5-day, 20 deg. C	Smpl.	=71		26 - lb/d		=18		19 + mg/L	0	01/30 - Monthly	24 - COMP2
N - See	Comments		4. 103E WKIV		26		-AE WKIV		19 -		01/30 -	24 -
Season:	0	Req.	<=1035 WKLY AVG		26 - lb/d		<=45 WKLY AVG		mg/L		Monthly	COMP2
IODI: -		NODI										
<b>X</b> 00400	рН	Smpl.				=6		=7.2	12 - SU	4	05/WK - Five Per Week	GR = GRAB
1 - Efflu Season:	ent Gross	Req.				>=6.5 MINIMUM		<=8.5 MAXIMUM	12 - SIJ		05/WK - Five Per	GR -
Jeuson.	v	itoq.				- 0,5 ,111111011					Week	GRAB
10DI: -		NODI										
	Solids, total suspended	Smpl.	=38	=86	26 - lb/d		=7	=22	19 = mg/L	0	01/30 - Monthly	24 = COMP2
eason:	ent Gross	Req.	<=690 MO AVG	<=1380 DAILY	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		01/30 - Monthly	24 = COMP2
NODI: •		NODI	AVG	PIA	ів/ а		AVG		mg/ L		Honeiny	COM
	Solids, total											
G - Raw Influent	suspended Sewage	Smpl.	=1215		26 - lb/d		=244		19 <del>-</del> mg/L	0	01/30 - Monthly	24 = COMP
Season		Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 = mg/L		01/30 - Monthly	24 - COMP
NODI: -		NODI										
	Solids, total suspended	Smpl.	=61		26 - lb/d		=15		19 - mg/L	0	01/30 - Monthly	24 - COMP:
	_		!		,				J			
W - See	Comments		-1025		25		Z-AF WILLY		10 -		01/20	24
N - See Season	: 0	Req.	<=1035 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		01/30 - Monthly	24 - COMP

Pa	rameter	NODI	Qua	ntity or Loading			Quality or Co	ncentration		#_	Freq. of	Smpl.
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
	Nitrogen, ammonia total [as N]								19 <u>-</u> mg/L		01/30 - Monthly	24 = COMP24
1 - Efflu	ent Gross								mg/ c		Honding	COME
Season:	0	Req.					<=14 MO AVG	<=30 DAILY MX	19± mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.					=2		19 - mg/L	0	01/30 - Monthly	24 - COMP24
W - See	Comments								9/ =		Honemy	COTTLET
Season:	0	Req.					<=21 WKLY AVG		19 <u>*</u> mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
	Copper, total recoverable	Smpl.										
1 - Efflu	ent Gross							Dec Mars DATIV			0.1.10.0	
Season:	0	Req.						Req Mon DAILY MX	28 - ug/L		01/90 - Quarterly	24 - COMP24
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
50050	Flow, in conduit or thru treatment	Smpl.	=0.96	=2.6	03 -					0	99/99 -	RC - Recorder
1 - Efflu	plant ent Gross				MGD						Continuous	(auto)
Season:		Req.	<=2.76 MO AVG	<=6 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorder
NODI: -		NODI										(auto)
51211	Enterococci	Smpl.										
í - Efflu	ent Gross	<b>p</b>										
Season:	0	Req.						Req Mon DAILY MX	13 = #/100mL		09/99 - See Permit	GR = GRAB
NODI: -		NODI						9 - Conditional Monitoring - Not Required This Period				
	Coliform,							Teriod	10		0.1.10=	
	fecal general ent Gross	Smpl.					=2	=5	13 - #/100mL	0	01/07 - Weekly	GR - GRAB
Season:	0	Req.					<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL		01/07 -	GR -
NODI: -		NODI					GLOFIN	MA	#/100IIIL		Weekly	GRAB
	Coliform, fecal general								13 -		01/07 -	CB
	Comments	Smpl.					=5		#/100mL	0	Weekly	GR - GRAB
Season:	0	Req.					<=400 WKLY AVG		13 - #/100mL		01/07 - Weekly	GR -
10DI: -		NODI					AVG		#/100IIIL		weekiy	GRAB
	BOD, 5-day, percent removal	Smpl.				=97			23 - %	0	01/30 -	CA -
C - Perce	ent Removal										Monthly	CALCTD
ieason:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI									Honding	CALCID
24044	Solids,											

Pai	rameter –	NODI	Quant	ity or Loading			Quality or Conce	entration		# of	Freq. of Analysis	Smpl. Type
Code	Nam	ie	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	•	
Season:	0	Req.				=85 MN % MV			23 - %		01/30 - Monthly	CALCTI
NODI:		NODI										
Submis	sion No	ote										
f a para Inits, N	ameter r umber o	row does not c of Excursions,	ontain any val Frequency of A	ues for the Sa Analysis, and S	mple nor Ef Sample Type	fluent Tradi e.	ing, then none of th	e following fi	elds will be s	ubmitt	ed for that	row:
dit Ch	eck Err	ors										
Parai	neter	Monitoria	ng	etata		<b>T</b>		Description			Aelen	owledge
Code	Name	Locatio		Field		Туре		Description			ACKII	owiedge
00400	рН	1 - Effluent Gr	oss Quality Value 1	or Concentration	n Sample		the provided sample vicode: 1 )	alue is outside	the permit li	mit. (En	ror	<b>✓</b>
Comme	ents											
Attachi	nents											
Name						Туре		Size				
2599_0	01.pdf					pdf		69386	6			
Report	Last Sa	aved By										
UNEA	U, CITY	AND BOROU	GH OF									
Jser:			CBJWASTEW	ATER1								
Name:			James Westo	ott								
E-Mail:			jim.westcott@	@juneau.org								
Date/Tir	me:		2018-01-10	14:42 (Time Z	one:-09:00	)						
Report	Last Si	gned By										
Jser:			CBJWASTEW	ATER1								
Name:			James Westc	ott								
E-Mail:			jim.westcott@	@juneau.org								
Date/Tii	me:		-	14:42 (Time Z	one:-09:00	)						
										_		

 $https://netdmr.epa.gov/netdmr/protected/search\_dmr.htm?\_flowId=permitadmin\_access\_re...~~1/10/2018$ 



Division of Water, Compliance and Enforcement Program
555 Cordova Street
Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

# NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK0	002321-3			
Owner or Operator:		Facility Name:			Facility L	
City and Borough of Juneau		Juneau Douglas Wastewa	ater Treatment Facility	У	Juneau, A	K
Person Reporting:		Phone Numbers of Perso	on Reporting:		Reported	How? (e.g. by phone):
Jim Westcott		907-586-0393			Hotline	
Date/Time Event was Noticed	:	Date/Time Reported:			Name of I	DEC Staff Contacted:
12/1/2017 @ 0910 am		12/2/2017 @ 0930 am			Hotline	
VERBAL NOTIFICATION N	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF DI	SCOVE	CRY OF N	ONCOMPLIANCE
INCIDENT DETAILS (						
		ime (exact): 12/1/2017 @				
						(exact): 12/1/2017 @ 0900 am
If noncompliance has not bee N/A	n corrected,	provide a statement rega	rding the anticipated	d time t	ne noncom	pliance is expected to continue:
Estimated Quantity involved N/A	(volume or v	weight):				
Description of the noncomplia	ance and its	cause (be specific):				
Unknown						
	lied drinking	g water to nearby well ow				pact on Environmental Health drink from wells until further
D 11 C 1111 D 1 11 11						
Permit Condition Deviation (		·			140	C I D /
Parameter (e.g. BOD pH)	L.	Permit Limit	Exceedance (sa		suit)	Sample Date
рН		6,5	6.3	7		12/1/2017
Corrective Actions (Attach a chances of recurrence.)	description (	of corrective actions taken	to restore the system	m to no	mal opera	ation and to minimize or eliminate
Increased testing frequency/an	alvsis.					
Environmental Damage: (if	yes, provide	details below)	☐ Yes	Г	No	<b>▽</b> Unknown
Actual /Potential Impact on E	nvironment	Public Health (describe i	n detail)			
Unknown		·	·			
to assure that qualified personnel system, or those persons directly	properly gatheresponsible fo	er and evaluate the information, gathering the information,	on submitted. Based or the information submit	n my inq tted is, to	uiry of the the the best of	in accordance with a system designed person or persons who manage the my knowledge and belief, true, ossibility of fine and imprisonment for

knowing violations.

stcott Title: Senior Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. Name: Jim Westcott 11/15 /2017



Division of Water, Compliance and Enforcement Program 555 Cordova Street

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# NONCOMPLIANCE NOTIFICATION

1.								
GENERAL INFORMATIO	N	PERMIT# (if any): AK	002321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastew	ater Treatment Fac	cility	Facility L. Juneau, A.			
Person Reporting:		Phone Numbers of Pers	son Reporting:		Reported	How? (e.g. by phone):		
Karen Sewell		907-586-0393			Hotline			
Date/Time Event was Notice	d:	Date/Time Reported:				DEC Staff Contacted:		
12/22/2017 @ 0800 am		12/22/2017 @ 0830 am			Hotline			
VERBAL NOTIFICATION								
INCIDENT DETAILS	(attach ad	ditional sheets, lab r	eports, and ph	otos as	necessary			
Period of Noncompliance	Start Date/7	Γime (exact): 12/22/2017	7 @ 0800 am	End l	Date/Time	(exact): 12/25/2017 @ 0800 am		
If noncompliance has not be N/A	en corrected	, provide a statement reg	arding the anticip	ated time	the nonco	mpliance is expected to continue:		
Estimated Quantity involved N/A	l (volume or	weight):						
Description of the noncompl	iance and its	s 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/ar	nalysis.							
Permit Condition Deviation		h permit condition excee						
Parameter (e.g. BOD pH	D	Permit Limit	Exceedance	(sample r	esult)	Sample Date		
pН		6.5		6.0		12/22/2017		
Corrective Actions (Attach a eliminate chances of recurre	description nce.)	of corrective actions take	en to restore the sy	ystem to 1	normal ope	ration and to minimize or		
Increased testing frequency/an	alysis.							
Environmental Damage: (if	yes, provide	details below)	<b>┌</b> Yes		No	<b>▽</b> Unknown		
Actual /Potential Impact on	Environmen	t/Public Health (describe	in detail)					
Unknown								
manage the system, or those per	personnel pro sons directly r ete. I am awar	operly gather and evaluate the responsible for gathering the	e information subminformation, the inf	itted. Base ormation s	d on my inq submitted is,	n in accordance with a system uiry of the person or persons who to the best of my knowledge and neluding the possibility of fine and		
				V	1			
Name: Karen Sewell	Title:	Treatment Operator	Signature:	Ellen	T Jewe	Date: 12/22 /2017		
FUKIVIS MIU	OI DE SEN	<b>I TO ADEC WITHIN FI</b>	VE DAYS OF BE	COMING	AWAKE	OF THE EVENT.		



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# **NONCOMPLIANCE NOTIFICATION**

	DEDICTE (40 ) AT	7000001.0								
GENERAL INFORMATION	PERMIT# (if any): AK	.002321-3	1							
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas Wastev	vater Treatment Facility	Facility L Juneau, A							
Person Reporting:	Phone Numbers of Pers	son Reporting:	Reported	How? (e.g. by phone):						
Karen Sewell	907-586-0393		Hotline							
Train Seviell			Tionine							
Date/Time Event was Noticed:	Date/Time Reported:		Name of I	OEC Staff Contacted:						
12/23/2017 @ 0800 am	12/23/2017 @ 0830 am		Hotline							
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITH	IN 24 HOURS OF DISC	OVERY OF	NONCOMPLIANCE						
<b>INCIDENT DETAILS (attack</b>										
	ate/Time (exact): 12/23/201			(exact): 12/25/2017 @ 0800 am						
If noncompliance has not been corre	ected, provide a statement reg	arding the anticipated ti	me the nonco	mpliance is expected to continue:						
Estimated Quantity involved (volum N/A	e or weight):									
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 testing frequency/analysis.										
Permit Condition Deviation (Identify	v each permit condition excee	ded during the event.)								
Permit Condition Deviation (Identify Parameter (e.g. BOD pH)			e result)	Sample Date						
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample	e result)	Sample Date						
			e result)	Sample Date 12/23/2017						
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample	e result)							
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample	e result)							
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample	e result)							
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample	e result)							
Parameter (e.g. BOD pH) pH	Permit Limit 6.5	Exceedance (sample 6.22	ř	12/23/2017						
Parameter (e.g. BOD pH)  pH  Corrective Actions (Attach a descrip	Permit Limit 6.5	Exceedance (sample 6.22	ř	12/23/2017						
Parameter (e.g. BOD pH) pH	Permit Limit 6.5	Exceedance (sample 6.22	ř	12/23/2017						
Parameter (e.g. BOD pH)  pH  Corrective Actions (Attach a descrip eliminate chances of recurrence.)	Permit Limit 6.5 tion of corrective actions take	Exceedance (sample 6.22	o normal ope	12/23/2017						
Parameter (e.g. BOD pH)  pH  Corrective Actions (Attach a descrip eliminate chances of recurrence.)  Increased testing frequency/analysis.	Permit Limit 6.5  tion of corrective actions take	Exceedance (sample 6.22)  en to restore the system (	ř	12/23/2017						
Parameter (e.g. BOD pH) pH  Corrective Actions (Attach a descrip eliminate chances of recurrence.)  Increased testing frequency/analysis.  Environmental Damage: (if yes, pro Actual /Potential Impact on Environ	Permit Limit 6.5  tion of corrective actions take	Exceedance (sample 6.22)  en to restore the system (	o normal ope	12/23/2017						
Parameter (e.g. BOD pH) pH  Corrective Actions (Attach a descrip eliminate chances of recurrence.)  Increased testing frequency/analysis.  Environmental Damage: (if yes, pro Actual /Potential Impact on Environ Unknown	Permit Limit 6.5  ction of corrective actions take evide details below) ment/Public Health (describe	Exceedance (sample 6.22 6.22 Find the system of the system	o normal ope	12/23/2017  ration and to minimize or  ✓ Unknown						
Parameter (e.g. BOD pH) pH  Corrective Actions (Attach a descrip eliminate chances of recurrence.)  Increased testing frequency/analysis.  Environmental Damage: (if yes, pro Actual /Potential Impact on Environ	Permit Limit 6.5  ction of corrective actions take evide details below) ment/Public Health (describe cument and all attachments were el properly gather and evaluate the ctly responsible for gathering the	Exceedance (sample 6.22  6.22  Presentore the system of th	n or supervision ased on my inque on submitted is,	ration and to minimize or  Unknown  in in accordance with a system uity of the person or persons who to the best of my knowledge and						
Parameter (e.g. BOD pH) pH  Corrective Actions (Attach a descrip eliminate chances of recurrence.)  Increased testing frequency/analysis.  Environmental Damage: (if yes, pro Actual /Potential Impact on Environ Unknown  I certify under penalty of law that this dod designed to assure that qualified personne manage the system, or those persons dire belief, true, accurate, and complete. I am	Permit Limit 6.5  ction of corrective actions take evide details below) ment/Public Health (describe cument and all attachments were el properly gather and evaluate the ctly responsible for gathering the	Exceedance (sample 6.22  6.22  Presentore the system of th	n or supervision ased on my inque on submitted is,	ration and to minimize or  Unknown  in in accordance with a system uity of the person or persons who to the best of my knowledge and						
Parameter (e.g. BOD pH) pH  Corrective Actions (Attach a descrip eliminate chances of recurrence.)  Increased testing frequency/analysis.  Environmental Damage: (if yes, pro Actual /Potential Impact on Environ Unknown  I certify under penalty of law that this dod designed to assure that qualified personne manage the system, or those persons dire belief, true, accurate, and complete. I am imprisonment for knowing violations.	Permit Limit 6.5  ction of corrective actions take evide details below) ment/Public Health (describe cument and all attachments were el properly gather and evaluate the ctly responsible for gathering the	Exceedance (sample 6.22  6.22  Presentore the system of th	n or supervision ased on my inque on submitted is,	ration and to minimize or  Unknown  in in accordance with a system uity of the person or persons who to the best of my knowledge and						



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## NONCOMPLIANCE NOTIFICATION

<u> </u>									
GENERAL INFORMATIO	N	PERMIT# (if any): AK	002321-3						
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastew	ater Treatment Facili		Location: AK				
Person Reporting:		Phone Numbers of Pers	on Reporting:	Reporte	d How? (e.g. by phone):				
Karen Sewell		907-586-0393		Hotline					
Date/Time Event was Notice	ed:	Date/Time Reported:		Name of	DEC Staff Contacted:				
12/24/2017 @ 0800 am		12/24/2017 @ 0830 am		Hotline					
VERBAL NOTIFICATION	MUST BE	MADE TO ADEC WITH	IN 24 HOURS OF D	DISCOVERY OF	NONCOMPLIANCE				
INCIDENT DETAILS	(attach ad	lditional sheets, lab r	eports, and phot	os as necessar	<b>v</b> )				
Period of Noncompliance		<b>Γime</b> (exact): 12/24/2017			e (exact): 12/25/2017 @ 0800 am				
N/A			arding the anticipat	ed time the nonc	ompliance is expected to continue:				
Estimated Quantity involve N/A	d (volume or	weight):							
Description of the noncomp	liance and its	s 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/as	nalysis.								
Permit Condition Deviation	(Identify eac	ch permit condition excee							
Parameter (e.g. BOD pl	1)	Permit Limit	Exceedance (sa	imple result)	Sample Date				
pH		6.5	6.42	2	12/24/2017				
Corrective Actions (Attach a		of corrective actions take	en to restore the syst	tem to normal op	eration and to minimize or				
Increased testing frequency/ar	nalysis.								
Environmental Damage: (i	f yes, provide	e details below)	☐ Yes	Г No	<b>▽</b> Unknown				
Actual /Potential Impact on	Environmen	t/Public Health (describe	in detail)						
Unknown									
manage the system, or those pe	l personnel pro rsons directly i lete. I am awai	operly gather and evaluate the responsible for gathering the	e information submitte information, the infor	ed. Based on my in mation submitted i	on in accordance with a system quiry of the person or persons who s, to the best of my knowledge and including the possibility of fine and				
Name: Karen Sewell	Title:	Treatment Operator	Signature:	Men ent	Date: 12/24 /2017				
		T TO ADEC WITHIN FI	- Marine and the same and the s	OMING AWAR					

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

CONTACT NAME: Mark Mow

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 155 S. Seward Street

LOCATION: 1540 Thane Rd

Juneau, AK 99801

Juneau, AK 99801 PERMIT NUMBER: AK0023213

MONITORING PERIOD: 12/1/2017

TO 12/31/2017

MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

		r Loading	Units	Qua	lity or Concentra	ition	Units	No.	Frequency of	Sample Type
	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Sample meas.				*****						
Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Sample meas.	11			*****						
Permit reqmt	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Sample meas.	*****	*****		*****						
Permit reqmt.	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Sample meas.				*****	*****	*****				
Permit reqmt.	Report monthly average	Report daily maximum	MGD		******	*****			When Discharging	Recorded
Sample meas.	*****			*****	*****	*****				
Permit reqmt.	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading
	meas. Permit reqmt. Sample meas. Permit reqmt. Sample meas. Permit reqmt. Sample meas. Permit reqmt. Sample meas. Permit reqmt.	meas.  Permit reqmt.  Sample meas.  Permit reqmt.	meas.  Report Report daily maximum  Report monthly average  Report Report daily maximum  Report monthly average daily maximum  Report monthly average daily maximum  Report daily maximum  Report daily maximum  Report daily maximum  Report monthly average daily maximum  Report monthly average daily maximum  Report monthly average daily maximum  Report daily maximum  Report daily maximum	meas.  Report monthly average daily maximum  Report monthly average daily maximum  Report meas.  Report daily maximum  Report daily maximum  MGD  Report daily maximum  MGD	meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Report daily maximum  Report daily maximum  Report daily maximum  Sample meas.  Permit reqmt.  Report daily maximum  ******  ******  ******  ******  ******	meas.  Report Report daily maximum  Report monthly average  Report monthly geometric mean  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average	meas.  Report Report daily maximum  Report daily maximum  Report monthly average  Report monthly average  Report monthly average  Report monthly average  Report monthly geometric mean  Report monthly geometric mean  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly geometric aliany maximum  Report monthly average  Report daily maximum  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report monthly geometric daily maximum  Report monthly geometric daily maximum  Report monthly average  Report monthly aver	meas.  Permit reqmt.  Report monthly average daily maximum  Report monthly average daily maximum  Report monthly average meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Report monthly average daily maximum  Sample meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Report monthly average daily maximum  MGD  ******  *****  *****  *****  *****  ****	meas.  Report Report daily maximum  Report monthly average  Report daily maximum  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly geometric mean  Report daily maximum  Report daily maximum  Report daily maximum  Report monthly average  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report daily maximum  Report monthly average  Report monthly average  Report monthly average  Report daily maximum  Report daily maximum	Permit reqmt.  Sample meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Sample meas.  Report monthly average daily maximum  Sample meas.  Permit reqmt.  Sample meas.  Permit reqmt.  Sample meas.  Report monthly average daily maximum  Sample meas.  Report monthly geometric mean  Report daily maximum  MGD  ******  *****  *****  *****  *****  ****

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			
	information submitted. Based on my inquiry of the person or persons who			
Mark Mow/Wastewater Collections SR.	manage the system, or those persons directly responsible for gathering the	M-11 -m-		1/1/18
· ·	information, the information submitted is, to the best of my knowledge and	Mal & Mow	907 586-0393	111110
	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

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

CONTACT NAME: Mark Mow

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 155 S. Seward Street

LOCATION: 1540 Thane Rd

Juneau, AK 99801

Juneau, AK 99801

MONITORING PERIOD: 12/1/2017

12/31/2017

PERMIT NUMBER: AK0023213

MONITORING POINT: 002 (N-11) (P) Sta AF

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
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		*****	*****		*****	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 81381 R	I CI IIII C	*****	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.

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	information submitted. Based on my inquiry of the person or persons who			
Mark Mow/Wastewater Collections SR.	manage the system, or those persons directly responsible for gathering the	M Al mar		1/1/18
	information, the information submitted is, to the best of my knowledge and	Marl Mon.	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	EXECUTIVE OFFICER OR		
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: 12/1/2017

TO 12/31/2017

NO DISCHARGE:

MONITORING POINT: 003 (N11.2) (Q) Sta C Parameter Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Analysis Average Maximum Minimum Maximum Average Biochemical Oxygen Demand Sample \*\*\*\*\* (BOD5) meas. lbs/day 1 - Final Effluent Report Report When Discharging Report Report mg/l Grab Permit monthly average daily maximum monthly average daily maximum 00310 R reqmt. **Total Suspended Solids** Sample \*\*\*\*\* meas. \*\*\*\*\* 1 - Final Effluent Report Report lbs/dav Report mg/l When Discharging Report Grab Permit monthly average daily maximum monthly average daily maximum 00530 R reqmt. Coliform, fecal MF, M-FC broth, Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. 44.5 C \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* cts/100 ml When Discharging 1 - Final Effluent Report Report Grab Permit monthly geometric daily maximum 31616 R reqmt. mean Sample Flow \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MGD 1 - Final Effluent Report Report When Discharging Recorded Permit monthly average daily maximum 50050 R reqmt. Sample Duration of Discharge \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* When Discharging report min/day Instantaneous 1 - Final Effluent Permit daily maximum Reading 81381 R reqmt. 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.

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· ·	information, the information submitted is, to the best of my knowledge and	Mal & mow,	907 586-0393	,,,,,,
Operator	belief, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL		
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