

Permit

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

Major:
Permittee Address: 5433 SHAUNE DRIVE
 JUNEAU , AK99801
Facility Location: 1540 THANE ROAD
 JUNEAU-DOUGLAS WWTP
 JUNEAU , AK99801

Permitted Feature: 001 - External Outfall

Discharge: 001-A - (no description)

Report Dates & Status

Monitoring Period: From 12/01/17 to 12/31/17

DMR Due Date: 01/15/18

Status: NetDMR Validated

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

First Name: Randall
Title: Wastewater Treatment Plant Supervisor

Last Name: Brown
Telephone: 907-586-0393

No Data Indicator (NODI)

Form NODI: -

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

Parameter Code	Parameter Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type	
			Value 1	Value 2	Units	Value 1	Value 2	Value 3				Units
00010	Temperature, water deg. centigrade	Smpl.						=10.9	04 - deg C	0	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.						Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
00300	Oxygen, dissolved [DO]	Smpl.			=3.7			=8.2	19 - mg/L	0	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.			>=2 DAILY MN			<=17 DAILY MX	19 - mg/L		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=41	=102	26 - lb/d	=8		=26	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		Req.	<=690 MO AVG	<=1380 DAILY MX	26 - lb/d	<=30 MO AVG		<=60 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=1323		26 - lb/d	=254			19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		Req.	Req Mon MO AVG		26 - lb/d	Req Mon MO AVG			19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=71		26 - lb/d	=18			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										
X	00400 pH	Smpl.			=6			=7.2	12 - SU	4	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.			>=6.5 MINIMUM			<=8.5 MAXIMUM	12 - SU		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
00530	Solids, total suspended	Smpl.	=38	=86	26 - lb/d	=7		=22	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		Req.	<=690 MO AVG	<=1380 DAILY MX	26 - lb/d	<=30 MO AVG		<=60 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00530	Solids, total suspended	Smpl.	=1215		26 - lb/d	=244			19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		Req.	Req Mon MO AVG		26 - lb/d	Req Mon MO AVG			19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00530	Solids, total suspended	Smpl.	=61		26 - lb/d	=15			19 - mg/L	0	01/30 - Monthly	24 - COMP24
W - See Comments												
Season: 0		Req.	<=1035 WKLY AVG		26 - lb/d	<=45 WKLY AVG			19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00610		Smpl.				=2		=2		0		

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
	Nitrogen, ammonia total [as N]							19 - mg/L	01/30 - Monthly	24 - COMP24	
1 - Effluent Gross											
Season:	0	Req.				<=14 MO AVG	<=30 DAILY MX	19 - mg/L	01/30 - Monthly	24 - COMP24	
NODI:	-	NODI									
00610	Nitrogen, ammonia total [as N]	Smpl.				=2		19 - mg/L	01/30 - Monthly	24 - COMP24	
W - See Comments											
Season:	0	Req.				<=21 WKLY AVG		19 - mg/L	01/30 - Monthly	24 - COMP24	
NODI:	-	NODI									
01119	Copper, total recoverable	Smpl.									
1 - Effluent Gross											
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 plant	Smpl.	=0.96	=2.6	03 - MGD				99/99 - Continuous	RC - Recorder (auto)	
1 - Effluent Gross											
Season:	0	Req.	<=2.76 MO AVG	<=6 DAILY MX	03 - MGD				99/99 - Continuous	RC - Recorder (auto)	
NODI:	-	NODI									
61211	Enterococci	Smpl.									
1 - Effluent Gross											
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.				=2	=5	13 - #/100mL	01/07 - Weekly	GR - GRAB	
1 - Effluent Gross											
Season:	0	Req.				<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL	01/07 - Weekly	GR - GRAB	
NODI:	-	NODI									
74055	Coliform, fecal general	Smpl.				=5		13 - #/100mL	01/07 - Weekly	GR - GRAB	
W - See Comments											
Season:	0	Req.				<=400 WKLY AVG		13 - #/100mL	01/07 - Weekly	GR - GRAB	
NODI:	-	NODI									
81010	BOD, 5-day, percent removal	Smpl.			=97			23 - %	01/30 - Monthly	CA - CALCTD	
K - Percent Removal											
Season:	0	Req.			>=85 MN % RMV			23 - %	01/30 - Monthly	CA - CALCTD	
NODI:	-	NODI									
81011	Solids, suspended percent removal	Smpl.			=97			23 - %	01/30 - Monthly	CA - CALCTD	
K - Percent Removal											

Parameter		Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3			
Season: 0	NODI				>=85 MN % RMV			23 - %	01/30 - Monthly	CA - CALCTD
NODI: -		NODI								

Submission Note

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

Edit Check Errors

Parameter Code	Name	Monitoring Location	Field	Type	Description	Acknowledge
00400	pH	1 - Effluent Gross	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>

Comments

Attachments

Name	Type	Size
2599_001.pdf	pdf	693866

Report Last Saved By

JUNEAU, CITY AND BOROUGH OF

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2018-01-10 14:42 (Time Zone:-09:00)

Report Last Signed By

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2018-01-10 14:42 (Time Zone:-09:00)



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

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

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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Hotline
Date/Time Event was Noticed: 12/1/2017 @ 0910 am		Date/Time Reported: 12/2/2017 @ 0930 am	Name of DEC Staff Contacted: Hotline

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

Period of Noncompliance	Start Date/Time (exact): 12/1/2017 @ 0900 am	End Date/Time (exact): 12/1/2017 @ 0900 am
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A		
Estimated Quantity involved (volume or weight): N/A		
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 throughout the week.		

Permit Condition Deviation (Identify each permit condition exceeded during the event.)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
pH	6.5	6.37	12/1/2017

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Increased testing frequency/analysis.

Environmental Damage: (if yes, provide details below)

Yes

No

Unknown

Actual /Potential Impact on Environment/Public Health (describe in detail)

Unknown

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jim Westcott

Title: Senior Operator

Signature:



Date: 11/15 /2017

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



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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002321-3
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Karen Sewell	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Hotline
Date/Time Event was Noticed: 12/22/2017 @ 0800 am	Date/Time Reported: 12/22/2017 @ 0830 am	Name of DEC Staff Contacted: Hotline

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

Period of Noncompliance	Start Date/Time (exact): 12/22/2017 @ 0800 am	End Date/Time (exact): 12/25/2017 @ 0800 am
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A		
Estimated Quantity involved (volume or weight): N/A		
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 each permit condition exceeded during the event.)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
pH	6.5	6.0	12/22/2017

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Increased testing frequency/analysis.

Environmental Damage: (if yes, provide details below) Yes No Unknown

Actual /Potential Impact on Environment/Public Health (describe in detail)

Unknown

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Name: Karen Sewell **Title:** Treatment Operator **Signature:**  **Date:** 12/22 /2017

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



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Karen Sewell		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Hotline
Date/Time Event was Noticed: 12/23/2017 @ 0800 am		Date/Time Reported: 12/23/2017 @ 0830 am	Name of DEC Staff Contacted: Hotline
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 12/23/2017 @ 0800 am	End Date/Time (exact): 12/25/2017 @ 0800 am	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): N/A			
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 each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
pH	6.5	6.22	12/23/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased testing frequency/analysis.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Karen Sewell	Title: Treatment Operator	Signature:	Date: 12/23/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Karen Sewell		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Hotline
Date/Time Event was Noticed: 12/24/2017 @ 0800 am		Date/Time Reported: 12/24/2017 @ 0830 am	Name of DEC Staff Contacted: Hotline
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 12/24/2017 @ 0800 am	End Date/Time (exact): 12/25/2017 @ 0800 am	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): N/A			
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 each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
pH	6.5	6.42	12/24/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased testing frequency/analysis.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Karen Sewell	Title: Treatment Operator	Signature:	Date: 12/24 /2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

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

CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 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: X

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

COMMENTS:

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

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Mark Mow/Wastewater Collections SR. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393	11/1/18
TYPED OR PRINTED		AREA/NUMBER	YY/MM/DD

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

CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213


MONITORING PERIOD: 12/1/2017 TO 12/31/2017

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

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

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Mark Mow/Wastewater Collections SR. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393	11/1/18
TYPED OR PRINTED		AREA/NUMBER	YY/MM/DD

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

CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 12/1/2017 TO 12/31/2017

MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: X

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

COMMENTS:

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 Mark Mow/Wastewater Collections SR. Operator	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 907 586-0393	DATE 11/1/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Mark Mow	AREA/NUMBER	YY/MM/DD