Permit Permit ID:

AK0023213

Permittee: JUNEAU, CITY AND BOROUGH OF

Facility: JUNEAU, CITY AND BOROUGH OF Permittee Address: **Facility Location:**

5433 SHAUNE DRIVE JUNEAU, AK99801

1540 THANE ROAD JUNEAU-DOUGLAS WWTP JUNEAU , AK99801

07/15/18

001 - External Outfall Discharge: 001-A - (no description)

DMR Due Date:

Major:

Permitted Feature: Report Dates & Status

From 06/01/18 to 06/30/18 **Monitoring Period:**

Status: **NetDMR Validated**

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

Last Name: First Name: Randall Brown 907-586-0393 Title: Wastewwater Treatment Plant Supervisor Telephone:

No Data Indicator (NODI)

Form NODI:

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

| Pa | rameter | NODI | Quant | ity or Loading | | | Quality or Cor | ncentration | | # of | Freq. of Analysis | Smpl. Type |
|----------------------|--|-------|--------------------|--------------------|--------------|---------------|-------------------|---------------------|-------------------------|---------|-----------------------------|----------------|
| Code | Name | | Value 1 | Value 2 | Units | Value 1 | Value 2 | Value 3 | Units | Ex. | Allalysis | 1700 |
| | Temperature, water deg. centigrade | Smpl. | | | | | | =18.7 | 04 - deg C | 0 | 05/WK - Five Per Week | GR - GRAB |
| 1 - EIIIU | ent Gross | | | | | | | | | | 05/WK - | |
| Season: | 0 | Req. | | | | | | Req Mon DAILY MX | 04 - deg C | | Five Per Week | GR = GRAB |
| NODI: - | | NODI | | | | | | | | | | |
| | Oxygen, dissolved [DO] | Smpl. | | | | =3.7 | | =5.5 | 19 - mg/L | 0 | 05/WK - Five Per Week | GR = GRAB |
| 1 - Efflu | ent Gross | | | | | | | | | | 05/WK - | |
| Season: | 0 | Req. | | | | >=2 DAILY MN | | <=17 DAILY MX | 19 - mg/L | | Five Per Week | GR - GRAB |
| NODI: = | | NODI | | | | | | | | | | |
| | BOD, 5-day, 20 deg. C | Smpl. | =64 | =155 | 26 - lb/d | | =9 | =21 | 19 - mg/L | 0 | 01/30 - Monthly | 24 - COMP24 |
| 1 - Efflu | ent Gross | | <-600 MO | <-1390 DATLY | 76 | | <-30 MO | | 10 = | | 01/30 | 24 - |
| 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 | | | | | | | | | | |
| | BOD, 5-day, 20 deg. C Sewage | Smpl. | =2129 | | 26 - lb/d | | =306 | | 19 - mg/L | 0 | 01/30 - Monthly | 24 - COMP24 |
| 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 | | | | | | | | | | |
| | BOD, 5-day, 20 deg. C | Smpl. | =102 | | 26 - lb/d | | =15 | | 19 = mg/L | 0 | 01/30 - Monthly | 24 € COMP24 |
| Season: | | Req. | <=1035 WKLY AVG | | 26 - lb/d | | <=45 WKLY AVG | | 19 - mg/L | | 01/30 - Monthly | 24 - COMP24 |
| NODI: - | | NODI | AVG | | 10/4 | | A**O | | mg/ L | | Honemy | CO1111 2-1 |
| 00400 | рΗ | | | | | | | | | | 05/WK - | GR = |
| 1 - Efflu | ent Gross | Smpl. | | | | =6.5 | | =7.2 | 12 - SU | 0 | Five Per Week | GRAB |
| Season: | 0 | Req. | | | | >=6.5 MINIMUM | | <=8.5 MAXIMUM | 12 - SU | | 05/WK - Five Per Week | GR = GRAB |
| NODI: - | | NODI | | | | | | | | | | |
| | Solids, total suspended | Smpl. | =102 | =162 | 26 - Ib/d | | =25 | =15 | 19 - mg/L | 0 | 01/30 - Monthly | 24 - COMP24 |
| 1 - Efflu Season: | ent Gross | Req. | <=690 MO | <=1380 DAILY | | | <=30 MO | <=60 DAILY MX | 19 - | | 01/30 - | 24 - |
| | | | AVG | MX | lb/d | | AVG | | mg/L | | Monthly | COMP24 |
| NODI: - 00530 | Solids, total | NODI | | | | | | | | | | |
| G - Raw Influent | suspended Sewage | Smpl. | =1750 | | 26 - lb/d | | =253 | | 19 - mg/L | 0 | 01/30 - Monthly | 24 - 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. | =144 | | 26 - lb/d | | =21 | | 19 - mg/L | 0 | 01/30 - Monthly | 24 - COMP24 |
| W - See | Comments | | | | .5/4 | | | | | | | |
| Season: | : 0 | Req. | <=1035 WKLY AVG | | 26 - lb/d | | <=45 WKLY AVG | | 19 - mg/L | | 01/30 - Monthly | 24 - COMP24 |
| NODI: - | | NODI | | | | | | | | | | |
| 00610 | Nitrogen, ammonia total [as N] | Smpl. | | | | | =4 | =6 | 19 = mg/L | 0 | 01/30 - Monthly | 24 - COMP24 |

| Para | ameter | NODI | Quar | itity or Loading | | | Quality or Cor | ncentration | | # | Freq. of | Smpl. |
|------------|---------------------------|------------|-----------|------------------|-------------|----------------|------------------|-------------------------------------|-----------------|-----------|-----------------------|------------------|
| Code | Name | | Value 1 | Value 2 | Units | Value 1 | Value 2 | Value 3 | Units | of Ex. | Analysis | Туре |
| 1 - Efflue | nt Gross | | | | | | | | | | | |
| Season: | 0 | Req. | | | | | <=14 MO AVG | <=30 DAILY MX | 19 - mg/L | | 01/30 - Monthly | 24 - COMP2 |
| NODI: - | | NODI | | | | | ,,,,, | | mg/ L | | rionally | 001112 |
| 00610 N | Nitrogen, | | | | | | | | | | | |
| | ammonia otal [as N] | Smpl. | | | | | =6 | | 19 - mg/L | 0 | 01/30 - Monthly | 24 - COMP2 |
| W - See (| Comments | | | | | | | | mg/ L | | Hondiny | COTTL |
| Season: | 0 | Req. | | | | | <=21 WKLY AVG | | 19 - | | 01/30 - Monthly | 24 - COMP2 |
| NODI: - | | NODI | | | | | AVG | | mg/L | | Monthly | COMPZ |
| 01119 (| Copper, total | | | | | | | | | | | |
| | ecoverable | Smpl. | | | | | | | | | | |
| 1 - Efflue | nt Gross | | | | | | | D M DAWY | | | 04 (00 | 24 |
| Season: | 0 | Req. | | | | | | Req Mon DAILY MX | 28 - ug/L | | 01/90 - Quarterly | 24 - COMP2 |
| | | | | F1 | | | | 9 - Conditional Monitoring - Not | | | | |
| NODI: - | | NODI | | | | | | Required This Period | | | | |
| 50050 F | low, in | | | | | | | Teriou | | | | |
| c | ondult or hru | | | | 0200 | | | | | | 00 (00 | RC - |
| t | reatment plant | Smpl. | =0.76 | =1.1 | 03 ≃ MGD | | | | | | 99/99 - Continuous | Record (auto) |
| 1 - Efflue | | | | | | | | | | | | , , |
| _ | _ | _ | <=2.76 MO | | 03 - | | | | | | 99/99 - | RC - |
| Season: | 0 | Req. | AVG | <=6 DAILY MX | MGD | | | | | | Continuous | Record (auto) |
| NODI: - | | NODI | | | | | | | | | | |
| 61211 E | interococci | Smpl. | | | | | | =10 | 13 - | 0 | 09/99 - | GR - |
| 1 - Efflue | nt Gross | S.III.p.II | | | | | | -10 | #/100mL | Ü | See Permit | GRAB |
| Season: | 0 | Req. | | | | | | Req Mon DAILY MX | 13 - #/100mL | | 09/99 - See Permit | GR - GRAB |
| NODI: - | | NODI | | | | | | | | | | |
| 74055 C | | | | | | | | | | | | |
| | ecal general | Smpl. | | | | | =16 | =31 | 13 - #/100mL | 0 | 01/07 - Weekly | GR = GRAB |
| 1 - Efflue | nt Gross | | | | | | <=200 MO | <=800 DAILY | 13 = | | 01/07 | CD = |
| Season: | 0 | Req. | | | | | GEOMN | MX | #/100mL | | 01/07 - Weekly | GR = GRAB |
| NODI: - | | NODI | | | | | | | | | | |
| 74055 C | Coliform, ecal general | Conni | | | | | 24 | | 13 - | • | 01/07 - | GR = |
| | Comments | Smpl. | | | | | =31 | | #/100mL | 0 | Weekly | GRAB |
| Season: | 0 | Req. | | | | | <=400 WKLY | | 13 - | | 01/07 - | GR = |
| | • | | | | | | AVG | | #/100mL | | Weekly | GRAB |
| NODI: | SOD, 5-day, | NODI | | | | | | | | | | |
| р | ercent emoval | Smpl. | | | _ | 97 | | | 23 - % | 0 | 01/30 - | CA - |
| | nt Removal | Julyin | | | _ | | | | 4.J 70 | U | Monthly | CALCTI |
| Season: | | Per | | | | =85 MN % | | | 22 0/ | | 01/30 - | CA - |
| | U | Req. | | | | MV | | | 23 - % | | Monthly | CALCTI |
| NODI: | | NODI | | | | | | | | | | |
| | uspended | | | | | | | | | | 0.4.15.5 | |
| | ercent emoval | Smpl. | | | = | 94 | | | 23 - % | 0 | 01/30 - Monthly | CA - CALCTI |
| K - Percer | nt Removal | | | | | | | | | | | |
| | 0 | Req. | | | | =85 MN % MV | | | 23 - % | | 01/30 - Monthly | CA - CALCTI |
| Season: | U | | | | | | | | | | | |

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 |
|--------------|------|--------|
| 3479_001.pdf | pdf | 270959 |

Report Last Saved By

JUNEAU, CITY AND BOROUGH OF

User: CBJWASTEWATER1
Name: James Westcott

E-Mail: jim.westcott@juneau.org

Date/Time: 2018-07-11 17:59 (Time Zone:-08:00)

Report Last Signed By

User: CBJWASTEWATER1
Name: James Westcott
E-Mail: jim.westcott@juneau.org

Date/Time: 2018-07-11 18:02 (Time Zone:-08:00)

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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

To

MONITORING PERIOD: 6/1/2018 MONITORING POINT: 004 (N-15.1) (R) Douglas 6/30/2018 NO DISCHARGE:

| Parameter | | Ouantity or Loading | r Loading | Units | Oual | Quality or Concentration | tion | Units | 2 | Frequency of | Sample Type |
|---------------------------------|--------|---------------------------|-------------------------|---------|-----------------------|---|----------------------|------------|-----|------------------|---------------|
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | | |
| Biochemical Oxygen Demand | Sample | | | | *** | | | | | | |
| (BOD5) | meas. | | | | | | | | , . | | |
| 1 - Final Effluent | Permit | Report | Report | lbs/day | *** | Report | Report | mg/l | | When Discharging | Grab |
| 00310 R | reqmt. | monthly average | daily maximum | | | monthly average | daily maximum | | | | |
| Total Suspended Solids | Sample | | | | **** | | | | | | |
| | meas. | | | | | | | | | | |
| 1 - Final Effluent Permit | Permit | Report | Report | lbs/day | : | Report | Report | mg/l | | When Discharging | Grab |
| 00530 R | reqmt. | monthly average | daily maximum | | | monthly average | daily maximum | | | | |
| Coliform, fecal MF, M-FC broth, | Sample | **** | **** | | **** | | | | | | |
| 44.5 C | meas. | | | | | | | | | | |
| 1 - Final Effluent permit | Permit | *** | : | | | Report | Report | cts/100 ml | | When Discharging | Grab |
| 31616 R | reqmt. | | | | | monthly geometric | daily maximum | | | | |
| Flow | Sample | | | | ** | * * * * | * | | | | |
| | meas. | | | | | | | | | | |
| 1 - Final Effluent Permit | Permit | Report monthly average | Report daily maximum | MGD | **** | * | ** ** ** ** | | | When Discharging | Recorded |
| Duration of Discharge | Sample | *** | | | * * * * * | ** | * * * * | | 1 | | |
| | meas. | | | | | | | | | | |
| 1 - Final Effluent | Permit | * * * * * | report | min/day | ** | *** | **** | | _ | When Discharging | Instantaneous |
| 81381 R | reqmt | | dally maximum | | | | | | | | Nedding |
| COMMENTS: | | | | | | | | | ١ | | |
| | | | | | | | | | | | |
| | l | | | l | | | | l | l | | |

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.

| YY/MM/DE | AREA/NUMBER YY/MM/DD | AUTHORIZED AGENT | and some state of viowing violations. | TYPED OR PRINTED |
|----------|----------------------|---------------------------|--|---------------------------------------|
| | | EXECUTIVE OFFICER OR | penalties for submitting talse information, including the possibility of fine and | |
| | | SIGNATURE OF PRINCIPAL | belief, true, accurate, and complete. I am aware that there are significant | |
| | 907 586-0393 | 11104 - 1104 907 586-0393 | information, the information submitted is to the best of my knowledge and | |
| 7/0/2 | | The Oll Market | manage the system, or those persons directly responsible for gathering the | Mark Mow/Wastewater Collections SR. |
| 0 | | | information submitted. Based on my inquiry of the person or persons who | |
| | | | designed to assure that qualified personnel properly gather and evaluated the | |
| | | | prepared under my direction or supervision in accordance with a system | |
| DATE | TELEPHONE | | NAME/TITLE PRINCIPLE EXECUTIVE OFFICE I certify under penalty of law that this document and all attachments were | NAME/TITLE PRINCIPLE EXECUTIVE OFFICE |

| | ā | • | |
|------------------|----------------------|------------------------|--------------|
| AUTHORIZED AGENT | EXECUTIVE OFFICER OR | SIGNATURE OF PRINCIPAL | Malf. mour. |
| AREA/NUMBER | | | 907 586-0393 |
| YY/MM/DD | | | 7/2/18 |

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 Juneau, AK 99801 LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213 MONITORING PERIOD: 6/1/2018 TO

6/30/2018

| | | | | | MONI | MONITORING POINT: 002 (N-11) | 002 (N-11) (P) S | (P) Sta.AE | Z | NO DISCHARGE: | × |
|---------------------------------|-----------------|---------------------|---------------|---------|---|---------------------------------|------------------|------------|-----|------------------|---------------|
| Parameter | | Quantity or Loading | r Loading | Units | Qual | Quality or Concentration | tion | Units | No. | Frequency of | Sample Type |
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | Analysis | |
| Biochemical Oxygen Demand | Sample | | | | **** | | | | | | |
| (BOD5) | meas. | | | | | | | | | | |
| 1 - Final Effluent | Permit | Report | Report | lbs/day | *** | Report | Report | mg/l | | When Discharging | Grab |
| 00310 R | reqmt. | monthly average | ually maximum | | | monthly average | dally maximum | | | | |
| Total Suspended Solids | Sample | | | | **** | | | | | | |
| | meas. | | | | | | | | | | |
| 1 - Final Effluent | Permit | Report | Report | lbs/day | **** | Report | Report | mg/l | | When Discharging | Grab |
| | reqmt. | monthly average | daily maximum | | | monthly average | daily maximum | | | | |
| Coliform, fecal MF, M-FC broth, | Sample | ** | **** | | **** | | | | | | |
| 44.5 C | meas. | | | | | | | | | | |
| 1 - Final Effluent | Permit | *** | **** | | **** | Report | Report | cts/100 ml | | When Discharging | Grab |
| 31616 R | reqmt. | | | | | monthly geometric mean | daily maximum | | | | |
| Flow | Sample | | | | ***** | ***** | **** | | | | |
| | meas. | | | | Č E E E E E E E E E E E E E E E E E E E | f; | FEHER | | | | |
| 1 - Final Effluent | Permit | Report | Report | MGD | | | : | | | When Discharging | Recorded |
| 50050 R | reqmt. | monthly average | dally maximum | | | | | | | | |
| Duration of Discharge | Sample meas. | **** | | | *** | * * * * * | *** | | | | |
| 1 - Final Effluent | Permit | | report | min/day | ** | **** | * * * * * | | | When Discharging | Instantaneous |
| 81381 R | reqmt | | daily maximum | | | | | | | | Reading |
| COMMENTS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | l | | | ١ | | | | l | l | | |

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

| TYPED OR PRINTED | des des info Mark Mow/Wastewater Collections SR. Info Operator beli | NAME/TITLE PRINCIPLE EXECUTIVE OFFICE I ce |
|--------------------------------------|---|--|
| imprisonment for Knowing violations. | designed to assure that qualified personnel properly gather and explosion 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 | NAME/TITLE PRINCIPLE EXECUTIVE OFFICE I certify under penalty of law that this document and all attachments were |
| AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | |
| AREA/NUMBER YY/MM/DD | 907 586-0393 | TELEPHONE |
| YY/MM/DD | 21/2/15 | DATE |

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: 6/1/2018

TO 6/30/2018

MONITORING POINT: 003 (N11.2) (Q) Sta C

NO DISCHARGE:

| | | | | | | | 7 | | | | |
|---------------------------------|------------------|---------------------------|-------------------------|---------|---------|---------------------------------|-------------------------|------------|-----|------------------|--------------------------|
| Parameter | | Quantity or Loading | r Loading | Units | Qual | Quality or Concentration | tion | Units | No. | Frequency of | Sample Type |
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | Analysis | |
| Biochemical Oxygen Demand | Sample | | | | **** | | | | | | |
| (BUU5) | шеаз. | | | | | | | | | | |
| | | Report monthly average | Report daily maximum | lbs/day | | Report monthly average | Report daily maximum | mg/l | | When Discharging | Grab |
| OUSTOR | Tedime. | | | | | | | | | | |
| Total Suspended Solids | Sample | | | | **** | | | | | | |
| | шеаз. | | | | | | | | | | |
| 1 - Final Effluent | Permit | Report | Report | lbs/day | *** | Report | Report | mg/l | | When Discharging | Grab |
| 00530 R | reqmt. | monthly average | daily maximum | | | monthly average | daily maximum | | | | |
| Coliform, fecal MF, M-FC broth, | Sample | *** | **** | | ***** | | | | | | |
| 44.5 C | meas. | | | | | | | | | | |
| 1 - Final Effluent | Permit | : | **** | | **** | Report | Report | cts/100 ml | | When Discharging | Grab |
| 31616 R | reqmt. | | | | | montnly geometric | dally maximum | | | | |
| Flow | Sample | | | | **** | **** | * * * * * | | | | |
| | meas. | | | | | | | | | | |
| 1 - Final Effluent | Permit | Report | Report | MGD | | | : | | | When Discharging | Recorded |
| 50050 R | reqmt. | monthly average | daily maximum | | | | | | | | |
| Duration of Discharge | Sample | **** | | | **** | **** | **** | | | | |
| | meas. | | | | | | | | | | |
| 1 - Final Effluent 81381 R | Permit reqmt. | **** | report daily maximum | min/day | **** | * * * * | ** ** ** | | | When Discharging | Instantaneous Reading |
| COMMENTS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | l | | | I | | | | l | l | | |

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.

| TYPED OR PRINTED | | C per a co | Operator | Mark Mow/Wastewater Collections SR. | | | | NAME/TITLE PRINCIPLE EXECUTIVE OFFICE |
|----------------------------------|---|---|--|--|---|---|--|--|
| indiagnition showing violations. | penalties for submitting false information, including the possibility of fine and | belief, true, accurate, and complete. I am aware that there are significant | information, the information submitted is, to the best of my knowledge and | manage the system, or those persons directly responsible for gathering the | information submitted. Based on my inquiry of the person or persons who | designed to assure that qualified personnel properly gather and evaluated the | prepared under my direction or supervision in accordance with a system | NAME/TITLE PRINCIPLE EXECUTIVE OFFICE certify under penalty of law that this document and all attachments were |
| AUTHORIZED AGENT | EXECUTIVE OFFICER OR | SIGNATURE OF PRINCIPAL | Mar y Thom. | Man I man | | | | |
| AREA/NUMBER YY/MM/DD | | | 907 586-0393 | | | | | TELEPHONE |
| YY/MM/DD | | ,,,,, | 7/2//8 | 1/ /: | | | | DATE |