

**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 12/01/18 to 12/31/18

**DMR Due Date:**

01/15/19

**Status:** NetDMR Validated

**Considerations for Form Completion**

W=WEEKLY AVERAGE

**Principal Executive Officer**

**First Name:** Randall

**Last Name:** Brown

**Title:** Supervisor

**Telephone:** 907-586-0393

**No Data Indicator (NODI)**

**Form NODI:** -

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

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			
00010	Temperature, water deg. centigrade	Smpl.								
1 - Effluent Gross										
Season: 0		Req.								
NODI: -		NODI								
00300	Oxygen, dissolved [DO]	Smpl.								
1 - Effluent Gross										
Season: 0		Req.								
NODI: -		NODI								
00310	BOD, 5-day, 20 deg. C	Smpl.								
1 - Effluent Gross										
Season: 0		Req.								
NODI: -		NODI								
00310	BOD, 5-day, 20 deg. C	Smpl.								
G - Raw Sewage Influent										
Season: 0		Req.								
NODI: -		NODI								
00310	BOD, 5-day, 20 deg. C	Smpl.								
W - See Comments										
Season: 0		Req.								

Parameter Code	Name	NODI	Quantity or Loading		Units	Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2		Value 1	Value 2	Value 3				
00400	pH											
	1 - Effluent Gross	Smpl.			=6.5						05/WK - Five Per Week	GR - GRAB
Season: 0		Req.			>=6.5 MINIMUM						05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
00530	Solids, total suspended											
	1 - Effluent Gross	Smpl.	=44	=145	26 - lb/d	=5	=12		19 - mg/L	0	01/30 - Monthly	24 - COMP24
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											
	G - Raw Sewage Influent	Smpl.	=1063		26 - lb/d	=191			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											
	W - See Comments	Smpl.	=145		26 - lb/d	=12			19 - mg/L		01/30 - Monthly	24 - COMP24
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]											
	1 - Effluent Gross	Smpl.				=2	=2		19 - mg/L		01/30 - Monthly	24 - COMP24
Season: 0		Req.				<=14 MO AVG	<=30 DAILY MX		19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										

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			
00610	Nitrogen, ammonia total [as N]	Smpl.								
	W - See Comments									
Season: 0		Req.								
NODI: -		NODI								
01119	Copper, total recoverable	Smpl.								
	1 - Effluent Gross									
Season: 0		Req.								
NODI: -		NODI								
50050	Flow, in conduit or thru treatment plant	Smpl.								
	1 - Effluent Gross									
Season: 0		Req.								
NODI: -		NODI								
61211	Enterococci	Smpl.								
	1 - Effluent Gross									
Season: 0		Req.								
NODI: -		NODI								
74055	Coliform, fecal general	Smpl.								
	1 - Effluent Gross									
Season: 0		Req.								

Parameter Code	Parameter Name	NODI	Quantity or Loading		Units	Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2		Value 1	Value 2	Value 3				
74055	Coliform, fecal general	Smpl.										
	W - See Comments											
Season: 0		Req.										
NODI: -		NODI										
81010	BOD, 5-day, percent removal	Smpl.										
	K - Percent Removal											
Season: 0		Req.										
NODI: -		NODI										
81011	Solids, suspended percent removal	Smpl.										
	K - Percent Removal											
Season: 0		Req.										
NODI: -		NODI										

>=85 MN %  
RMV

<=400 WKLY  
AVG

**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	Type	Size
4147_001.pdf	pdf	390694

**Report Last Saved By**

**JUNEAU, CITY AND BOROUGH OF**

User: CBJWASTEWATER1  
 Name: James Westcott  
 E-Mail: jim.westcott@juneau.org  
 Date/Time: 2019-01-15 10:48 (Time Zone: -09:00)

**Report Last Signed By**

User: CBJWASTEWATER1  
 Name: James Westcott  
 E-Mail: jim.westcott@juneau.org  
 Date/Time: 2019-01-15 10:48 (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](mailto:dec-wqreporting@alaska.gov)

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any): AK0023213</b>	
<b>Owner or Operator:</b> City and Borough of Juneau	<b>Facility Name:</b> Juneau Douglas Wastewater treatment facility	<b>Facility Location:</b> Juneau, AK	
<b>Person Reporting:</b> Jim Westcott	<b>Phone Numbers of Person Reporting:</b> 907-586-0393	<b>Reported How? (e.g. by phone):</b> NETDMR	
<b>Date/Time Event was Noticed:</b> 12/28/2018 @ 1307 pm	<b>Date/Time Reported:</b> 1/15/2018 @ 0930 am	<b>Name of DEC Staff Contacted:</b> NETDMR	

**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)

<b>Period of Noncompliance</b>	<b>Start Date/Time (exact):</b> 12/19/2018 @ 0805	<b>End Date/Time (exact):</b> 12/20/2018 @ 0805
<b>If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:</b> N/A		
<b>Estimated Quantity involved (volume or weight):</b> Unknown		
<b>Description of the noncompliance and its cause (be specific):</b> The laboratory BOD QC parameters failed due to dilution water contamination, the results are not reported.		
<b>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)</b> QA/QC control parameters have been verified by lab personnel.		

### 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>
BOD, TSS mg/l, pounds	45 mg/l BOD	N/A	12/19/2018 - 12/20/2018
Weekly average(s)	1035 lbs.		
	45 mg/l BOD		
	1035 lbs.		

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

QA/QC control parameters have been verified by lab personnel.

**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:** 1/11/2018





# 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: 12/1/2018 TO 12/31/2018  
 MONITORING POINT: 002 (N-11) (P) Sta.AE NO DISCHARGE: X

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

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.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Mark Mow/Wastewater Collections SR. Operator				907 586-0393	11/1/19
TYPED OR PRINTED			AREA/NUMBER		YY/MM/DD



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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

MONITORING PERIOD: 12/1/2018 TO 12/31/2018  
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Biochemical Oxygen Demand (BOD5)	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	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	1 - Final Effluent 31616 R	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 R	*****	report daily maximum	min/day	*****	*****	*****		When Discharging	Instantaneous Reading
COMMENTS:										

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NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	TELEPHONE	DATE
Mark Mow/Wastewater Collections SR. Operator	907 586-0393	11/11/18
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.		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER
		



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 Juneau, AK 99801  
 PERMIT NUMBER: AK0023213

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

MONITORING PERIOD: 12/1/2018 TO 12/31/2018  
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: X

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent Permit reqmt. 00310 R	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 Permit reqmt. 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	1 - Final Effluent Permit reqmt. 31616 R	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
Flow	1 - Final Effluent Permit reqmt. 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****	*****		When Discharging	Recorded
Duration of Discharge	1 - Final Effluent Permit reqmt. 81381 R	*****	report daily maximum	min/day	*****	*****	*****		When Discharging	Instantaneous Reading
COMMENTS:										

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

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Mark Mow/Wastewater Collections SR. Operator				907 586-0393	11/19
TYPED OR PRINTED			AREA/NUMBER	YY/MM/DD	

