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Permittee: Permit ID: JUNEAU, CITY AND BOROUGH OF AK0023213 Major: **Permittee Address:**

JUNEAU, CITY AND BOROUGH OF **Facility Location:** 5433 SHAUNE DRIVE JUNEAU , AK99801 JUNEAU, AK99801 1540 THANE ROAD

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

Report Dates & Status

Facility:

Monitoring Period: From 06/01/19 to 06/30/19

07/15/19

Status: NetDMR Validated **DMR Due Date:**

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

First Name: Supervisor Randall Telephone: Last Name:

907-586-0393

brown

No Data Indicator (NODI)

Form NODI:

Code	Para
Name	Parameter
	NODI
Value 1	Quantit
Value 2	Quantity or Loading
Units	
Value 1	
Value 2	Quality or Conce
Value 3	entration
Units	
E of	#
Analysis	Freq. of
Туре	Smpl.

Season: 0	W - See Comments	00310 BOD, 5-day, 20 deg. C	NODI: -	Season: 0	G - Raw Sewage Influent	00310 BOD, 5-day, 20 deg. C	NODI: -	Season: 0	1 - Effluent Gross	00310 BOD, 5-day, 20 deg. C	NODI: -	Season: 0	1 - Effluent Gross	00300 Oxygen, dissolved [DO]	NODI: -	Season: 0	1 - Effluent Gross	00010 Temperature, water deg. centigrade	Code Name	Parameter
Req.		Smpl.	NODI	Req.	2	<u> </u>	NODI	Req.		Smpl.	NODI	Req.		Smpl.	NODI	Req		Smpl.		NODI
<=1035 WKLY AVG		=36		Req Mon MO AVG	0.00	10000		<=690 MO AVG		=62									Value 1	
								<=1380 DAILY MX		=157									Value 2	Quantity or Loading
26 - lb/d	10/0	26 -		26 - Ib/d	lb/d	26 -		26 - lb/d	lb/d	26 -									Units	
												>=2 DAILY MN		N					Value 1	
<=45 WKLY AVG		Q II		Req Mon MO AVG	= 200	200		<=30 MO AVG		11 00									Value 2	Quality or Concentration
								<=60 DAILY MX		=20		<=17 DAILY MX		=7		Req Mon DAILY MX		= 18	Value 3	centration
19 - mg/L	Hig/L	19 -		19 - mg/L	mg/L	19 -		19 - mg/L	mg/L	19 -		19 - mg/L	e e	19 - ma/L		04 - deg C	,	04 - deg C	Units	
		0			C	>			•	0				0				0	E o	, #
01/30 - Monthly	ויוסחנוויץ	01/30 -		01/30 - Monthly	Monthly	01/30 -		01/30 - Monthly	Monthly	01/30 -		05/WK - Five Per Week	Week	05/WK - Five Per		05/WK - Five Per Week	Week	05/WK - Five Per	Analysis	Freq. of
24 - COMP24	COMP24	24 -		24 - COMP24	COMP24	24 -		24 - COMP24	COMP24	24 -		GR - GRAB	i i	GR -		GR = GRAB	(GR -	Туре	Smpl

aran	NODI	Quant	Quantity or Loading	; :		Quality or Concentration	centration		약 #	Freq. of Analysis	Smpl. Type
NODI: -	NODI	9	Adina		Agine	value 2	value 3	Units	EX.		
00400 рН	2				1					05/WK -	GR -
1 - Effluent Gross	smpi.				=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	GR • GRAB
NODI: -	NODI										
00530 Solids, total suspended	Smpl.	=76	=189	26 -		= 10	= 28	19 -	0	01/30 -	24 -
1 - Effluent Gross				ib/a				mg/L	(Monthly	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	1	1000		26 -				19 -		01/30 -	24 -
G - Raw Sewage Influent	on pi	0000		lb/d		L&&&		mg/L	О	Monthly	COMP24
Season: 0	Req.	Req Mon MO AVG		26 = lb/d		Req Mon MO AVG		1.9 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -	NODI										
00530 Solids, total suspended	Smpl.	= 38		26		=5		19 -	0	01/30 -	24 -
W - See Comments				Ç				III9/L		Plonting	COMPZ4
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.					ll W	II 4	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
NODI:	NODI										

Season: 0	74055 Coliform, fecal general 1 - Effluent Gross	NODI: -	Season: 0	1 - Effluent Gross	61211 Enterococci	NODI: -	Season: 0	1 - Effluent Gross	50050 Flow, in conduit or thru treatment plant	NODI: -	Season: 0	1 - Effluent Gross	01119 Copper, total recoverable	NODI: -	Season: 0	W - See Comments	00610 Nitrogen, ammonia total [as N]	Code Name	Parameter
Req.	Smpl.	NODI	Req.	smpi.	1	NODI	Req.		Smpl.	NODI	Req.		Smpl.	NODI	Req.		Smpl.		NODI
							<=2.76 MO AVG		=0.87									Value 1	Quan
							<=6 DAILY MX		=1.98									Value 2	Quantity or Loading
							03 - MGD		03 - MGD									Units	
																		Value 1	
<=200 MO GEOMN	<u> </u>														<=21 WKLY AVG		113	Value 2	Quality or Concentration
<=800 DAILY MX	=26		Req Mon DAILY MX	<u> </u>							Req Mon DAILY MX	1	=10					Value 3	ncentration
13 = #/100mL	13 - #/100mL		13 - #/100mL	#/100mL	13 -						28 - ug/L		28 - 110/1		19 - mg/L	U	19 -	Units	
	0			0					0			(>				0	X 9	#
01/07 - Weekly	01/07 - Weekly		09/99 - See Permit	See Permit	09/99 -		99/99 - Continuous		99/99 - Continuous		01/90 - Quarterly	Quarterly	01/90 -		01/30 - Monthly		01/30 - Monthly	Analysis	Freq. of
GR ↓ GRAB	GR - GRAB		GR - GRAB		GR -		RC - Recorder (auto)		RC - Recorder (auto)		24 - COMP24	COMP24	24 -		24 - COMP24) - - 1	24 -	Туре	Smpl.

Code Name NODI: - 74055 Coliform, fecal general W - See Comments Season: 0 NODI: - 81010 BOD, 5-day, percent removal K - Percent Removal Season: 0	NODI NODI Req. Req.	Quantity Value 1	Quantity or Loading 1 Value 2	Units	Value 1 =98 =98 RMV	Value 2 Value = 13 <= 400 WKLY AVG	Value 3	Units 13 - #/100mL 13 - #/100mL	9	Freq. of Analysis 01/07 - Weekly 01/07 - Weekly 01/07 - Weekly 01/30 - Monthly 01/30 - Monthly	Type GR - GRAB GR - GRAB CA - CALCTD CA = CALCTD
Season: 0 NODI: -	Req.				Vi.	<=400 WKLY AVG		13 - #/100mL		01/07 - Weekly	GR - GRAB
	Smpl.			.11	98			23 - %	9	01/30 -	CA -
K - Percent Removal											(
Season: 0	Req.			곡 ∨	95 MN %			23 - %		01/30 - Monthly	CALC.
NODI: -	NODI										
81011 Solids, suspended percent removal	Smpl.			11	≡ 98			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0	Req.			공 >:	>=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

No errors.

Comments

Attachments

Name	Туре	Size
4758_001.pdf	pdf	110131
4759_001.pdf	pdf	268415

Report Last Saved By

JUNEAU, CITY AND BOROUGH OF

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

2019-07-11 11:17 (Time Zone:-08:00)

Report Last Signed By

Date/Time:

CBJWASTEWATER1

E-Mail: jim.westcott@juneau.org

Date/Time: 2019-07-11 11:17 (Time Zone:-08:00)

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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: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

	111				
GENERAL INFORMATION	PERMIT# (if any): AK	0023213			
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas Wastew	ater Treatment Facilit	y	Facility L Juneau, A	
Person Reporting:	Phone Numbers of Pers	on Reporting:		Reported	How? (e.g. by phone):
Rico Tempel	907-586-0393			NETDMR	
Date/Time Event was Noticed:	Date/Time Reported:			Name of J	DEC Staff Contacted:
6/21/2019 @ 1107 am	6/24/2019 @ 0905 am			NETDMR	
VERBAL NOTIFICATION MUST BE					
INCIDENT DETAILS (attach a	dditional sheets, lab i	reports, and phot	os as i	iecessar	y)
Period of Noncompliance Start Date	e/Time (exact): 6//18/201/	98 @ 0816	End I)ate/Time	(exact): 6/19/2019 @ 0816
If noncompliance has not been correct N/A	ed, provide a statement reg	garding the anticipate	ed time	the nonco	mpliance is expected to continue:
Estimated Quantity involved (volume of Unknown	or weight):				
Description of the noncompliance and	its cause (be specific):				
A hydraulic surge caused a washout of fl	patable materials from surfa	ce of the clarifiers.			
Actions taken to reduce, eliminate, and (describe in detail) (e.g. Supplied drink notice)					
Increased waste removal from system.					
Permit Condition Deviation (Identify e	ach permit condition excee	eded during the even	t.)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sa	mple r	esult)	Sample Date
BOD, mg/l	30 mg/l	62 mg	g/l		6/18/2019 – 6/19/2019
TSS mg/l	30 mg/l	144 m	ng/l		6/18/2019 – 6/19/2019
Corrective Actions (Attach a description eliminate chances of recurrence.)	n of corrective actions tak	en to restore the syst	em to n	ormal ope	eration and to minimize or
N/A					
Environmental Damage: (if yes, provi	de details below)	☐ Yes	Γ	No	▽ Unknown
Actual /Potential Impact on Environme	ent/Public Health (describe	in detail)			
Unknown					
I certify under penalty of law that this docu designed to assure that qualified personnel p manage the system, or those persons directl belief, true, accurate, and complete. I am aw imprisonment for knowing violations.	properly gather and evaluate the responsible for gathering the	he information submitte e information, the inforr	ed. Based mation s	d on my inqubmitted is,	uiry of the person or persons who , to the best of my knowledge and
Name: Jim Westcott Title	: Senior Operator	Signature:	200	in 1	Date: 6/26 /2019
FORMS MUST BE SE	NT TO ADEC WITHIN F		OMINO	AWARE	

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

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Mark Mow

PERMIT NUMBER: AKO023213

Juneau, AK 99801

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

Juneau, AK 99801

MONITORING PERIOD: 6/1/2019

7 6/30/2019

NO DISCHARGE:

44.5 C Coliform, fecal MF, M-FC broth, Biochemical Oxygen Demand Parameter Total Suspended Solids 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 00530 R 00310 R Permit reqmt Permit reqmt. Permit reqmt Sample Sample Sample meas. meas. monthly average monthly average **** Average ***** Report Report Quantity or Loading daily maximum daily maximum Maximum **** Report Report **** Units lbs/day lbs/day Minimum ***** *** ***** ***** ***** ***** MONITORING POINT: 002 (N-11) (P) Sta. AE Quality or Concentration monthly average monthly average Average Report Report Report daily maximum daily maximum Maximum Report Report Report cts/100 ml Units mg/ mg/l No. ĦΧ When Discharging Frequency of When Discharging When Discharging **Analysis** Sample Type Grab Grab Grab

Flow

31616 R

Duration of Discharge

1 - Final Effluent

50050 R

Permit regmt

Report monthly average

daily maximum

Report

MGD

When Discharging

Recorded

***** *****

monthly geometric

daily maximum

meas. Sample

Sample

daily maximum

report

min/day

!

:

j

When Discharging

Instantaneous

Reading

meas.

1 - Final Effluent

Permit

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.

TYPED OR PRINTED		Operation	Operator	Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	
imprisonment for kilowing 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 I certify under penalty of law that this document and all attachments were	
AUTHORIZED AGENT	EXPOSTIVE OFFICER OR	SIGNATORE OF PRINCIPAL	11/00 X. 11/1010.	Mill Basin					
AREA/NU			907 586-					TELEPHO	

YY/MM/DD	AREA/NUMBER	AUTHORIZED AGENT	
		SIGNATURE OF PRINCIPAL	-
911/4	907 586-0393	Mack Mow	
			æ
DATE	TELEPHONE		

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

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

Juneau, AK 99801

MONITORING PERIOD: 6/1/2019 ТО

6/30/2019

					LINOW	ORING POINT:	MONITORING POINT: 003 (N-11.2) (Q) Sta. C	Sta. C	7	O DISCHARGE:	×
7		Quantity or Loading	r Loading	Units	Quali	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
cal Oxygen Demand	Sample				****						

Parameter		Quantity or Loading	r Loading	Units	Qua	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	_	
Biochemical Oxygen Demand	Sample				***						
(BOD5)	meas.	8									
1 - Final Effluent Permit	Permit	Report	Report	lbs/day	***	Report	Report	mg/l		When Discharging	Grab
00310 R reqmt	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/I		When Discharging	Grab
00530 R reqmt	reqmt	monthly average	daily maximum			monthly average	daily maximum				
Coliform, fecal MF, M-FC broth,	Sample	*****	****		*****						
44.5 C	meas.	0									
1 - Final Effluent Permit	Permit	!	!	2004		Report		cts/100 ml		When Discharging	Grab
31616 R reqmt.	reqmt.					mean monthly geometric	udily maximum				
Flow	Sample				*****	****	***				
	meas.						6000		×		
1 - Final Effluent Permit	Permit	Report	Report	MGD	*****	***	***			When Discharging	Recorded
50050 R reqmt	reqmt	monthly average	daily maximum								
Duration of Discharge	Sample	*****		-	***	****	***				
	шеаэ.	*****		li dd	***	****	***			When Discharging	octoptop polic
1 - Final Effluent Permit 81381 R reqmt	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.

			100000000000000000000000000000000000000	
YY/MM/DD	AREA/NUMBER YY/MM/D	AUTHORIZED AGENT	amprisonment for knowing violations.	TYPED OR PRINTED
		EXECUTIVE OFFICER OR	penalties for submitting false information, including the possibility of fine and	
		SIGNATORE OF PRINCIPAL	belief, true, accurate, and complete. I am aware that there are significant	Operator
11/1/1	907 586-0393	Man Simon.	information, the information submitted Is, to the best of my knowledge and	Oppositor
1/1/	N.	Mall hand	manage the system, or those persons directly responsible for gathering the	Mark Mow/Wastewater Collections SR.
		1	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

	TELEFICINE	DAIL
Mall mon.	907 586-0393	7//19
SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER OR 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

70 6/30/2019

MONITORING PERIOD: 6/1/2019 MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

Flow 44.5 C COMMENTS: **Duration of Discharge** (8005) Coliform, fecal MF, M-FC broth, Biochemical Oxygen Demand Parameter Total Suspended Solids 1 - Final Effluent 81381 R 31616 R 50050 R 00530 R 00310 R Permit Permit reqmt Sample reqmt Permit Permit reqmt requit. Permit Sample reqmt meas. Sample Sample meas. Sample meas. meas. meas, Report monthly average monthly average monthly average Average **** **** ***** *** Report Report Quantity or Loading daily maximum daily maximum daily maximum daily maximum Maximum **** report Report Report Report ***** min/day Units lbs/day lbs/day MGD Minimum **** **** **** ** ***** **** ***** **** ***** **** Quality or Concentration monthly geometri monthly average monthly average Average ***** **** ***** ***** Report Report Report Maximum daily maximum daily maximum daily maximum ***** ***** *** **** Report Report Report cts/100 ml Units mg/ Je l Ex. Frequency of Analysis When Discharging When Discharging When Discharging When Discharging When Discharging Sample Type Instantaneous Recorded Reading Grab Grab Grab

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			Operator	Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	
amprisonment for Kilowing Modellons.	penames to submitting laise 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	114h - 11101.	MI (1) 200 -	3				
AREA/NUMBER			907 586-0393	<i>H</i>				TELEPHONE	
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		SELEPHONE	VAIE	
Te				
	Mall mont	907 586-0393	7/1/19	
<u> </u>	SIGNATURE OF PRINCIPAL			
۵	EXECUTIVE OFFICER OR			
	AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD	