DMR Copy of Record

B1010 BOD, 5-day, percent removal		74055 Coliform, lecal general	74055 Coliform, fecal general	61211 Enterococci	50050 Flow, in conduit or thru treatment plant. 1 - Effluent Gross	00610 Nitrogen, ammonia total [as N]	00610 Nitrogen, ammonia total [as N]	00530 Salids, total suspended	00530 Solids, total suspended	00530 Solids, total suspended	00400 pH	00310 BOD, 5-day, 20 deg, C	00310 BOD, 5-day, 20 deg, C	00310 BOD, 5-day, 20 deg. C	00300 Oxygen, dissolved [DO]	00010 Temperature, water deg. centigrade	Parameter Code Name	Form NODI:	Last Name:	First Name:	Principal Executive Officer	Considerations for Form Completion W=WEEKLY AVERAGE	Monitoring Period:	Permitted Feature:	Permit #: Major:	Permit
K - Percent Removal		W - See Comments	1 - Elfluent Gross	1 - Effluent Gross	t plant 1 - Effluent Gross	W - See Comments	1 - Effluent Gross	W - See Comments	G - Raw Sewage influent	1 - Effluent Gross	1 - Effluent Gross	W - See Comments	G - Raw Sewage Influent	1 - Effluent Gross	1 - Effluent Gross	ade 1 - Effluent Gross	Monftoring Location Season & Param. NODI		Brown	Randal		pletion	From 07/01/19 to 07/31/19	001 External Outfall	AK0023213 Yes	
:0		0	0	0	0	0	0	0	ent 0	0	0	Q	ent 0	0	0	0	on Season						7/31/19			
į		1	1	1	1	:	:	:	1	:	1	!	1	;	1	1	& Param. No									
Value NODI	Sample	Sample Permit Req.	Sample Permit Req.	Sample Permit Req.	Sample = Permit Req. <= Value NODI	Sample Permit Req. Value NODI	Sample Permit Req.	Sample =	Sample Permit Req.	Sample = Permit Req. <= Value NODI	Sample Permit Req.	Sample =	Sample Permit Req. Value NODI	Sample = Permit Req. <= Value NODI	Sample Permit Req.	Sample Permit Req.	ODI Qualifler 1		÷	Title:			DMR Due Date:	Discharge:	Permittee: Permittee Address:	
					0.84 2.76 MO AVG			138 1035 WKLY AVG	2743 Req Mon MO AVG	54 690 MO AVG		92 1035 WKLY AVG	4553 Req Mon MO AVG	65 690 MO AVG			Value								lress:	
					è.				G)	\$ "			ш	* *			Quantity or Loading 1 Qualifier 2			Supe			08/1	001-A (no de	JUN 5433 JUN	
					6 DAILY MX					138 1380 DAILY MX 26 - lb/d				104 26 - lb/d 1380 DAILY MX 26 - lb/d			Ifty or Loading Qualifler 2 Value 2			Supervisor			08/15/19	001-A (no description)	JUNEAU, CITY AND B 5433 SHAUNE DRIVE JUNEAU, AK 99801	
ž					03 - MGD 03 - MGD			26 - lb/d 26 - lb/d	26 - lb/d 26 - lb/d	26 - lb/d 26 - lb/d	ğ «	26 - Ibid 26 - Ibid	26 - Ibti	26 - lb/d 26 - lb/d	γ *		Units Qualifi								JUNEAU, CITY AND BOROUGH OF 5433 SHAUNE DRIVE JUNEAU, AK 99801	
85 MN % RMV	99										6.9 6.5 MINIMUM				3.4 2 DAILY MN		Qualifier 1 Value 1 Qualifier 2								OF	
		0 *	4.			A II	<u> </u>	î		2 *		4 *		9 *			Qualifier 2									
		82 400 WKLY AVG	8 200 MO GEOMN			≨ 21 WKLY AVG	4 14 MO AVG	15 45 WKLY AVG	337 Req Mon MO AVG	7 30 MO AVG		10 45 WKLY AVG	560 Req Mon MO AVG	B 30 MO AVG			Value 2			Telephone:			Status:		Facility:	
			Å II				2 *		Б	ĝ II	a ®		u,	9 1	٠.	•	ncentration Qualifier 3								Location:	
			82 800 DAILY MX	110 13 - #/100mL Req Mon DAILY MX 13 - #/100mL 0			5 30 DAILY MX			15 50 DAILY MX	8.5 MAXIMUM			12 60 DAILY MX	4.9 17 DAILY MX	20.8 04 - deg C Req Mon DAILY MX 04 - deg C	3 Value 3			90			×		- 11 -	
23 - %	23 - %	13 #/100mL 13 #/100mL	13 #/	13 - #/100mL MX 13 - #/100mL		19 - mg/L 19 - mg/L	19 · mg/L 19 · mg/L	19 - mg/L	19 - mg/L	19 - mg/L 19 - mg/L	12 - SU	19 - mg/L 19 - mg/L	19 - mg/L 19 - mg/L	19 - mg/L 19 - mg/L	19 - mg/L 19 - mg/L	04 - deg C MX 04 - deg C	Units			907-589-0393			NetDMR Validated		JUNEAU, CITY AND 1540 THANE ROAD JUNEAU, AK 99801	
0		13 #/100mL 13 #/100mL 0	13-#/100mL 13-#/100mL 0	00mL 00mL 0	0	۰, ۲	, ,	0	, h		0	2 7	• • •	o 7 /	0	000				33			lidated		TY AND E ROAD < 99801	
01/30 - Monthly	01/30 - Monthly	01/07 - Weekly 01/07 - Weekly	01/07 - Weekly 01/07 - Weekly	09/99 - See Permil 09/99 - See Permil	99/99 - Continuous 99/99 - Continuous	01/30 - Monthly 01/30 - Monthly	01/30 - Monthly 01/30 - Monthly	01/30 - Monthly 01/30 - Monthly	01/30 - Monthly 01/30 - Monthly	01/30 - Monthly 01/30 - Monthly	05/WK - Five Per	01/30 - Monthly 01/30 - Monthly	01/30 - Monthly 01/30 - Monthly	01/30 - Monthly 01/30 - Manthly	05/WK - Five Per	05WK - Five Per I	Ex. Frequency of An								JUNEAU, CITY AND BOROUGH OF 1540 THANE ROAD JUNEAU, AK 99801	
CA - CALCTD	CA - CALCTD	GR-GRAB	GR - GRAB GR - GRAB	iil GR-GRAB	us RC - Recorder (aulo) us RC - Recorder (aulo)	24 - COMP24 24 - COMP24	24 • COMP24 24 • COMP24	24 - COMP24 24 - COMP24	24 - COMP24 24 - COMP24	24 COMP24 24 COMP24	05/WK - Five Per Week GR - GRAB 05/WK - Five Per Week GR - GRAB	24 COMP24 24 COMP24	24 • COMP24 24 • COMP24	24 • COMP24 24 • COMP24	05/WK - Five Per Week GH - GHAB 05/WK - Five Per Week GH - GHAB	05/WK - Five Per Week GR - GRAB 05/WK - Five Per Weck GR - GRAB	Fof Ex. Frequency of Analysis Sample Type									

E-Mail: Date/Time: Name: User: E-Mail: 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, Date/Time: Edit Check Errors 61011 Solids suspended percent removal K - Percent Removal 0 Report Last Signed By JUNEAU, CITY AND BOROUGH OF Report Last Saved By Comments No errors, Submission Note 4896_001.pdf Attachments CBJWASTEWATER2
Catherine Carlson catherine carlson@juneau.org 2019-08-15 06:57 (Time Zone: -08:00) catherine carlson@juneau.org
2019-08-15 06:53 (Time Zone: -08:00) Catherine Carlson CBJWASTEWATER2 Name 8 ¥ * 98 85 MN % RMV 188607 23 - % 01/30 - Monthly 01/30 - Monthly CA - CALCTD

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

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

Parameter						IITORING POINT;				NO DISCHARGE:	Х
Parameter			or Loading Meximum	Units		ality or Concentr		Units	No.	Frequency of	Sample Type
Blochemical Oxygen Demand (BOD5)	Sample meas.	Average	Meximum		Minimum	Average	Maximum	-	Ex.	Analysis	
1 - Final Effluent 00310 R		Report monthly average	Report dally maximum	lbs/day	******	Report monthly avaiage	Heport dally maximum	mg/l		When Discharging	Grab
Total Suspended Solids 1 - Final Effluent 00530 R		Report monthly systege	Report dally maximum	ibs/day	*****	Report monthly everage	Report daily maximum	mg/l		When Discharging	derĐ
Collform, fecal MF, M-FC broth, 44.5 C 1 - Final Effluent 31616 R	reqmt.	****	*****		No also sign also	Report monthly geometric	Report dally meximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 R		Report monthly average	Report dally maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 R	Letigit	*****	report dally maximum	mln/day	*****	****	*****			When Discherging	Instantaneous Reading

Mail this report when completed to ADRC, 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 | 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 8/5/19 manage the system, or those persons directly responsible for gathering the Mark Mow/Wastewater Collections SR. information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant 907 586-0393 Operator SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR penalties for submitting false information, including the possibility of fine and mprisonment for knowing violations. TYPED OR PRINTED AREA/NUMBER **AUTHORIZED AGENT**

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 Thene Rd

Juneau, AK 99801

							בכ זות נוסטווענ	DUL			
PERMIT NUMBER:	AK002323	13				TORING PERIOD:			TO	7/31/2019	
					MON	ITORING POINT:	002 (N-11) (P)	Ste. AE		NO DISCHARGE:	Х
Parameter		Quantity	or Loading	Units	Qui	ality or Concentr.	ition	Units	No.	Proquoticy of	Sample Typ
		Average	Maximum		Minimum	Average	Maximum	1	Ex,	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 R		Report monthly average	Report dally maximum	ibs/day	•••••	Report monthly average	Report dally maximum	mg/i		When Discharging	Āmb
Total Suspended Solids	Sample meas.				****						
1 - Final Effluent 00530 R	1	Report monthly average	Report daily maximum	lbs/day	******	Report monthly average	Report dally maximum	mg/i		When Discharging	Greb
Collform, fecal MF, M-FC broth, 44.5 C	Sample meas.	*****	*****		****						
1 - Final Effluent 31616 R	1 country	•••••				Report monthly geometric mosn	Report daliy maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent S0050 R	1	Report monthly average	Report dally meximum	MGD	*****	*****	****	-		When Discharging	Recorded
Duration of Discharge	Sample meas,	*****			*****	***	***				
1 - Final Effluent 81381 R	L CAMER		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. 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 8/5/19 Mark Mow/Wastewater Collections SR. manage the system, or those persons directly responsible for gethering the information, the information submitted is to the best of my knowledge and 907 586-0393 Operator bellel, true, accurate, and complete, I am awore that there are significant SIGNATURE OF PRINCIPAL penalties for submitting false information, including the possibility of fine and EXECUTIVE OFFICER OR inprisonment for knowing violations. TYPED OR PRINTED AREA/NUMBER **AUTHORIZED AGENT** YY/MM/DD

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR) PACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

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

Juneau, AK 99801

Juneau, AK 99801

LOCATION: 1540 Thane Rd

DATE

8/8/19

YY/MM/DD

Parameter		Quantity	or Loading	Units	Qu	Units	No.	Frequency of	Sample Type		
	Average	Maximum	1	Minimum	Average	Maximum	1	Ex	Analysis		
Blochemical Oxygen Demand (80D5)	Sample meas.				*****						
1 - Final Effluent 00310 R	I or mit	Report monthly average	Aeport daliy meximum	lbs/day	*****	Report monthly average	Report dally maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.				*****				П		
1 - Final Effluent 00530 R	. 41 (016	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	1 OLYDIC		•••••		4****	Report monthly geometric mean	Report dally maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 R		Report monthly average	Report dejly meximum	MGD	****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent	Sample meas. Permit	*****	report	min/day	*****	*****	*****			When Dischurging	Inslandage supplied
81381 R COMMBNTS:			daily maximum								Reading

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