

Permit

Permit ID: AK0023213
Permittee: JUNEAU, CITY AND BOROUGH OF
Facility: JUNEAU, CITY AND BOROUGH OF
Permitted Feature: 001 - External Outfall
Report Dates & Status
Monitoring Period: From 09/01/19 to 09/30/19
Status: NetDMR Validated

Major:
Permittee Address: 5433 SHAUNE DRIVE
 JUNEAU , AK99801
Facility Location: 1540 THANE ROAD
 JUNEAU , AK99801
Discharge: 001-A - (no description)
DMR Due Date: 10/15/19

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

First Name: Randal
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	Units			

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.						=19.7	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.			=2.2			=7.8	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.	=112	=285	26 - lb/d	=12	=37		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.	=3043		26 - lb/d	=330			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.	=233		26 - lb/d	=32			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										
00400	pH	Smpl.			=6.7			=7.2	12 - SU	0	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										
X 00530	Solids, total suspended	Smpl.	=244	=623	26 - lb/d	=30	=89		19 - mg/L	2	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.	=1975		26 - lb/d	=211			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										
X 00530	Solids, total suspended	Smpl.	=597		26 - lb/d	=82			19 - mg/L	1	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	=4			0		

Parameter Code	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			
1 - Effluent Gross	Nitrogen, ammonia total [as N]							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									
00610	Nitrogen, ammonia total [as N]	Smpl.				=18		19 - mg/L	0	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.					=0.0001	28 - ug/L	0	01/90 - Quarterly	24 - COMP24
1 - Effluent Gross											
Season: 0		Req.					Req Mon DAILY MX	28 - ug/L		01/90 - Quarterly	24 - COMP24
NODI: -		NODI									
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.2	=3.49	03 - MGD				0	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.					=20	13 - #/100mL	0	09/99 - See Permit	GR - GRAB
1 - Effluent Gross											
Season: 0		Req.					Req Mon DAILY MX	13 - #/100mL		09/99 - See Permit	GR - GRAB
NODI: -		NODI									
74055	Coliform, fccal general	Smpl.				=14	=290	13 - #/100mL	0	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.				=290		13 - #/100mL	0	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.				=96		23 - %	0	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.				=86		23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0		Req.				>=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

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00530	Solids, total suspended	W - See Comments	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>

Comments

Attachments

Name	Type	Size
0280_001.pdf	pdf	226935
0221_001.pdf	pdf	277598
0223_001.pdf	pdf	121080

Report Last Saved By

JUNEAU, CITY AND BOROUGH OF

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-10-17 11:02 (Time Zone:-08:00)

Report Last Signed By

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-10-17 11:02 (Time Zone:-08:00)



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): AK0023213
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): ADEC hotline
Date/Time Event was Noticed: 9/24/2019 @ 1000 am	Date/Time Reported: 9/24/19 @ 1035 am	Name of DEC Staff Contacted: ADEC 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): 9/10/2019 @ 0810	End Date/Time (exact): 9/11/2019 @ 0810
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): (.923 mg)(89 mg/l)(8.34) ~ 685 lbs.		
Description of the noncompliance and its cause (be specific): Hydraulic surge caused a loss of solids from the clarifiers.		
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 waste removal from system.		

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>
TSS mg/l	60 mg/l daily max.	74 mg/l 1	9/10/2019 – 9/11/2019

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 waste removal from system.

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:** 9/24 /2019

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



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK0023213	
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): ADEC hotline
Date/Time Event was Noticed: 9/24/2019 @ 1000 am		Date/Time Reported: 9/24/19 @ 1035 am	Name of DEC Staff Contacted: ADEC 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): 9/9/2019 @ 0810	End Date/Time (exact): 9/10/2019 @ 0810	
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): (.840 mg)(89 mg/l)(8.34) ~ 623 lbs.			
Description of the noncompliance and its cause (be specific): Hydraulic surge caused a loss of solids from the clarifiers.			
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 waste removal from system.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
TSS mg/l	60 mg/l daily max.	89 mg/l 1	9/9/2019 – 9/10/2019
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 waste removal from system.			
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: Jim Westcott	Title: Senior Operator	Signature:	Date: 9/24 /2019

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



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Division of Water, Compliance and Enforcement Program

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Fax: (907)269-4111

E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):
Applicant Company: City & Borough of Juneau, Alaska	Facility Name: Juneau-Douglas Wastewater Treatment Plant Permit No. AK-002321-3	Facility Location: 1540 Thane Road, Juneau, Alaska 99801
Person Reporting: Catherine Carlson	Phone Numbers of Person Reporting: (907)586-0393	Reported How? (e.g. by phone): by Monthly NetDMR
Date/Time Event was Noticed: 10/08/2019	Date/Time Reported: 10/8/2019 /6:25pm	Name of DEC Staff Contacted: Left Message 05/06/2009 @1040hrs. concerning the Eff. T.S.S violation.

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

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

Estimated Quantity involved (volume or weight)

Discharged 89.0 Effluent T.S.S. on 09/10 and 74.0 mg/l on 09/11 resulted in an exceedance of our weekly average limit of 45mg/l

Cause of the event (be specific)

Plant staff had noted that the plant had been receiving septic loads of sludge through the headworks and that is was affecting the plants ability to properly treat the incoming wastewater resulting in poor effluent quality. The SVI dropped, the sludge darkened, and the foam increased through out the plant.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Eff. T.S.S. Weekly Average Limit	Eff. T.S.S. Weekly Average Limit of 45mg/l	Eff. T.S.S. Weekly Average = 81.5mg/l	For the week of 9/8/2019 through 9/14/2019.

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Staff increased waste rates to send most of the septic sludge to the digester for better treatment. Return rates were also adjusted to limit solids loss in the effluent .

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

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

The Eff. T.S.S. discharged over a two day period averaged 81.5mg/l with appx 596.55 lbs. being discharged.

Actions taken to reduce or eliminate 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) Actions taken to reduce potential impact are listed above under "corrective actions taken".

COMMENTS If you have any questions or concerns please do not hesitate to call me at (907)586-0393.

NONCOMPLIANCE NOTIFICATION REPORTED VIA NetDMR October 8, 2019

Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Catherine E. Carlson Signature:  Date: October 8, 2019

FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.

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

CONTACT NAME: Randall Brown
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 9/1/2019

TO 9/30/2019
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Temperature (C)	Sample meas.	*****	*****		*****	19.7				
	Permit reqmt.	*****	*****		*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.2	7.8				
	Permit reqmt.	*****	*****		2.0 daily minimum	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	112	285		*****	37				
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	3043	*****		*****	330				
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	233		*****	32				
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	mg/l		Monthly	24-Hr Composite

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE DATE
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Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Randall Brown
 FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 MAILING ADDRESS: 2009 Radcliffe Road
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 9/1/2019

TO 9/30/2019
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
pH	Sample meas.	*****	*****		6.7	*****				
	Permit reqmt.	*****	*****		6.5 minimum	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	244	623		*****	89				
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids G - Influent	Sample meas.	1975	*****		*****	211				
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	mg/l		Monthly	24-Hr Composite
Total Suspended Solids W - See Comments	Sample meas.	*****	597		*****	82				
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	4				
	Permit reqmt.	*****	*****		*****	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER		AREA NUMBER
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT		Y M D

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.

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

CONTACT NAME: Randall Brown
 FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 MAILING ADDRESS: 2009 Radcliffe Road
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 9/1/2019 TO 9/30/2019
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	*****				
	Permit reqmt.	*****	*****		*****	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	0.0001				
	Permit reqmt.	*****	*****	MGD	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow	Sample meas.	1.20	3.49		*****	*****				
	Permit reqmt.	2.76 monthly average	6.0 daily maximum		*****	*****			Continuous	Recorded
Enterococci	Sample meas.	*****	*****		*****	20				
	Permit reqmt.	*****	*****		*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	290				
	Permit reqmt.	*****	*****		*****	800 monthly geometric mean	cts/100 ml		Weekly	Grab

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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">TELEPHONE</td> <td style="width: 40%;">DATE</td> </tr> <tr> <td style="width: 60%;">SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER</td> <td style="width: 40%;">AREA NUMBER</td> </tr> <tr> <td style="width: 60%;">OFFICER OR AUTHORIZED AGENT</td> <td style="width: 40%;">Y M D</td> </tr> </table>	TELEPHONE	DATE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	AREA NUMBER	OFFICER OR AUTHORIZED AGENT	Y M D
TELEPHONE	DATE						
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	AREA NUMBER						
OFFICER OR AUTHORIZED AGENT	Y M D						
TYPED OR PRINTED							

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

CONTACT NAME: Randall Brown
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801
 FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 9/1/2019 TO 9/30/2019
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Fecal Coliform	*****	*****		*****	*****				
W - See Comments 74055	*****	*****		*****	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	*****	*****		96	*****				
K - Percent Removal 81010	*****	*****		85 minimum percent removal	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	*****	*****		86	*****				
K - Percent Removal 81011	*****	*****		85 minimum percent removal	*****	%		Monthly	Calculation

COMMENTS:
 W = weekly average;

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 PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<small> 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. </small>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER
TYPED OR PRINTED	AREA NUMBER	Y M D

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: 9/1/2019 TO 9/30/2019
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: X

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		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		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		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C		*****	*****		*****				
1 - Final Effluent; 31616 R		*****	*****		Report monthly geometric mean	Report daily maximum		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:

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	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		907 586-0393	10/1/19
TYPED OR PRINTED	SIG NATURE 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

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


PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2019 TO 9/30/2019
 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				
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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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		907 586-0393	10/1/19
TYPED OR PRINTED	SIGNATURE 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
 FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213
 MONITORING PERIOD: 9/1/2019 TO 9/30/2019
 MONITORING POINT: 003 (N-11.2) (P) Sta. C NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Biochemical Oxygen Demand (BOD5)	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 00310 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	*****	*****		Report monthly average	Report daily maximum				
1 - Final Effluent 31616 R	*****	*****		Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Report monthly average	Report daily maximum	MGD	*****	*****			When Discharging	Recorded
1 - Final Effluent 50050 R	*****	*****		*****	*****				
Duration of Discharge	*****	report daily maximum	min/day	*****	*****			When Discharging	Instantaneous Reading
1 - Final Effluent 81381 R	*****	*****		*****	*****				
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		907 586-0393	10/1/19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD
	