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, AK99801

**Permitted Feature:** 

001 - External Outfall

Discharge:

001-A - (no description)

Report Dates & Status

**Monitoring Period:** 

From 10/01/19 to 10/31/19

**DMR Due Date:** 

11/15/19

Status:

NetDMR Validated

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

First Name:

Randall

Last Name:

Brown

Title:

Supervisor No Data Indicator (NODI)

Form NODI:

Telephone:

907-586-0393

**Parameter** 

NODI

**Quantity or Loading** 

**Quality or Concentration** 

Ex.

Smpl. Type

Code

Units

Value 1

Value 2

Value 3

Freq. of Analysis

Name

Value 1

Value 2

Units

Parameter	NODI	Quanti	ty 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
00010 Temperatu water deg. centigrade							=13.6	04 - deg C	0	05/WK - Five Per Week	GR ÷ GRAB
1 - Effluent Gross										W Gar	
Season: 0	Req.						Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR = GRAB
NODI: -	NODI										
00300 Oxygen, dissolved [DO]	Smpl.				=4.4		=8	19 - mg/L	0	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross										05/WK -	
Season: 0	Req.				>=2 DAILY MN		<=17 DAÎLY MX	19 - mg/L		Five Per Week	GR = GRAB
NODI: -	NODI										
00310 BOD, 5-da 20 deg. C 1 - Effluent Gross	y, Smpl.	=57	=133	26 - lb/d		=5	=9	19 -  mg/L	0	01/30 - Monthly	24 - COMP24
	2	<=690 MO	<=1380 DAILY	26 -		<=30 MO	<=60 DAILY MX	19 -		01/30 -	24 -
Season: 0	Req.	AVG	MX	lb/d		AVG	V=00 DAILI FIX	mg/L		Monthly	COMP24
NODI: -	NODI										
00310 BOD, 5-da 20 deg. C G - Raw Sewage		=2909		26 - lb/d		=245		19 = mg/L	0	01/30 - Monthly	24 = COMP24
Influent				26		Bog Man MO		19 -		01/30 -	24 -
Season: 0	Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		mg/L		Monthly	COMP24
NODI: -	NODI										
00310 BOD, 5-da 20 deg. C W - See Comment	Smpl.	=184		26 - lb/d		=9		19 - mg/L	0	01/30 - Monthly	24 - COMP24
		<=1035 WKLY		26 -		<=45 WKLY		19 -		01/30 -	24 -
Season: 0	Req.	AVG		lb/d		AVG		mg/L		Monthly	COMP24
NODI: -	NODI										
00400 pH	Smpl.				=6,6		=6.9	12 - SU	0	05/WK - Five Per	GR = GRAB
1 - Effluent Gross										Week	
Season: 0	Req.				>=6,5 MINIMUM		<=8.5 MAXIMUM	12 - SU		05/WK - Five Per Week	GR - GRAB
NODI:	NODI										
00530 Solids, to suspender 1 - Effluent Gross		=65	=196	26 - lb/d		=6	=18	19 - mg/L	0	01/30 - Monthly	24 - COMP24
Season: 0	Req.	<=690 MO	<=1380 DAILY	26 -		<=30 MO	<=60 DAILY MX	19 -		01/30 -	24 -
NODI: -	NODI	AVG	MX	lb/d		AVG		mg/L		Monthly	COMP24
00530 Solids, to											
suspende	d	=2967		26 -		=255		19 -	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent	J			lb/d				mg/L 19 -		01/30 -	24 -
Season: 0	Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		mg/L		Monthly	COMP24
NODI: -	NODI										
00530 Solids, to suspende	<sup>d</sup> Smpl.	=428		26 - lb/d		=21		19 - mg/L	0	01/30 - Monthly	24 - COMP24
W - See Commen		<=1035 WKLY		26 -		<=45 WKLY		19 =		01/30 -	24 -
Season: 0	Req.	AVG		lb/d		AVG		mg/L		Monthly	COMP24
NODI:	NODI						•	4.6	_	04/22	24
00610 Nitrogen, ammonia total [as						=1	=2	19 - mg/L	0	01/30 - Monthly	24 - COMP24

	rameter	NODI		itity or Loading			Quality or Co			# of	Freq. of Analysis	
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.		
1 - Efflu	ent Gross											
Season	: 0	Req.					<=14 MO AVG	<=30 DAILY MX	19 - mg/L		01/30 - Monthly	
NODI:	-	NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.					=5		19 -	0	01/30 -	
W - See	Comments								mg/L		Monthly	
Season	: 0	Req.					<=21 WKLY AVG		19 - mg/L		01/30 - Monthly	
NODI: -	-	NODI							3, -		,	
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.33	=4.8	03 - MGD					0	99/99 - Continuous	;
1 - Efflu	ient Gross											,
Season:		Req.	<=2.76 MO AVG	<=6 DAILY MX	03 - MGD						99/99 - Continuous	
NODI: -		NODI										
61211	Enterococci								42		00/00	
1 - Efflu	ent Gross	Smpl.						=10	13 + #/100mL	0	09/99 - See Permit	
Season:	0	Req.						Req Mon DAILY MX	13 = #/100mL		09/99 - See Permit	
NODI: -		NODI										
	Coliform, fecal general	Smpl.					=2	≈15	13 = #/100mL	0	01/07 - Weekly	
1 - Efflu	ent Gross								,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Season:	0	Req.					<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL		01/07 - Weekly	(
NODI: -		NODI										
	Coliform, fecal general	Smpl.					=5		13 - #/100mL	0	01/07 - Weekly	(
w - See	Comments											
Season:	0	Req.					<=400 WKLY AVG		13 <del>-</del> #/100mL		01/07 - Weekly	(
NODI: -		NODI										
	BOD, 5-day, percent removal	Smpl.				=98			23 - %	0	01/30 - Monthly	(
K - Perc	ent Removal										· rondity	•
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	(
NODI: -		NODI										
	Solids, suspended percent removal	Smpl.				=98			23 - %	0	01/30 - Monthly	
K - Perc	ent Removal											
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	
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
0424_001.pdf	pdf	191908
0423_001.pdf	pdf	195136

### Report Last Saved By

### JUNEAU, CITY AND BOROUGH OF

User: CBJWASTEWATER1
Name: James Westcott

E-Mail: jim.westcott@juneau.org

Date/Time: 2019-11-15 13:49 (Time Zone:-09:00)

Report Last Signed By

User: CBJWASTEWATER1
Name: James Westcott

E-Mail: jim.westcott@juneau.org

Date/Time: 2019-11-15 13:49 (Time Zone:-09:00)

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### JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

October 2019

								ل	uneau,	Alaska								er 2019				
		LEGAL.	× 1			Int	luent								مالليس		Effluent					
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	рН	D <sub>i</sub> O <sub>i</sub> mg/L	S.S mg/L	S.S. LBS	B.O.D. mg/L	B,O,D, LBS	TEMP °C	рН	D.O. mg/L	S.S. mg/L	S.S. LBS	B,O D mg/L	B.O.D LBS	Enterro Fecal	Channel Fecal	FECAL Coliform /100 ml	Nh3 mg/
SUN	29	43.0	0.00	0.79																		
MON	30	48.0	0.00	2.16	13	7.2	3.73					15,6	6,6	6,3								
TUE	1	48.0	1.74	3,30	11_5	7,3	8,1	158	4342	160	4397	13	6.6	6.1	24	660	10	275				2.6
WED	2	45.6	1,91	1,31	11.8	7.4	8.2	112	1221	130	1417	12.2	6.8	5,8	18	196	8,5	93	2		1	
THU	- 3	46.0	0.02	0,98	12.2	7.4	5.7					13.0	6.7	6.9								
FRI	4	46.0	0,00	0.82	13.4	7.8	2,4					13.6	6,8	4.9								
SAT	5	49.0	0,30	4,62								1										
SUN	6	44.5	3,70	4.78																		
MON	7	38.5	1.06	1:24	11.8	7,5	7.0					11.4	6.9	6.0								
TUE	8	35.0	0.00	0.89	11.6	7.4	6.2	188	1399	150	1116	12,3	6.9	5.0	4	30	3	23	1		2	1.8
WED	9	41.5	T	0,84	12_1	7.4	5.7	228	1601	230	1615	12.8	6,8	5.7	4	28	4	29				
THU	10	45,0	0,10	1,34	12,3	7.5	5,4					13.4	6.7	4.7								
FRI	11	46.0	1,21	1.21	10_9	7.7	5.9					12.7										
SAT	12	39.0	0,31	0,85																		
SUN	13	37.5	0.15	0.75																		
MON	14	36.5	0,00	1.10	12.3	7.4	3.5	164	1498	220	2009	12.4	6.8	4.4	1	9	3.3	30	1		3	0.1
TUE	15	39,0	0.65	1.01	10.2	7.4	7.1	244	2061	240	2028	12.5	6.8	5.3	4	34	3	27				
WED	16	42.5	0.38	0.88	11.1	7.6	5.1					12,4	6.6	5.5								
THU	17	43,0	0,10	0.92	10.8	7.3	4.6					10.9	6.7	6.1								
FRI	18	44,5	0.36	0.92	10.8	7.5	4.9															
SAT	19	48,5	0.28	0.81																		
SUN	20	38,5	0.18	0,69																		
MON	21	35.0	0.00	0.72	11.9	7.4	4.0					12.5	6.7	4.6								
TUE	22	36,5	0.05	0.75	11.9	7.2	3.8	320	2002	340	2127	12.5	6.7	4.6	5	30	5	30			2	1.3
WED	23	44.0	0.32	1.99	11.8	7.3	3.3	520	8635	500	8302	12.7	6.6	5.3	6	100	8	133	10		15	1.9
THU	24	43.0	1.20	1.32	12.7	7.5	2.6					12.6	6.6	7.1							- 1	-
FRI	25	41.0	0.35	0.87	12.1	8.0	6.0					13.1	6.9	8.2								
SAT	26	38.0	0.04	0.74																		
SUN	27	40.0	Т	0.71																		
MON	28	41.0	0.02	0.72	13.1	7.1	5.3			-		13.5	6.9	5.2								
TUE	29	40.5	0.07	1.68	13.8	7.0	5.4	292	4084	360	5035	13.4	6.7	5.6	4	62	5	70			1	
WED	30	42.5	1.37	1.05	13.8	7.3	7.3	324	2829	120	1048	12.4	6.8	6.9	11	96	9	76				
THU	31	43.5	0.17	1.47	12.9	7_4	6.7					12.5	6.7	6.6								
FRI	1	43.0	0.88	1.07	12.3	7.9	5.3					11.8	6.6	8.3								
SAT	2	46.0	0.26	1_10								- 1.50	0.0	0.0								
TOTAL			16,04	41.27																		
MUMIXAM	7-01	49.0	3.70	4.78	13.8	8.0	8.2	520	8635	500	8302	13.6	6.9	8.3	18	196	9	133	10	0	15	1.9
MINIMUM		35.0	0.00	0.69	10.2	7.0	2.4	112	1221	120	1048	10.9	6.6	4.4	1	9	3	23	1	0	1	0.1
AVERAGE		41.9	0.55	1.33	12.0			255	2967	245	2909	12.6	0.0	717	6	65	5	57	2	#NUM!	2	0.8
	Olf Arnalysaus	35	33	35	23	23	23	10	2907	10	2909	22	21	21	10	10		П	4	#NOW!	6	5
		40		Ju		20	20		,u	10	(U		- 4	Washir	IU.	ld d	테	10	10 (mm labor			3

BOD % REMOVAL	TSS % Removal	Toxicity
98	98	

ı	Ammonia	mg/L	Copper	ug/L		
	8,0	9.1	12.0	75,1		

- 4	II.	lu u	ш	10	4	
Weekly					Weekly	Weekly
TSS,BOD	T	SS	В	OD	Coliform	Nh3
Aver.	mg/l	lbs	mg/l	lbs	Geo Mean	mg/l
WEEK1	21	428	9	184	1	3
WEEK2	4	29	4	26	2	2
WEEK3	3	21	3	29	3	
WEEK4	5	65	6	81	5	2
WEEK5	8	79	7	73	1	
MAX	21	428	9	184	5	3

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: 10/1/2019

TO 10/31/2019

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	*****	13.6		0		
1 - Final Effluent 00010	1 CI IIII	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		4.4	*****	8		0		
1 - Final Effluent 00300	1 CI IIII	****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	57	133		*****	5	9		0		
1 - Final Effluent 00310	1 01 11110	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	2909	*****		*****	245	*****		0		
G - Influent 00310	I CI IIIIC	report monthly average	****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	184		*****	9	*****		0		
W - See Comments 00310	1 CI IIIIC	*****	1,035 weekly average	lbs/day	*****	45 weekly average	****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 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	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

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: 10/1/2019

10/31/2019

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units No.		Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	*****	*****		6.6	*****	6.9		0		
1 - Final Effluent 00400	1 CI IIIIC	****	*****		6.5 minimum	****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	65	196		*****	6	18		0		
1 - Final Effluent 00530	I CI IIIIC	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	2967	*****		*****	255	*****		0		
G - Influent 00530	- 0	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	*****	428		*****	21	*****		0		
W - See Comments 00530	I CI IIIIC	****	1,035 weekly average	lbs/day	****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	1	2		0		
1 - Final Effluent 00610	I CI IIIIC	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 property 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	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

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: 10/1/2019

10/31/2019 TO

NO DISCHARGE: Parameter **Quantity or Loading** Units **Quality or Concentration** Units No. Frequency of Sample Type **Average** Maximum Minimum Ex. **Analysis** Average Maximum Fecal Coliform Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 5 0 meas. \*\*\*\*\* \*\*\*\*\* W - See Comments \*\*\*\*\* 400 cts/100 ml Weekly Grab Permit weekly average 74055 regmt. BOD5 Minimum % Removal Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 98 0 meas. \*\*\*\*\* K - Percent Removal \*\*\*\*\* \*\*\*\*\* 85 \*\*\*\*\* % Monthly Calculation Permit minimum percent 81010 reqmt. removal Total Suspended Solids Minimum Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 98 0 l% Removal meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* K - Percent Removal 85 % Monthly Calculation Permit minimum percent 81011 reqmt. removal

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	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 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	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

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: 10/1/2019

10/31/2019

TO

NO DISCHARGE:

Parameter		Quantity or Loading		Units Qua		ality or Concentration		Units		Frequency of	Sample Type
		Average	Maximum	Minimum	Average	Maximum		Ex.	Analysis		
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	5	*****		0		
W - See Comments 00610	1 CI IIIIC	*****	****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable	Sample meas.	*****	*****		*****	*****	12		0		
1 - Final Effluent 01119		*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow	Sample meas.	1.33	4.8		*****	*****	*****		0		
1 - Final Effluent 50050	1 0111111	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci	Sample meas.	*****	*****		*****	*****	10		0		
1 - Final Effluent 61211	1 Climic	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	2	15		0		8
1 - Final Effluent 74055	1 CI IIII C	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for			ы
	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID



# 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

# ACCIDENTAL DISCHARGE/SPILL NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any):					
Applicant Company:	Facility Name	Facility Location:				
City Borough of Juneau	Juneau Douglas W/W collections sys	Diversion Structure At 101 Marine Way				
Person Reporting:	Phone Numbers of Person Reporting	Reported How? (e.g. by phone)				
Michael Otto Dunayski	(907)209-3785	Left message at 1-877-569-4114				
Date/Time Event was Noticed 10/06/19 At 0045	Date/Time Reported 10/06/19 AT 1640	Name of DEC Staff Contac	ted			
VERBAL NOTIFICATION MUST BE MAI	DE TO ADEC WITHIN 24 HOURS	OF DISCOVERY (notification	n by email is acceptable)			
INCIDENT DETAILS (attach addit	ional sheets, lab reports and n	hotos as necessary)				
Product Spilled (e.g. sewage, propylene, glyc	ol, etc.)	Source of Spill				
Sanitary sewage		Diversion structure				
Quantity Spilled (volume or weight)	Quantity Contained	Quantity Recovered	Our-Man Di			
APPROX 168,000 Gal		Quantity According	Quantity Disposed			
Cause of Spill and Actions Taken To Correct	The Cause (he specific)					
Heavy rain fall event that overwhelmed the san						
			Sion vaive			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o	valve as soon as flow rate allowed		zion vaive			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o	valve as soon as flow rate allowed  detail) Collected samples at opening  Surface Area Affected	and closing the diversion	,			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o	valve as soon as flow rate allowed  detail) Collected samples at opening		Type ered with snow, etc.)			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o  Environmental Damage:  (if yes, provide details below)  Yes No Vunknown	valve as soon as flow rate allowed  detail) Collected samples at opening  Surface Area Affected (square feet) Unknown	and closing the diversion  Surface (e.g. tundra, land cove	: Type ered with snow, etc.)			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o  Environmental Damage: (if yes, provide details below)  Yes No W Unknown  Actual /Potential Impact on Environment/Pul	valve as soon as flow rate allowed  detail) Collected samples at opening  Surface Area Affected (square feet) Unknown  blic Health (describe in detail)	and closing the diversion  Surface (e.g. tundra, land cove	Type ered with snow, etc.)			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o  Environmental Damage: (if yes, provide details below)	valve as soon as flow rate allowed  detail) Collected samples at opening  Surface Area Affected (square feet) Unknown  blic Health (describe in detail)	and closing the diversion  Surface (e.g. tundra, land cove	: Type ered with snow, etc.)			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o  Environmental Damage:     (if yes, provide details below)  Yes No W Unknown  Actual /Potential Impact on Environment/Pul  Junknown sewage went through a bar rack be	valve as soon as flow rate allowed  detail) Collected samples at opening  Surface Area Affected (square feet) Unknown  blic Health (describe in detail)  fore exiting system	and closing the diversion  Surface (e.g. tundra, land cove The Pacif	Type ered with snow, etc.) ic ocean			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o  Environmental Damage:	Surface Area Affected (square feet) Unknown  blic Health (describe in detail) fore exiting system  and Fecal coliform tests. We will send t	and closing the diversion  Surface (e.g. tundra, land cove The Pacif	e Type ered with snow, etc.) ic ocean ethem.			
Cleanup Actions (describe in detail) Closed  Disposal Methods and Location (describe in o  Environmental Damage:     (if yes, provide details below)  Yes No W Unknown  Actual /Potential Impact on Environment/Pul  Jinknown sewage went through a bar rack be  COMMENTS  Admiralty environmental is running BOD, TSS a  fased on information and belief formed after ocument are true, accurate, and complete.  (ame: Michael Otto Dunayski	Surface Area Affected (square feet) Unknown  blic Health (describe in detail) fore exiting system  and Fecal coliform tests. We will send t	Surface (e.g. tundra, land cover The Pacific The Pacific The results as soon as we receive that the results and information in the Pacific	e Type ered with snow, etc.) ic ocean e them. n and attached in this			

CONTACT NAME: Michael Otto Dunayski

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: 10/1/2019

MONITORING POINT: 003 (N-11.2) (P) Sta C

TO 10/31/2019 NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentration		Units	No.	Frequency of	Sample Type
	l i	Average	Maximum	1 1	Minimum	Average	Maximum	1	Ex.	Analysis	pic 1,pc
iochemical Oxygen Demand 3OD5)	Sample meas.	25.9	32.2		*****	18.5	23				
1 - Final Effluent 00310 R	I CILLIE	Report monthly average	Report daily maximum	ibs/day	******	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
otal Suspended Solids	Sample meas.	78.4	126.1		*****	56	90				
1 - Final Effluent 00530 R	I CI ILLIC	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
oliform, fecal MF, M-FC broth, 4.5 C	Sample meas.	*****	*****	14	*****		7 T I				
1 - Final Effluent 31616 R	Danmit	15020	29000		9400	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
ow	Sample meas.				*****	*****	*****				
1 - Final Effluent 50050 R	I CI ILLI	Report monthly average	Report daily maximum	MGD	0.168	0.168	0.168			When Discharging	Recorded
uration of Discharge	Sample meas.	*****		735min	*****	*****	*****	*			
1 - Final Effluent 81381 R	renunt	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading
DMMENTS:				41			1 10				

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
Michael Otto Dunayski/Wastewater Collections SR. Operator	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	SIGNATURE OF PRINCIPAL	907 586-0393	110419
TYPED OR PRINTED	imprisonment for knowing violations.	EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD