

**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 11/01/18 to 11/30/18

**DMR Due Date:** 12/15/18

**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:** -

Code	Parameter Name	NODI	Quantity or Loading		Units	Quality or Concentration			Units	# of Ex. Analysis	Freq. of Analysis	Smpl. Type
			Value 1	Value 2		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	Value 3			
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.	=37	=96	26 - lb/d	=5	=11	19 - mg/L	0	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	0	24 - COMP24	
NODI: -		NODI									
00310	BOD, 5-day, 20 deg. C	Smpl.	=987		26 - lb/d	=140		19 - mg/L	0	24 - COMP24	
G - Raw Sewage Influent											
Season: 0		Req.	Req Mon MO AVG		26 - lb/d	Req Mon MO AVG		19 - mg/L		24 - COMP24	
NODI: -		NODI									
00310	BOD, 5-day, 20 deg. C	Smpl.	=67		26 - lb/d	=9.4		19 - mg/L	0	24 - COMP24	
W - See Comments											
Season: 0		Req.	<=1035 WKLY AVG		26 - lb/d	<=45 WKLY AVG		19 - mg/L		24 - COMP24	

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	NODI: -										
1 - Effluent Gross		Smpl.	=6.5		12 - SU	=7.1			0	05/WK - Five Per Week	GR - GRAB	
Season: 0		Req.	>=6.5 MINIMUM		12 - SU	<=8.5 MAXIMUM				05/WK - Five Per Week	GR - GRAB	
00530	Solids, total suspended	NODI: -										
1 - Effluent Gross		Smpl.	=54	=157	26 - lb/d	=8	=18		0	01/30 - Monthly	COMP24	
Season: 0		Req.	<=690 MO AVG	<=1380 DAILY MX	26 - lb/d	<=30 MO AVG	<=60 DAILY MX			01/30 - Monthly	COMP24	
NODI: -		NODI										
00530	Solids, total suspended	NODI: -										
G - Raw Sewage Influent		Smpl.	=789		26 - lb/d	=122			0	01/30 - Monthly	COMP24	
Season: 0		Req.	Req Mon MO AVG		26 - lb/d	Req Mon MO AVG				01/30 - Monthly	COMP24	
NODI: -		NODI										
00530	Solids, total suspended	NODI: -										
W - See Comments		Smpl.	=107		26 - lb/d	=15			0	01/30 - Monthly	COMP24	
Season: 0		Req.	<=1035 WKLY AVG		26 - lb/d	<=45 WKLY AVG				01/30 - Monthly	COMP24	
NODI: -		NODI										
00610	Nitrogen, ammonia total [as N]	NODI: -										
1 - Effluent Gross		Smpl.	=1.2		19 - mg/L	=1.2			0	01/30 - Monthly	COMP24	
Season: 0		Req.	<=14 MO AVG	<=30 DAILY MX	19 - mg/L					01/30 - Monthly	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: -										
50050	Flow, in conduit or thru treatment plant	Smpl.								
	1 - Effluent Gross									
Season: 0		Req.	<=2.76 MO AVG	<=6 DAILY MX						
NODI: -										
61211	Enterococci	Smpl.								
	1 - Effluent Gross									
Season: 0		Req.								
NODI: -										
74055	Coliform, fecal general	Smpl.								
	1 - Effluent Gross									
Season: 0		Req.								
NODI: -										
74055	Coliform, fecal general	Smpl.								
	W - See Comments									
Season: 0		Req.								

Parameter Code	Name	NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3				
81010	BOD, 5-day, percent removal	NODI										
						=96			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		Req.										
NODI: -		NODI				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
81011	Solids, suspended percent removal	Smpl.				=94			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		Req.										
NODI: -		NODI				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD

**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
4011_001.pdf	pdf	282503

**Report Last Saved By**

**JUNEAU, CITY AND BOROUGH OF**

User: CBJWASTEWATER1  
 Name: James Westcott  
 E-Mail: jim.westcott@juneau.org  
 Date/Time: 2018-12-11 13:33 (Time Zone: -09:00)

**Report Last Signed By**

User: CBJWASTEWATER1  
 Name: James Westcott  
 E-Mail: jim.westcott@juneau.org  
 Date/Time: 2018-12-11 13:34 (Time Zone: -09:00)

# 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: 11/1/2018  
 MONITORING POINT: 002 (N-11) (P) Sta.AE

TO 11/30/2018  
 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)	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	*****	*****	cts/100 ml	*****	*****	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	Sample meas. *****	Report daily maximum	mln/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  Mark Mow/Wastewater Collections SR. Operator  TYPED OR PRINTED	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 907 586-0393  DATE 12/31/18
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

MONITORING PERIOD: 11/1/2018 TO 11/30/2018  
 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	Maximum					
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	Sample meas. *****	*****		*****	*****	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	Sample meas. *****	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	12/18/18
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA/NUMBER	YY/MM/DD



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

PERMIT NUMBER: AK0023213  
 MONITORING PERIOD: 11/1/2018 TO 11/30/2018  
 MONITORING POINT: 004 (N-15.1) (R) Douglas

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)	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	Sample meas. *****	Report daily maximum	min/day	*****	*****	*****			When Discharging	Instantaneous Reading
COMMENTS:											

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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.			
Mark Mow/Wastewater Collections SR. Operator		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393	12/3/18
TYPED OR PRINTED			AREA/NUMBER	YY/MM/DD

