

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 5433 SHAUNE DRIVE
JUNEAU, AK 99801

FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
COMBINED SEWER OVERFLOW
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30

FROM

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	00056 P 0	*****		*****	*****	*****				
See Comments		*****	Req. Mon. EVNT TOT	*****	*****	*****		When Discharging	CALCTD	
Flow rate	00056 Q 0	*****		*****	*****	*****				
See Comments		*****	Req. Mon. EVNT TOT	*****	*****	*****		When Discharging	CALCTD	
Flow rate	00056 R 0	*****		*****	*****	*****				
See Comments		Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	*****	*****		When Discharging	RCORDR	
BOD, 5-day, 20 deg. C	00310 P 0	*****		*****	*****	*****				
See Comments		Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	00310 Q 0	*****		*****	*****	*****				
See Comments		Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	00310 R 0	*****		*****	*****	*****				
See Comments		Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
Solids, total suspended	00530 P 0	*****		*****	*****	*****				
See Comments		Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	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 the information submitted is 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/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE
907 586-8893
AREA Code NUMBER

DATE
08 05 08
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 5433 SHAUNE DRIVE
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)

COMBINED SEWER OVERFLOW
External Outfall

No Discharge

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30
FROM			TO		

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended 00530 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	mg/L	Req. Mon. MO AVG	mg/L		When Discharging	GRAB
	SAMPLE MEASUREMENT	*****		*****		*****				
Solids, total suspended 00530 R 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	mg/L	Req. Mon. MO AVG	mg/L		When Discharging	GRAB
	SAMPLE MEASUREMENT	*****		*****		*****				
Coliform, fecal MF, MFC broth, 44.5 C 31616 P 0 See Comments	PERMIT REQUIREMENT	*****		*****		Req. Mon. WKLY AVG	#/100mL		When Discharging	GRAB
	SAMPLE MEASUREMENT	*****		*****		*****				
Coliform, fecal MF, MFC broth, 44.5 C 31616 Q 0 See Comments	PERMIT REQUIREMENT	*****		*****		Req. Mon. WKLY AVG	#/100mL		When Discharging	GRAB
	SAMPLE MEASUREMENT	*****		*****		*****				
Coliform, fecal MF, MFC broth, 44.5 C 31616 R 0 See Comments	PERMIT REQUIREMENT	*****		*****		Req. Mon. MO AVG	#/100mL		When Discharging	GRAB
	SAMPLE MEASUREMENT	*****		*****		*****				
Duration of discharge 81381 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. EVNT TOT	min	*****		*****			When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****		*****		*****				
Duration of discharge 81381 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. EVNT TOT	min	*****		*****			When Discharging	CALCTD
	SAMPLE MEASUREMENT	*****		*****		*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS W/WSUPER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE
907 586-0313
AREA Code NUMBER

DATE
08 05 08
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
COMBINED SEWER OVERFLOW
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30
FROM			TO		

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Duration of discharge	*****		*****	*****	*****				
81381 R 0	*****	Req. Mon. EVNT TOT	*****	*****	*****		When Discharging	CALCTD	
See Comments		min							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE	DATE
TYPED OR PRINTED		907 586-0713	08 05 08
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P = N-11Q = N-11, 2R = N-15, 1 RECORD REASONING FOR EACH OPENING		AREA Code	NUMBER
			YEAR MO DAY

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 prepared 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.

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
 NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
 FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
 LOCATION: JUNEAU, ALASKA 99801
 ATT: Scott Jeffers WW Utilities Superintendent

PERMIT NUMBER: AK-002321-3
 DISCHARGE NUMBER: 001 A

MONITORING PERIOD
 YR: 2008 MO: 4 DAY: 1 TO: 2008 YEAR: 2008 MO: 4 DAY: 30

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
TEMPERATURE, WATER DEG, CENTIGRADE	*****	*****	*****	****	13.3	*****	(04)	0	5/7 WEEK DAYS	GRAB
00010 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	REPORT DAILY MAX	*****	DEG. C	0	1/7 ONCE/ WEEK	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	*****	****	2.7	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00300 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	2.0 DAILY MIN.	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	262.0	*****	(19)	0	5/7 WEEK DAYS	GRAB
00310 G 0 0 RAW SEW/INFLUENT	*****	*****	*****	****	REPORT MO AVG	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	43.3	*****	*****	(26)	5.1	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 W 0 0 SEE COMMENTS BELOW	1035	*****	*****	LBS/DAY	45	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	43.3	*****	43.3	(26)	5.1	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 1 0 0 EFFLUENT GROSS VALUE	690	1380	*****	LBS/DAY	30	60	MG/L	2	5/7 WEEK DAYS	GRAB
pH	*****	*****	*****	****	5.5	*****	(12)	0	1/30 ONCE/ MONTH	COMP 24
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	6.0 MIN.	*****	SU	0	1/30 ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	****	206	*****	(19)	0	5/7 WEEK DAYS	GRAB
00530 G 0 0 RAW SEW/INFLUENT	*****	*****	*****	****	REPORT MO AVG	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Scott Jeffers
 Wastewater Utilities Superintendent

TELEPHONE: 586-0393
 AREA CODE: 907
 PHONE NUMBER: 586-0393

DATE: 2008
 YEAR: 2008
 MO: 5
 DAY: 9

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 The reporting period was from 03/30/2008 through 05/03/2008.
 Please see attached letter dated 07 May 2008.
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801

ADDRESS: JUNEAU-DOUGLAS TREATMENT PLANT
 JUNEAU, ALASKA 99801

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT

LOCATION: JUNEAU, ALASKA 99801

ATT: Scott Jeffers WW Utilities Superintendent

PERMIT NUMBER: AK-002321-3

DISCHARGE NUMBER: 001 A

MONITORING PERIOD: YR 2008 MO 4 DAY 1 TO 2008 YEAR 4 MO 4 DAY 30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	124.1	*****	(26)	*****	13.3	*****	0	5/7	GRAB
00530 W 0 0	1035	*****	LBS/DAY	*****	45	*****	0	ONCE/MONTH	GRAB
SEE COMMENTS BELOW	105.4	218.0	(26)	*****	9.9	16.8	0	5/7	GRAB
SOLIDS, TOTAL SUSPENDED	690	1380	LBS/DAY	*****	30	60	0	ONCE/MONTH	GRAB
00530 1 0 0	N/A	N/A	(26)	*****	N/A	N/A	0	1/180	COMP 24
EFFLUENT GROSS VALUE	REPORT	REPORT	LBS/DAY	*****	REPORT	REPORT	0	SEMI-ANNUAL	GRAB
NITROGEN, AMMONIA	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	0	1/90	GRAB
TOTAL (AS N)	*****	*****	*****	*****	N/A	N/A	0	ONCE/QUARTER	GRAB
00610 1 0 0	*****	*****	*****	*****	REPORT	REPORT	0	1/7	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	MO AVG	DAILY MAX	0	ONCE/WEEK	COMP 24
COPPER	*****	*****	*****	*****	243	*****	0	CONTINUOUS	GRAB
TOTAL RECOVERABLE	*****	*****	*****	*****	800	*****	0	1/7	COMP 24
01119 1 0 0	*****	*****	*****	*****	WKLY GEO	*****	0	ONCE/WEEK	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	5	243	0	1/7	COMP 24
COLIFORM, FECAL MF	*****	*****	*****	*****	400	1200	0	ONCE/WEEK	COMP 24
M-FC BROTH, 44.5 C	*****	*****	*****	*****	MO GEO	DAILY MAX	0	7/7	GRAB
31616 W 0 0	*****	*****	(03)	*****	*****	*****	0	CONTINUOUS	GRAB
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB
COLIFORM, FECAL MF	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB
M-FC BROTH, 44.5 C	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB
31616 1 0 0	1.3603	2.9290	(03)	*****	*****	*****	0	CONTINUOUS	GRAB
EFFLUENT GROSS VALUE	2.76	6.0	MGD	*****	*****	*****	0	CONTINUOUS	GRAB
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	MO AVG	DAILY MAX	MGD	*****	*****	*****	0	CONTINUOUS	GRAB
50050 1 0 0	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers
Wastewater Utilities Superintendent

TELEPHONE: 586-0393

AREA CODE: 907

PHONE NUMBER: 586-0393

DATE: 2008 YEAR 5 MO 9 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*

COMMENT AND EXPLANATION OF ANY VIOLATIONS: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to ensure that the 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.

TYPED OR PRINTED: Please see attached letter dated 07 May 2008.

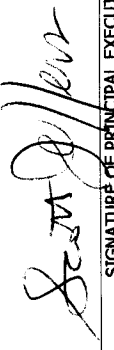
The reporting period was from 03/30/2008 through 05/03/2008.

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different):
 NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
 FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
 LOCATION: JUNEAU, ALASKA 99801
 ATT: Scott Jeffers WW Utilities Superintendent

PERMIT NUMBER: AK-002321-3
 DISCHARGE NUMBER: 001 A

MONITORING PERIOD		YR	MO	DAY	TO	YR	MO	DAY	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FROM		2008	4	1		2008	4	30	0	1/30 ONCE/MONTH	COMP 24
									0	1/30 ONCE/MONTH	GRAB

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			UNITS	FROM	UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM				AVERAGE	MAXIMUM	MINIMUM			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	98.1	****		****	*****	*****	(23)	0	1/30 ONCE/MONTH	COMP 24
81010 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	85 MIN. % REMOVAL	****		****	*****	*****	% PERCENT		1/30 ONCE/MONTH	GRAB
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	95.2	****		****	*****	*****	(23)	0	1/30 ONCE/MONTH	GRAB
81011 K O O PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	85 MIN. % REMOVAL	****		****	*****	*****	% PERCENT		1/30 ONCE/MONTH	GRAB
								REPORT DAILY MAX					

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 Scott Jeffers
 Wastewater Utilities Superintendent
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 
 TELEPHONE: 586-0393
 AREA CODE: 907
 PHONE NUMBER: 586-0393
 DATE: 2008
 YEAR: 2008
 MO: 5
 DAY: 9



CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

FAXED & MAILED
Fax: 206-553-1280

May 07, 2008

David Domingo
USEPA, Region 10
Mailstop OCE-133
1200 Sixth Avenue
Seattle, WA 98101

Reference: NPDES Permit No. AK-002321-3
CERTIFIED MAIL: 7003 1010 0003 6219 6274

Dear Mr. Domingo,

This letter will reiterate my call made to the noncompliance hotline on 05/02/2008 at approximately 2:30 p.m., section 1.A.2. the effluent pH must not be less than 6.0 and not greater than 8.5. On 05/01/08 and 05/02/08 our effluent pH was 5.64 and 5.54. The drop in the effluent pH we believe was due to the mechanical problems we had encountered with the new clarifier seals and with the clarifiers draft riser pipe orifices being undersized and not permitting the needed return sludge flow rate. We had another seal fail in clarifier #1 (this seal isolates the RAS flow from the incoming flow in the clarifier). We are in the process of taking the two clarifiers off one at a time to make the necessary corrections to the draft riser pipe sizing, and to upgrade the banding material that holds the seal in place. On 05/02/08 we were able to bring one of the clarifiers back on line with an increased return sludge flow. Having the ability to increase both the sludge waste and return rates helped us in bring the pH up throughout the plant. The contractor will be in tomorrow morning to complete the work on the last clarifier. With having both clarifiers operational, we do not foresee any future problems with the effluent pH exceeding the permit limitations.

If you have any questions or concerns, please contact me at (907) 586-5329.

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Sincerely,

Catherine E. Carlson, Supervisor
Juneau-Douglas Treatment Plant

copy: Sally Wanstall, ADEC, Division of Water- Juneau
Joe Buck, CBJ-Director of Public Works
Scott Jeffers, CBJ-Wastewater Utility Superintendent

DMR, EPA copy

DMR, plant copy file AK-002321-3

155 So. Seward Street, Juneau, Alaska 99801-1397

