

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, Acting WW Utilities Superintendent


AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD		YEAR		DAY		MO		NO. EX		FREQUENCY OF ANALYSIS		SAMPLE TYPE	
YR	MO	DAY	TO	YR	MO	DAY	TO	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
2008	8	1	TO	2008	8	31		0	5/7 WEEK DAYS	GRAB	1	1/7 ONCE/ WEEK	GRAB
								0	1/30 ONCE/ MONTH	COMP 24	0	1/30 ONCE/ MONTH	COMP 24
								0	1/30 ONCE/ MONTH	COMP 24	0	1/30 ONCE/ MONTH	COMP 24
								0	5/7 WEEK DAYS	GRAB	0	5/7 WEEK DAYS	GRAB

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. CENTIGRADE	*****	*****	****	*****	*****	*****	(04)	0	5/7 WEEK DAYS	GRAB
00010 1 0 0	*****	*****	****	*****	*****	*****	REPORT DAILY MAX			
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	*****	DEG. C	1	1/7 ONCE/ WEEK	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	****	*****	*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00300 1 0 0	*****	*****	****	*****	*****	*****	17.0 DAILY MAX			
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	****	*****	*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 G 0 0	*****	*****	****	*****	*****	*****	147.0 DAILY MIN.			
RAW SEW/INFLUENT	*****	*****	****	*****	*****	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	****	*****	*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 W 0 0	*****	*****	****	*****	*****	*****	3.4 MO AVG			
SEE COMMENTS BELOW	*****	*****	****	*****	*****	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	****	*****	*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
00310 1 0 0	*****	*****	****	*****	*****	*****	3.4 WKLY AVG			
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
pH	*****	*****	****	*****	*****	*****	(12)	0	5/7 WEEK DAYS	GRAB
00400 1 0 0	*****	*****	****	*****	*****	*****	6.0 MIN.			
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	*****	*****	****	*****	*****	*****	8.5 MAXIMUM			
00530 G 0 0	*****	*****	****	*****	*****	*****	(19)	0	1/30 ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	*****	*****	****	*****	*****	*****	MG/L	0	1/30 ONCE/ MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
 Acting W/W 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
9

DAY
10

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 assure 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.
 (Reference all attachments here)

The reporting period was from **08/03/2008** through **08/30/2008**.
 EPA Form 3320-1 (03-99) Previous editions may be used.

00434/981209 1904
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

PAGE 1 OF 3

JUNEAU DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

August 2008

DAY	DATE	WEATHER				INFLUENT						EFFLUENT						
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TITL EFFL MGD	SS mg/L	SS LBS	B.O.D mg/L	B.O.D LBS	TEMP °C	PHI	D.O mg/L	SS mg/L	SS LBS	B.O.D mg/L	B.O.D LBS	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days
SUN	3	51	0.04	18.5	202	1902			10.0	94								
MON	4	52	0.00	17.7	395	3805			7.6	73								
TUE	5	59	0.00	16.9	254	2269	147	1313	8.8	79	3.38	30						
WED	6	61	0.00	16.1	308	2505			8.8	72						5.6		
THU	7	56	0.09	15.3	314	2831			12.0	108								
FRI	8	58	0.05	14.4					2.7									
SAT	9	54	0.74	13.6														
SUN	10	53	0.10	13.2	263	2237			10.4	88								
MON	11	53	0.21	13.4	220	2286			8.4	87								
TUE	12	54	0.55	14.2	290	4808			6.0	99								
WED	13	54	0.86	15.1	150	2388			7.6	121						6.0		
THU	14	57	0.15	13.7	209	2547			6.8	83								
FRI	15	57	0.00	16.0														
SAT	16	52	0.32	16.7														
SUN	17	53	0.31	17.2	158	1832			7.0	81								
MON	18	54	0.00	17.3	201	2178			8.4	91								
TUE	19	56	0.05	17.3	194	1849			4.6	44								
WED	20	61	0.00	17.4	258	2515			9.0	88						15.0		
THU	21	54	0.45	17.2	302	3879			15.6	200								
FRI	22	53	0.45	16.7					2.9									
SAT	23	54	0.25	16.0														
SUN	24	51	0.41	15.2	220	2666			13.0	158								
MON	25	49	0.85	14.9	231	4410			18.0	344								
TUE	26	49	0.20	15.5	180	2091			8.4	98								
WED	27	48	0.00	16.5	191	1892			5.6	55						1.0		
THU	28	50	0.16	15.1	252	2898			7.8	90								
FRI	29	51	0.00	17.4					4.5									
SAT	30	50	0.04	18.1														
TOTAL			6.28		37,1330													
MAXIMUM		61	0.86	18.5	395	4808	147	1313	18.0	344	3	30	15			N/A	N/A	N/A
MINIMUM		48	0.00	13.2	150	1832	147	1313	4.6	44	3	30	1			N/A	N/A	N/A
AVERAGE		54	0.22	16.0	240	2689	147	1313	9.2	108	3	30	5			N/A	N/A	N/A

% REMOVAL	
B.O.D.	98
S.S.	96

Copper		NH3	
ug/L	N/A	mg/L	N/A
lbs	N/A	lbs	N/A

Weekly TSS, BOD		TSS		BOD		Weekly Coliform	
Aver.	WEEK1	mg/l	lbs	mg/l	lbs	Geo. Mean	
WEEK1	9	85	30	3	30	6	6
WEEK2	8	96				6	6
WEEK3	9	101				15	15
WEEK4	11	149				1	1
MAX	11	149	30	3	30	15	15

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

FAXED & MAILED
Fax: 206-553-1280

September 4, 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 5994

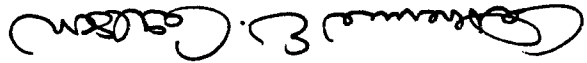
Dear Mr. Domingo,

This letter is in response to the call made to the noncompliance hotline on 09/04/2008 at 2:10pm Alaska Standard Time regarding a dissolved oxygen reading that was below our permit limits. As outline in Section I. under Table 1.A1 our effluent dissolved oxygen concentration is required to be not <2.0 or > 17.0mg/L. On August 21, 2008 our effluent grab sample has a dissolved oxygen reading of 1.8mg/L. This low reading was initially overlooked, and follow up samples were not taken as a result. At the time, we had lost a switchgear component and we were unable to aerate our mixed liquor basins for approximately 10.5hrs. Since the repair all dissolved oxygen readings have been in compliance.

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

"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."

Sincerely,



Catherine E. Carlson, Supervisor
Juneau-Douglas Treatment Plant

copy: Sally Wanstall, ADEC-Juneau

Joe Buck, CBJ-Director of Public Works
Scott Jeffers, CBJ-Wastewater Utility Superintendent
DMR Permit No. AK-002321-3

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

Facility 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 DIRECTOR

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	08	01	TO	08	31

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	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 P 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	*****		*****			When Discharging	CALCTD
Flow rate	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 Q 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	*****		*****			When Discharging	CALCTD
Flow rate	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 R 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	*****		*****			When Discharging	RCORDR
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 P 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	*****		*****			When Discharging	GRAB
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 Q 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	*****		*****			When Discharging	GRAB
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 R 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	*****		*****			When Discharging	GRAB
Solids, total suspended	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00530 P 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	*****		*****			When Discharging	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE
907 586 0323

DATE
08 9 10

AREA Code NUMBER DAY
907 586 0323 9 10

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

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

PLANT/FACILITY NAME-ADDRESS (include Facility Name Location if Different)

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

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	08	01	08	08	31

FROM

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
Solids, total suspended	00530 R 0 See Comments	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C	31616 P 0 See Comments	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C	31616 Q 0 See Comments	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C	31616 R 0 See Comments	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB	
Duration of discharge	81381 P 0 See Comments	Req. Mon. MO AVG	min	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	CALCTD	
Duration of discharge	81381 Q 0 See Comments	Req. Mon. MO AVG	min	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS W/W SUPER	TELEPHONE 907-581-0393	DATE 08 9 10
TYPED OR PRINTED	AREA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P = N-11Q = N-11, 2R = N-15, 1-RECORD REASONING FOR EACH OPENING	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	

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DISCHARGE MONITORING REPORT (DMR)

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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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	08	01	TO	08	31

FROM

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	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	CALC'D
See Comments										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS w/USAR</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE	DATE
		907 586-0313	08 9 10
TYPED OR PRINTED		AREA Code	NUMBER
		907	586-0313

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