

External Outfall  
 \*\*\* NO DISCHARGE \*\*\*

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:** Joe Myers, WW Utilities Superintendent

**AK-002321-3**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

**MONITORING PERIOD**

YR	MO	DAY	TO	YEAR	MO	DAY
2009	5	1		2009	5	31

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE				
Temperature, water deg. C	*****	*****	****	*****	*****		0		
00010 1 0 Effluent Gross	*****	*****	*****	*****	*****	deg.C	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	*****	****	*****	*****		0		
00300 10 Effluent Gross	*****	*****	*****	*****	*****	mg/L	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****		0		
00310 10 Effluent Gross	*****	*****	*****	*****	*****	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****		0		
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****		0		
00310 W 0 See Comments	*****	*****	*****	*****	*****	mg/L	0	MONTHLY	COMP24
pH	*****	*****	****	*****	*****		2		
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	SU	1	WEEKDAYS	GRAB
Solids, Total suspended	*****	*****	*****	*****	*****		1		
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	mg/L	1	MONTHLY	COMP24

*Stephen E. Carlson*  
 in lieu of Joe Myers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE  
 586-0393 TELEPHONE  
 2009 YEAR  
 6 MO  
 10 DAY

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.

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
 (Reference all attachments here)

The reporting period was from **05/03/2009** through **05/30/2009**.

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:** Joe Myers, WW Utilities Superintendent

AK-002321-3 PERMIT NUMBER  
 001 A DISCHARGE NUMBER

MONITORING PERIOD  
 YR 2009 MO 5 DAY 1 TO 2009 MO 5 DAY 31

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS				
Solids, Total suspended	*****	*****	*****	*****	*****	*****		0		
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	mg/L	1	Monthly	COMP24
Solids, Total suspended	*****	*****	*****	*****	*****	*****		0		
00530 W 0	*****	*****	*****	*****	*****	*****	mg/L	0	Monthly	COMP24
See Comments	*****	*****	*****	*****	*****	*****				
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	*****				
00610 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	#100/ml	0		
31616 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		1	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	#100/ml	0		
31616 W 0	*****	*****	*****	*****	*****	*****		0	Weekly	GRAB
See Comments	*****	*****	*****	*****	*****	*****				
Flow, in conduit or through treatment plant	*****	*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		0	Continuous	RCORDR
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	%	0		
81010 K 0 Percent Removal	*****	*****	*****	*****	*****	*****			Monthly	CALCTD

*Catherine E. Carlson*  
 in lieu of Joe Myers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 907 AREA CODE 586-0393 TELEPHONE  
 2009 YEAR 6 MO DATE  
 10 DAY

TYPED OR PRINTED  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 (Reference all attachments here)  
**The reporting period was from 05/03/2009 through 05/30/2009.**  
 EPA Form 3320-1 (Rev.01/06) Previous editions may be used. PAGE 2 OF 3

DMR Mailing ZIP CODE 99801 \$  
 MAJOR (SUB 01)

External Outfall  
 \*\*\* NO DISCHARGE \*\*\*

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:** Joe Myers, WW Utilities Superintendent

**LOCATION:**

**ATT:**

AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2009	5	1	2009	5	31

FROM TO

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, Total suspended, percent removal	*****	*****	*****	85	*****	*****	1		
81011 K O O	*****	*****	*****	85	*****	*****			
Percent removal	*****	*****	*****	MN % RMV	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joe Myers  
 W/W Utilities Superintendent

TYPED OR PRINTED

Signature: *Catherine E. Carlson*  
 in lieu of Joe Myers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE  
 586-0393 TELEPHONE

2009 YEAR  
 6 MO  
 10 DAY

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 05/03/2009 through 05/30/2009.



# 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

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b>
<b>Applicant Company:</b> City & Borough of Juneau, Alaska	<b>Facility Name:</b> Juneau-Douglas Wastewater Treatment Plant Permit No. AK-002321-3	<b>Facility Location:</b> 1540 Thane Road, Juneau, Alaska 99801
<b>Person Reporting:</b> Jeff Axmann	<b>Phone Numbers of Person Reporting:</b> (907)586-5329	<b>Reported How? (e.g. by phone):</b> by phone-5/19/2009 By fax - 5/22/2009
<b>Date/Time Event was Noticed:</b> 5/18/2009	<b>Date/Time Reported:</b> 5/19/2009 /10:30 a.m.	<b>Name of DEC Staff Contacted:</b> Left Message 05/19/2009 @1030hrs. concerning the Eff. pH 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 effluent with a pH of 5.91 on 5/15/2009 and 5.30 on 5/18/2009.

Cause of the event (be specific) Septic loadings received by the plant, incinerator offline, and digester aerator mechanical problem causing the pH to drop in the digester.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Eff. pH, standard units	Part 1.A.2 Eff. pH standard units not less than 6.0 nor greater than 8.5	Eff. pH = 5.91  Eff. pH = 5.30	5/15/2009  5/18/2009

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) To improve plant conditions after diverting septic dumps away from the facility the plant staff had wasted a majority of those solids to the digester. Since 5/16/2009 the digesters aerator has been intermittently tripping out, it is believed that the overload is being caused by a rag ball moving in and out of the aeration zone. The solids sent to the digester also created foaming problems which are making it difficult to locate and remove the obstruction. Because the incinerator plant was down for maintenance and inspection from 4/28/2009 through 5/19/2009 and we were unable to process and burn the solids that were held in the digester. As the level increased to full capacity we were forced to decant back to the head works on 5/15/2009. When the pH dropped below our limit, pH profiles were taken throughout the plant and it appeared that the low pH was coming from the digester. Since 5/19/2009 we have been in the process adding clarifier water to the digester to help with the pH and sprayers on the foam to help locate the obstruction. Along with this, we are working to rotate the digesters contents out and through the incinerator.

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

Actual /Potential Impact on Environment/Public Health (describe in detail) The Eff. pH discharged was 5.91 on 5/15/2009 and 5.30 on 5/18/2009

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)586-5329.

NONCOMPLIANCE NOTIFICATION REPORTED VIA EMAIL MAY 22, 2009

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

Name: Catherine E. Carlson

Signature: *Catherine E. Carlson*

Date: May 22, 2009

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



# Alaska Department of Environmental Conservation

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Fax: (907)269-4604

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

## NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):
Applicant Company:	Facility Name	Facility Location:
City & Borough of Juneau, Alaska	Juneau-Douglas Wastewater Treatment Plant Permit No. AK-002321-3	1540 Thane Road, Juneau, Alaska 99801
Person Reporting:	Phone Numbers of Person Reporting	Reported How? (e.g. by phone)
Jeff Axmann	(907)586-5329	by phone-5/22/2009 By fax - 5/22/2009
Date/Time Event was Noticed	Date/Time Reported	Name of DEC Staff Contacted
5/22/2009	May 22, 2009 / 1:20p.m.	Left Message 05/22/2009 @1320hrs. concerning the Eff. Fecal coliform 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)

We exceeded our average weekly limit of 800/100ml by discharging 1010/100ml on 5/6/2009.

Cause of the event (be specific)

Although the plant was recovering from the septic dumps at the time, we do believe that if the contracted lab testing facility would have provided us with the test results in a timely manner affording us the opportunity for follow testing that we would have possibly been within the 800/100mls eff. fecal coliform average weekly limit of our permit.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Eff. fecal coliforms/100mls	Table I.A1 Eff. fecal coliform average weekly limit = 800/100mls.	For the week of 5/3/2009 through 5/9/2009 the Eff. fecal coliform average weekly limit = 1010/100mls.	5/6/2009  Results were sent out by the testing lab on 5/21/2009.

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) The local seepage haulers were directed to dump outside the JD Plant system. We also contacted the laboratory testing facility and requested earlier notification to afford us the opportunity to conduct follow up testing.

Environmental Damage: (if yes, provide details below)

Yes

No

Unknown

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

The Eff. fecal coliform bacteria discharged on 5/6/2009 was 1010/100 mls was under our daily limit of 1200/100mls but exceeded our weekly limit of 800/100mls.

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) The actions taken to reduce potential impact are listed above under "corrective actions".

COMMENTS If you have any questions or concerns please do not hesitate to call me at (907)586-5329.

NONCOMPLIANCE NOTIFICATION REPORTED VIA EMAIL MAY 22, 2009.

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: *Catherine E. Carlson*

Date:

May 22, 2009

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

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

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

JUNEAU, CITY AND BOROUGH OF  
 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**FACILITY:**  
 JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:**  
 JUNEAU, ALASKA 99801  
**ATT:**  
 Joe Myers, WW Utilities Superintendent

AK-002321-3  
 PERMIT NUMBER

MONITORING PERIOD  
 YR 2009 MO 5 DAY 1 TO YEAR 2009 MO 5 DAY 31

NO. EX 1  
 FREQUENCY OF ANALYSIS Monthly  
 SAMPLE TYPE GRAB

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	REQUIREMENT
	VALUE	UNITS	VALUE	UNITS		
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	Req. Mon. #/ DAILY MAX ML100	15.0
31616 10 Effluent Gross	*****	*****	*****	*****		

MAJOR (SUB 01) UPSTREAM RECEIVING WATER External Outfall  
 \*\*\* NO DISCHARGE \*\*\*  
 REC-1 DISCHARGE NUMBER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joe Myers  
 W/W Utilities Superintendent

*Signature of Joe Myers*  
 in lieu of Joe Myers  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 586-0393  
 AREA CODE 907  
 PHONE NUMBER  
 DATE 2009 YEAR 6 MO 10 DAY

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)

NO COPY VIOLATIONS  
 TYPED OR PRINTED  
 11/14/09

LINEA FLOUERS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

May 2009

DAY	DATE	WEATHER				INFLUENT						EFFLUENT						
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTL EFL MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days
SUN	3	45	0.32	14.9	1.171	126	1231			58.0		566						0.0
MON	4	44	0.06	15.8	1.064	256	2272			25.0	6.0	532						0.0
TUE	5	47	0.00	16.7	0.972	252	2043	187	1516	14.1	6.2	567	23	186				0.0
WED	6	46	0.36	14.8	1.127	220	2068			13.8	6.3	362			1010			0.0
THU	7	44	0.21	17.3	0.979	151	1233			12.7	6.4	278						0.0
FRI	8	45	0.04	17.6	0.846					12.8	6.2							0.0
SAT	9	45	0.02	17.7	0.845													0.0
SUN	10	46	0.00	17.4	0.944	188	1480			40.0		315						0.0
MON	11	49	0.00	17.0	0.799	338	2252			12.8	6.0	293						0.0
TUE	12	47	0.00	16.4	0.708	200	1181			13.3	6.4	254						0.0
WED	13	47	0.00	15.6	0.779	241	1566			13.3	6.1	201			57			0.0
THU	14	46	0.00	14.6	0.729	208	1265			12.2	6.1	204						0.0
FRI	15	43	0.11	13.6	0.636					14.1	5.9							0.0
SAT	16	50	0.05	12.6	0.597													0.0
SUN	17	50	0.00	12.5	0.695	247	1432			52.0		301						0.0
MON	18	49	0.00	13.4	0.702	186	1089			14.6	5.3	179						0.0
TUE	19	51	0.00	14.4	0.574	192	919			13.2	6.3	129						0.0
WED	20	50	0.00	15.6	0.872	270	1964			14.4	6.2	149			68			0.0
THU	21	50	0.00	16.7	0.776	255	1650			14.8	6.2	78						0.0
FRI	22	50	0.00	14.3	0.747					14.5	6.0							0.0
SAT	23	50	0.00	17.7	0.747													0.0
SUN	24	54	0.00	18.5	0.796	206	1368			16.8		112						0.0
MON	25	54	0.00	19.0	0.937	197	1539			15.6	6.0	116						0.0
TUE	26	50	0.70	19.0	1.252	192	2005			15.8	6.1	165						0.0
WED	27	46	0.20	18.5	0.807	201	1353			15.1	6.3	57			37			0.0
THU	28	50	0.00	17.6	0.813	224	1519			15.2	6.0	61						0.0
FRI	29	44	0.76	16.3	1.273					14.8	5.9							0.0
SAT	30	47	0.27	14.8	0.758													0.0
TOTAL			3.10		23.945													
MAXIMUM		54	0.76	19.0	1.273	338	2272	187	1516	25.0	6.4	567	23	186	1010		N/A	N/A
MINIMUM		43	0.00	12.5	0.574	126	919	187	1516	12.2	5.3	57	23	186	37		N/A	N/A
AVERAGE		48	0.111	16.1	0.855	218	1571	187	1516	14.6	6.1	246	23	186	110		N/A	N/A

Weekly TSS, BOD		TSS		BOD		Weekly Coliform	
Aver.	WEEK1	mg/l	lbs	mg/l	lbs	Geo. Mean	
	WEEK2	52	461	23	186	1010	
	WEEK3	38	253			57	
	WEEK4	28	167			68	
MAX		13	102			37	
		52	461	23	186	1010	

% REMOVAL	
B.O.D.	88
S.S.	85

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# Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street  
Anchorage, Alaska 99501

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Fax: (907) 269-4604

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



## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b>
<b>Applicant Company:</b>	City & Borough of Juneau, Alaska	<b>Facility Name:</b>
<b>Person Reporting:</b>	Jeff Axmann-phonned in noticed Catherine Carlson - written/faxed	<b>Facility Location:</b>
<b>Date/Time Event was Noticed</b>	6/5/2009/1:00p.m.	1540 Thane Road, Juneau, Alaska 99801
<b>Date/Time Reported</b>	6/5/2009 /1:05 p.m.	<b>Permit No. AK-002321-3</b>
<b>Name of DEC Staff Contacted</b>	Left Message 06/5/2009 @ 1:30hrs. concerning the Receiving Water Violation.	<b>Plant</b>
<b>Reported How? (e.g. by phone)</b>	By phone-6/5/2009 By fax - 6/9/2009	<b>Juneau-Douglas Wastewater Treatment</b>
<b>Person Reporting:</b>	Phone Numbers of Person Reporting	<b>Person Reporting:</b>
<b>Reported How? (e.g. by phone)</b>	(907) 586-5329	<b>Person Reporting:</b>
<b>Name of DEC Staff Contacted</b>	Date/Time Reported	<b>Person Reporting:</b>
Left Message 06/5/2009 @ 1:30hrs. concerning the Receiving Water Violation.	6/5/2009 /1:05 p.m.	Jeff Axmann-phonned in noticed Catherine Carlson - written/faxed

**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) Unknown

Cause of the event (be specific) The contracted testing facility failed to notify us that our sample was above our permissible limit which did not afford us the opportunity to submit follow samples for testing.

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

<b>Parameter (e.g. BOD pH)</b>	<b>Permit Limit</b>	<b>Exceedance (sample result)</b>	<b>Sample Date</b>
State of Alaska DEC 401 Certification -Receiving water fecal coliform.	43/100mls daily max 14/100mls monthly avg.	15/100mls monthly average	5/27/2009

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence  
The lab has failed to provide test results in a timely manner on a number of occasions. With this in mind, I have asked that the lab provide us with a copy of the corrective measures that they will be implementing ASAP to avoid notification delays in the future. Included in those measures, will be a change in SOPs, increased training, accountability, and they have assured us that our permit limits will be posted at each testing station and the test results will be provided to us in a more timely manner.

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

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

The receiving water had a 15/100mls fecal coliforms for monthly average for the month of May 2009.

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 impacts are listed under "corrective actions taken". I phoned Analytical, Inc-Juneau and spoke with Amy Lamonica, the Assistant Lab Manager.

COMMENTS If you have any questions or concerns please do not hesitate to call me at (907)586-5329.

NONCOMPLIANCE NOTIFICATION REPORTED VIA EMAIL JUNE 6, 2009

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

Name: Catherine E. Carlson Signature: *Catherine E. Carlson* Date: June 09, 2009

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

# ANALYTICA GROUP LABORATORIES

## QUALITY ASSURANCE CORRECTIVE ACTION MEMORANDUM

To: Catherine Carlson – CBJ JDTP Manager, Laboratory Staff, and the  
Quality Assurance File

From: Amy Lamonic and Microbiology Analysts

Date: 6/8/2009

Subject: Notification of Effluent and Receiving Water Exceedances

### Definition of Problem

Analytica-Juneau had an agreement with CBJ to notify the Juneau-Douglas Treatment Plant if fecal coliform results were above 200 cfu/100ml (Effluent) or 14 cfu/100ml (Receiving Water). During May 2009, there were two instances where the lab did not call the client to inform them that their results were above their notification values.

### Impact(s) of Problem

Client was not able to resample and reduce their monthly and/or weekly averages and are now out of compliance with ADEC. Client and laboratory relations have also been impacted.

### Immediate Corrective Action

All personnel in the Analytica-Juneau location have been re-trained regarding JDTP's notification limits. Each person knows that they are to inform the client within 24 hours if the effluent fecal coliform value is greater than 200 cfu/100ml or if the receiving water sample is greater than 14 cfu/100ml. These values have been re-posted in a prominent location in the microbiology lab.

### Root Cause Analysis

New microbiology analyst had not been fully trained on the notification limits for this client.

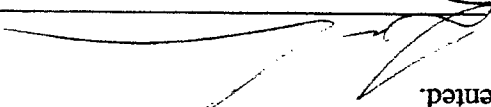
### Final Corrective Action


Systematic steps will be taken to ensure that the client will be notified in future of all fecal coliform exceedances, as outlined above. These system changes include the following:  
1. A LIMS reminder will be added that restates the requirement each time a CBJ project is logged in. Because of timing issues, this will not be sufficient in itself to prevent this error, but it will serve as a constant reminder to personnel working on these projects.  
2. This specific requirement will be added to the standard training checklist for new microbiology analysts.

**ANALYTICA GROUP LABORATORIES**

**Closure**

'Closure' means that the final corrective actions outlined in this document have been reduced to standard practice and the laboratory systems have been successfully corrected. Successful closure of this corrective action will be considered to have occurred if, after 3 months, no similar incidents have occurred, the additional data reviews have uncovered no significant data problems of a similar nature, and the trainings have been successfully completed and documented.

Microbiology Analyst  6-8-09

AAI Project Manager  6/8/09

AAI Laboratory Manager  6/8/09

# Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street  
Anchorage, Alaska 99501

Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907)269-4114

Fax: (907)269-4604

E-mail address: [dec-wqreporting@alaska.gov](mailto:dec-wqreporting@alaska.gov)



## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b>
<b>Applicant Company:</b>	City & Borough of Juneau, Alaska	<b>Facility Name:</b>
<b>Person Reporting:</b>	Jeff Axmann (907)586-5329	<b>Facility Location:</b>
<b>Date/Time Event was Noticed</b>	5/22/2009	1540 Thane Road, Juneau, Alaska 99801
<b>Date/Time Reported</b>	May 22, 2009 / 1:20p.m.	<b>Facility Name:</b>
<b>Name of DEC Staff Contacted</b>	Name of DEC Staff Contacted	<b>Permit No. AK-002321-3</b>
<b>Reported How? (e.g. by phone)</b>	by phone-5/22/2009 By fax - 5/22/2009	<b>Person Reporting:</b>
<b>Left Message 05/22/2009 @1320hrs.</b>	Left Message 05/22/2009 @1320hrs.	<b>Phone Numbers of Person Reporting</b>
		<b>Reported How? (e.g. by phone)</b>

### 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)  
 We exceeded our average weekly limit of 800/100ml by discharging 1010/100ml on 5/6/2009.  
 Cause of the event (be specific)  
 Although the plant was recovered from the septic dumps at the time, we do believe that if the contracted lab testing facility would have provided us with the test results in a timely manner affording us the opportunity for follow testing that we would have possibly been within the 800/100mls eff. fecal coliform average weekly limit of our permit.

**Permit Condition Deviation (Identify each permit condition exceeded during the event)**  
 Parameter (e.g. BOD pH) Eff. fecal coliforms/100mls  
 Permit Limit Table 1.A1 Eff. fecal coliform average weekly limit = 800/100mls.  
 Exceedance (sample result) For the week of 5/3/2009 through 5/9/2009 the Eff. fecal coliform average weekly limit = 1010/100mls.  
 Sample Date 5/6/2009 Results were sent out by the testing lab on 5/21/2009.

**Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)** The local septage haulers were directed to dump outside the JD Plant system. We also contacted the laboratory testing facility and requested earlier notification to afford us the opportunity to conduct follow up testing.  
 Environmental Damage: (if yes, provide details below)  Yes  No  Unknown  
 Actual/Potential Impact on Environment/Public Health (describe in detail)  
 The Eff. fecal coliform bacteria discharged on 5/6/2009 was 1010/100 mls was under our daily limit of 1200/100mls but exceeded our weekly limit of 800/100mls.  
 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) The actions taken to reduce potential impact are listed above under "corrective actions".

**COMMENTS** If you have any questions or concerns please do not hesitate to call me at (907)586-5329.  
 NONCOMPLIANCE NOTIFICATION REPORTED VIA EMAIL MAY 22, 2009.  
 Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Catherine E. Carlson  
 Signature: *Catherine E. Carlson*  
 Date: May 22, 2009  
**FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.**



**Alaska Department of Environmental Conservation**  
 Division of Water, Compliance and Enforcement Program  
 555 Cordova Street  
 Anchorage, Alaska 99501  
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907)269-4114  
 Fax: (907)269-4604  
 E-mail address: dec-wqreporting@alaska.gov

**NONCOMPLIANCE NOTIFICATION**

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b>
<b>Applicant Company:</b>	City & Borough of Juneau, Alaska	<b>Facility Name:</b>
<b>Person Reporting:</b>	Jeff Axmann (907)586-5329	<b>Facility Location:</b>
<b>Date/Time Event was Noticed</b>	5/18/2009	1540 Thane Road, Juneau, Alaska 99801
<b>Date/Time Reported</b>	5/19/2009 /10:30 a.m.	<b>Permit No. AK-002321-3</b>
<b>Name of DEC Staff Contacted</b>	by phone-5/19/2009 by fax - 5/22/2009	<b>Phone Numbers of Person Reporting</b>
<b>Left Message 05/19/2009 @1030hrs</b>	concerning the Eff. pH violation.	<b>Reported How? (e.g. by phone)</b>

**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 effluent with a pH of 5.91 on 5/15/2009 and 5.30 on 5/18/2009.**

**Cause of the event (be specific) Septic loadings received by the plant, incinerator offline, and digester aerator mechanical problem causing the pH to drop in the digester.**

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

<b>Parameter (e.g. BOD pH)</b>	Eff. pH, standard units	<b>Permit Limit</b>	Part 1.A.2 less than 6.0 nor greater than 8.5	<b>Exceedance (sample result)</b>	Eff. pH = 5.91	<b>Sample Date</b>	5/15/2009
<b>Environmental Damage: (if yes, provide details below)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	<b>Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)</b>	To improve plant conditions after diverting septic dumps away from the facility the plant staff had wasted a majority of those solids to the digester. Since 5/16/2009 the digesters aerator has been intermittently tripping out, it is believed that the overload is being caused by a rag ball moving in and out of the aeration zone. The solids sent to the digester also created foaming problems which are making it difficult to locate and remove the obstruction. Because the incinerator plant was down for maintenance and inspection from 4/28/2009 through 5/19/2009 and we were unable to process and burn the solids that were held in the digester. As the level increased to full capacity we were forced to decant back to the head works on 5/15/2009. When the pH dropped below our limit, pH profiles were taken throughout the plant and it appeared that the low pH was coming from the digester. Since 5/19/2009 we have been in the process adding clarifier water to the digester to help with the pH and sprayers on the foam to help locate the obstruction. Along with this, we are working to rotate the digesters contents out and through the incinerator.				

**Actual/Potential Impact on Environment/Public Health (describe in detail) The Eff. pH discharged was 5.91 on 5/15/2009 and 5.30 on 5/18/2009**

**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)586-5329.**

**NONCOMPLIANCE NOTIFICATION REPORTED VIA EMAIL MAY 22, 2009**

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

**Name:** Catherine E. Carlson **Signature:** *Catherine E. Carlson* **Date:** May 22, 2009

**FORMS MUST BE SENT TO DEC WITHIN 5 DAYS 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-wgreporting@alaska.gov

**NONCOMPLIANCE NOTIFICATION**

<b>GENERAL INFORMATION</b>		<b>PERMIT#</b> (if any):
<b>Applicant Company:</b>	Juneau-Douglas Wastewater Treatment Plant	<b>Permit No. AK-002321-3</b>
<b>City &amp; Borough of Juneau, Alaska</b>	<b>Facility Name:</b>	<b>Facility Location:</b>
<b>Person Reporting:</b>	Jeff Axmann	1540 Thane Road, Juneau, Alaska 99801
<b>Date/Time Event was Notified</b>	(907)586-5329	<b>Reported How? (e.g. by phone)</b>
<b>Date/Time Reported</b>	5/8/2009 1:30 p.m.	<b>By phone-5/8/2009</b>
<b>Name of DEC Staff Contacted</b>	5/8/2009 1:30 p.m.	<b>By fax - 5/13/2009</b>
<b>Left Message 05/08/2009 @1530hrs. concerning the Eff. Weekly Avg. T.S.S. violation.</b>		

**VERBAL NOTIFICATION MUST BE MADE TO ADCC 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 a weekly average of 224/day Effluent T.S.S. for the week of 5/4-5/9/2009.

Case of the event (be specific)

Starting back on April 24, 2009 J-D plant staff had noted that the plant had been receiving septic loads of sludge through the headworks and that it was affecting the plants effluent. April 30, 2009 through May 5, 2009 the conditions worsened.

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

<b>Parameter (e.g. BOD pH)</b>	<b>Permit Limit</b>	<b>Exceedance (sample result)</b>	<b>Sample Date</b>
EM. T.S.S. Weekly Avg. Limit	EM. T.S.S. Weekly Avg. limit of 45mg/l	EM. T.S.S. Weekly Avg. = 52mg/l	For the week of 5/4-5/9/2009

**Corrective Actions** (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) The local septicage haulers were again contacted and notified to dump at a location outside the JD plant system until further notice. The plants effluent is presently improving.

**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. weekly average was 52mg/l with a weekly average of 224 lbs. discharged.

**Actions taken to reduce or eliminate Actual/Potential Impact on Environment/Public 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)586-5329.

**NONCOMPLIANCE NOTIFICATION REPORTED VIA EMAIL MAY 13, 2009**

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

**Name:** Catherine E Carlson  
**Signature:** *C. Carlson*  
**Date:** May 13, 2009

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



**Alaska Department of Environmental Conservation**  
 Division of Water, Compliance and Enforcement Program  
 555 Cordova Street  
 Anchorage, Alaska 99501  
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 Fax: (907) 269-4604  
 E-mail address: dec-wqreporting@alaska.gov

**NONCOMPLIANCE NOTIFICATION**

<b>GENERAL INFORMATION</b>		PERMIT# (if any):
<b>Applicant Company:</b>	City & Borough of Juneau, Alaska	<b>Facility Name:</b>
<b>Person Reporting:</b>	Catherine Carlson	<b>Facility Location:</b>
<b>Date/Time Event was Noticed</b>	5/6/2009	1540 Thane Road, Juneau, Alaska 99801
<b>Date/Time Reported</b>	5/6/2009 /10:40am	<b>Permit No. AK-002321-3</b>
<b>Name of DEC Staff Contacted</b>	by phone-5/6/2009 By fax - 5/6/2009	<b>Juneau-Douglas Wastewater Treatment Plant</b>
<b>Left Message 05/06/2009 @ 1040hrs. concerning the Eff. T.S.S violation.</b>		<b>Phone Numbers of Person Reporting</b>
		(907) 586-5329
		Reported How? (e.g. by phone)

**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 567.45lb/day Effluent T.S.S. 5/5/2009.

**Cause of the event (be specific)**  
 Starting back on April 24, 2009 J-D plant staff had noted that the plant had been receiving septic loads of sludge through the headworks and that is was affecting the plants effluent. From last Thursday 4/30 through the weekend the conditions worsened. The SVI dropped, the sludge darkened and the foam increased through out the plant.

<b>Parameter (e.g. BOD pH)</b>	<b>Permit Limit</b>	<b>Exceedance (sample result)</b>	<b>Sample Date</b>
Eff. T.S.S. Daily Max Limit	Eff. T.S.S. Daily Max limit of 60mg/l	Eff. T.S.S. Daily Max = 70mg/l	5/5/2009

**Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)** The local septage haulers were contacted and notified that the dumps were detrimentally affecting the Juneau-Douglas Plant's effluent. We asked that they temporarily dump further upstream or at another facility for at least the next couple of weeks until we are able to stabilize the plant. Staff continued to with adjusting the return and waste rates to limit solids loss.

**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 was 70mg/l with 567.45 lbs. 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) 586-5329.  
 NONCOMPLIANCE NOTIFICATION REPORTED VIA EMAIL MAY 6, 2009  
 Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.

**Name:** Catherine E. Carlson  
**Signature:** *Catherine E. Carlson*  
**Date:** May 6, 2009  
**FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.**

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 DIRECTOR

AK0023213  
 PERMIT NUMBER

001B  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801  
 MAJOR \$  
 (SUBR 01)  
 COMBINED SEWER OVERFLOW  
 External Outfall

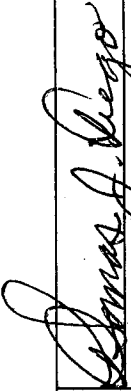
MONITORING PERIOD  
 FROM MM/DD/YYYY TO MM/DD/YYYY  
 05/01/2009 TO 05/31/2009

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	RCORDR	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	lb/d	*****		*****		When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	lb/d	*****		*****		When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	lb/d	*****		*****		When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	lb/d	*****		*****		When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****		*****				
PERMIT REQUIREMENT	*****	lb/d	*****		*****		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 the quality and integrity of the information submitted to 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/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JOE MYERS w/w SUPER  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NUMBER  
 907-586-0383  
 DATE  
 6/3/09  
 AREA Code NUMBER  
 MM/DD/YYYY

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



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**

**MONITORING PERIOD**  
 FROM 05/01/2009 TO 05/31/2009

**DMR Mailing ZIP CODE:** 99801  
**MAJOR (SUBR 01)** \$  
 COMBINED SEWER OVERFLOW  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	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. 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. 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. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB	
Duration of discharge									
81381 P 0 See Comments	*****	*****	Req. Mon. EVNT TOT	*****	*****	*****	When Discharging	CALCTD	
Duration of discharge									
81381 Q 0 See Comments	*****	*****	Req. Mon. EVNT TOT	*****	*****	*****	When Discharging	CALCTD	

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
 JOE MYERS w/w SUPER  
 TYPED OR PRINTED

*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE**  
 907-586-0393  
**DATE**  
 6/3/09  
**AREA CODE**  
 MM/DD/YYYY

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

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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name, location & Address)

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 \$  
 (SUBR 01)  
 COMBINED SEWER OVERFLOW  
 External Outfall

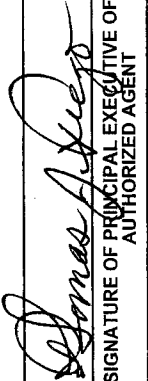
MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 05/01/2009 TO 05/31/2009

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT 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		*****	min	*****	*****	*****	*****		When Discharging	CALCTD
See Comments										

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, analyze, and report the information. 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  
 TYPED OR PRINTED  
 JOE MYERS w/w SUPER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NUMBER  
 907-5860393  
 AREA Code NUMBER  
 MM/DD/YYYY  
 6/3/09

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

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