

External Outfall
 *** NO DISCHARGE

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD		YEAR	MO	DAY	DAY
YR	MO	DAY	TO	TO	TO
2009	6	1			30

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

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	UNITS			
Temperature, water deg. C	*****	*****	****	19.3	deg.C	0		
00010 10 Effluent Gross	*****	*****	*****	REPORT DAILY MAX		0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	*****	****	2.5		0		
00300 10 Effluent Gross	*****	*****	*****	2	DAILY MIN.	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	40.9	40.9	*****	6.6		0		
00310 10 Effluent Gross	690	1380	lbs/d	30	DAILY MAX	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	****	190.0		0		
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG		0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	40.9	40.9	*****	6.6		0		
00310 W 0 See Comments	1035	WKLY AVG	lbs/d	45		1	MONTHLY	COMP24
pH	*****	*****	****	5.9		0		
00400 10 Effluent Gross	*****	*****	*****	MINIMUM		0	WEEKDAYS	GRAB
Solids, Total suspended	135	304.8	*****	19	MAXIMUM	0		
00530 10 Effluent Gross	690	1380	lbs/d	30	DAILY MAX	0	MONTHLY	COMP24

Catherine E. Carlson
 in lieu of Joe Myers

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

TELEPHONE
 907
 AREA CODE
 586-0393
 PHONE NUMBER
 DATE
 2009
 YEAR
 MO
 7
 DAY
 8

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 The reporting period was from 05/31/2009 through 06/27/2009.
 (Please see attached noncompliance notification letter dated 6/25/2009)

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

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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS	YR	MO	DAY			
Solids, Total suspended	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	182.9	*****	*****	*****	*****	*****	*****	*****	*****	0		
00530 W 0	1035	*****	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
See Comments	WKLY AVG	*****	*****	*****	*****	*****	*****	*****	*****	0		
Nitrogen, ammonia total (as N)	N/A	*****	*****	*****	*****	*****	*****	*****	*****	0		
00610 1 0 Effluent Gross	Req. Mon. MO AVG	*****	*****	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
31616 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
31616 W 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
See Comments	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
Flow, in conduit or through treatment plant	0.8076	*****	*****	*****	*****	*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	2.76	*****	*****	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
BOD, 5-day, percent removal	MO AVG	*****	*****	*****	*****	*****	*****	*****	*****	0		
81010 K 0 Percent Removal	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	Monthly	CALCTD

TELEPHONE: 586-0393
 AREA CODE: 907
 PHONE NUMBER: 586-0393
 DATE: 7 MO 2009
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Carlene E. Carlson*
 on behalf of Joe Myers

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 (Please see attached noncompliance notification letter dated 6/25/2009)
 The reporting period was from 05/31/2009 through 06/27/2009.
 EPA Form 3320-1 (Rev. 01/06) Previous editions may be used. PAGE 2 OF 3

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		MONITORING PERIOD			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	YR	MO	DAY			
Solids, Total suspended, percent removal	92.4	*****	92.4	*****				0		
81011 K 0 0	85	*****	85	*****						
Percent removal	MIN % RMV	*****	MIN % RMV	*****					MONTHLY	CALCTD

Thomas E. Carlson
 in lieu of Joe Myers

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	
Joe Myers W/W Utilities Superintendent	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Please see attached noncompliance notification letter dated 6/25/2009)	
The reporting period was from 05/31/2009 through 06/27/2009.		
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.		

DMR Monitoring ZFB 10004 (9-8-09)
 MAJOR (SUB 01)
 UPSTREAM RECEIVING WATER
 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

REC -1
 DISCHARGE NUMBER

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	YR	MO	DAY			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	1.0		2009	7	30	0	Monthly	GRAB
31616 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. DAILY MAX	#/ ML100						

Esther E. Carlson
 on beh of Joe Myers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 05/31/2009 through 06/27/2009.

(Please see attached noncompliance notification letter dated 6/25/2009)

907 AREA CODE
 586-0393 TELEPHONE

PHONE NUMBER

2009 YEAR
 7 MO
 8 DAY

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

PERMIT#:	
Applicant Company:	City & Borough of Juneau, Alaska
Facility Name:	Juneau-Do
Permit No.:	Juneau-Do
Person Reporting:	Jeff Axmann
Phone Num:	(907) 586-5
Date/Time Event was Noticed	6/17/2009 4:30p.m.
Date/Time I	6/18/2009 /

VERBAL NOTIFICATION MUST BE MADE TO ALL

INCIDENT DETAILS (attach additional sheets)
 Estimated Quantity involved (volume or weight) Disc
 Cause of the event (be specific) Septic loadings previous from a shut down.

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

Parameter (e.g. BOD, pH)	Eff. pH, standard units
Permit Limit	Part 1, A.2 less than 6.0 nor greater than 8.5
Exceedance (sample result)	Eff. pH = 5.89
Sample Date	6/17/2009

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 staff worked to adjust the pH through out the plant by adding sodium bicarbonate to the digester and to the aeration basins. There were two contributing factors that influenced the drop in pH. 1. The digesters pH at the time was around 4.0 due to the septic loads that it had received. 2. The incinerator's cooling water to the ash pond normally has a pH below 6.0. Since the event we have been able to decant and process the remaining digester solids and reduce the incinerator run time hours allowing the pH to stabilize in an acceptable range.

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 5.89 on 6/17/2009.
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 June 25, 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 25, 2009

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

To be MAILED w/DMR

COPY

ad, Juneau, Alaska 99801
 (e.g. by phone)
 2009
 Staff Contacted
 6/18/2009 @ 1030hrs.
 Eff. pH violation
 n by email is acceptable)

extended hours to catch up

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

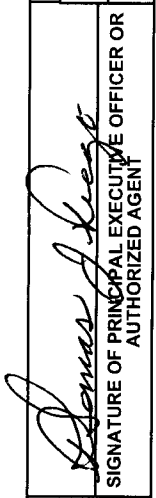
DMR Mailing ZIP CODE: 99801
 MAJOR \$
 (SUBR 01)

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 06/01/2009 TO 06/30/2009

COMBINED SEWER OVERFLOW
 External Outfall

No Discharge

PARAMETER	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	*****	*****	*****	*****	*****	#/100mL	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C									
31616 Q 0 See Comments	*****	*****	*****	*****	*****	#/100mL	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C									
31616 R 0 See Comments	*****	*****	*****	*****	*****	#/100mL	When Discharging	GRAB	
Duration of discharge									
81381 P 0 See Comments	*****	min	*****	*****	*****	*****	When Discharging	CALCTD	
Duration of discharge									
81381 Q 0 See Comments	*****	min	*****	*****	*****	*****	When Discharging	CALCTD	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 907 586 0393
 AREA Code NUMBER
 MM/DD/YYYY
 7/7/09
 MM/DD/YYYY

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JOE MYERS W/O SUPER
 TYPED OR PRINTED

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 (Indicate Facility location if appropriate)

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 \$

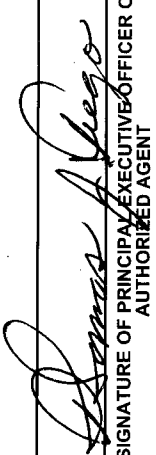
(SUBR 01)

COMBINED SEWER OVERFLOW
 External Outfall

MONITORING PERIOD
 FROM 06/01/2009 TO 06/30/2009

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate	*****		*****		*****				
00056 P 0 See Comments	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
Flow rate	*****		*****		*****				
00056 Q 0 See Comments	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
Flow rate	*****		*****		*****				
00056 R 0 See Comments	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
BOD, 5-day, 20 deg. C	Req. Mon. MO AVG		*****		*****		When Discharging	RCORDR	
00310 P 0 See Comments	Req. Mon. DAILY MX		*****		*****		When Discharging		
BOD, 5-day, 20 deg. C	Req. Mon. MO AVG	lb/d	*****		*****	mg/L	When Discharging	GRAB	
00310 Q 0 See Comments	Req. Mon. DAILY MX		*****		*****		When Discharging		
BOD, 5-day, 20 deg. C	Req. Mon. MO AVG	lb/d	*****		*****	mg/L	When Discharging	GRAB	
00310 R 0 See Comments	Req. Mon. DAILY MX		*****		*****		When Discharging		
Solids, total suspended	Req. Mon. MO AVG	lb/d	*****		*****	mg/L	When Discharging	GRAB	
00530 P 0 See Comments	Req. Mon. DAILY MX		*****		*****	mg/L	When Discharging	GRAB	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 907-586-0393
 AREA Code NUMBER
 MM/DD/YYYY
 7/7/09

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED
 JOE MYERS W/J SUPER

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 if available) Difference

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	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	TO
06/01/2009	06/30/2009

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	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	*****		*****	*****	*****	*****			
See Comments		*****	Req. Mon. EVNT TOT	*****	*****	*****	*****		When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOE MYERS W/USUPER	Identify 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 persons 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NUMBER 907-586-8993	DATE 7/7/09
TYPED OR PRINTED		AREA Code		

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

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