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

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

DMR Mailing ZIP CODE: 99801 MAJOR

(SUB 01)

External Outfall NO DISCHARGE

**

Joe Mvers W/W Utilities Superintendent 皇 Solids, Total suspended Eflfuent Gross 00400 10 00310 W 0 BOD, 5-day, 20 deg. C Raw Sewage Influent BOD, 5-day, 20 deg. 00310 10 BOD, 5-day, 20 deg. C Oxygen, dissolved (DO) 00010 10 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00530 10 See Comments 00310 G 0 Effluent Gross Effluent Gross 00300 Eflfuent Gross Effluent Gross FACILITY: LOCATION: Temperature, water deg. C Ë **ADDRESS:** 5 TYPED OR PRINTED PARAMETER . ဂ including the possibility of fine and imprisonment for knowing violations 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 **JUNEAU-DOUGLAS TREATMENT PLANT** submitted. Based on my inquiry of the person or persons who manage the system. to assure that the qualified personnel properly gather and evaluate the information JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF I am aware that there are significant penalties for submitting false information, prepared under my direction or supervision in accordance with the system designed Joe Myers, WW Utilities Superintendent JUNEAU, ALASKA 99801 155 SOUTH SEWARD, certify under penalty of law that this document and all attachments were MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT PERMIT PERMIT SAMPLE SAMPLE SAMPLE PERMIT SAMPLE SAMPLE PERMIT WKLY AVG MO AVG MO AVG ***** ***** ***** ***** 15.7 **** **** ***** **** 1035 15.7 69 690 VALUE QUANTITY OR LOADING 255 DAILY MAX DAILY MAX ***** **** **** ***** ***** **** 3023 ***** ***** ***** **** 1380 15.7 1380 VALUE ***** ***** **** ***** FROM *** *** *** SLIND lbs/d lbs/d *** bs/d DAILY MIN MINIMUM ***** **** **** ***** ***** ***** 6.1 ***** **** ***** **** 2.9 2009 6.0 VALUE ⋨ AK-002321-3 PERMIT NUMBER OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION 45 WKLY AVG Req. Mon. MO AVG MO AVG MO AVG ***** ***** **** ***** ***** ***** VALUE 2.0 111 8 2.0 8 19 10 종 DAILY MAX DAILY MAX DAILY MAX MAXIMUM DAILY MAX REPORT **** **** **** ***** 14.3 6.9 5.2 VALUE 184 8.5 2.0 8 DA Y 17 MONITORING PERIOD mg/L mg/L mg/L mg/L deg.C SLINO mg/∟ হ 7 **1000** SPENSON 2009 YEAR 2 0 0 0 0 0 낒중 0 TELEPHONE **586-0393** WEEKDAYS FREQUENCY OF ANALYSIS WEEKDAYS MONTHLY MONTHLY MONTHLY MONTHLY WEEKLY PHONE NUMBER 좘 10 MO DISCHARGE NUMBER 001 A COMP24 COMP24 COMP24 COMP24 SAMPLE TYPE **GRAB** GRAB **GRAB** ₽ No DAY 31

COMMENT AND EXPLANATION OF ANY VIOLATIONS

Reference all attachments herei

EPA Form 3320-1 (Rev.01/06) Previous editions may be used

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

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

DMR Mailing ZIP CODE: MAJOR (SUB 01) 99801

*** NO DISCHA

NO DISCHARGE

31616 W 0 Coliform, fecal MF, broth 44.5 C Effluent Gross Coliform, fecal MF, broth 44.5 C Nitrogen, ammonia total (as N) Solids, Total suspended Joe Mvers W/W Utilities Superintendent 81010 K 0 BOD, 5-day, percent removal treatment plant Flow, in conduit or through See Comments 31616 10 Effluent Gross 00610 10 See Comments 00530 W 0 Solids, Total suspended Raw Sewage Influent 00530 G 0 A NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Percent Removal Effluent Gross LOCATION NAME: 50050 1 0 FACILITY: **ADDRESS:** YPED OR PRINTED PARAMETER JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. or those persons directly responsible for eathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Joe Myers, WW Utilities Superintendent 155 SOUTH SEWARD, submitted. Based on my inquiry of the person or persons who manage the system. prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information REQUIREMENT certify under penalty of law that this document and all attachments were REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT SAMPLE PERMIT Req. Mon. MO AVG WKLY AVG ***** MO AVG 1.1514 650.6 ***** ***** ***** **** ***** ***** ***** N/A VALUE **OUANTITY OR LOADING** 2.76 1035 Req. Mon. DAILY MAX DAILY MAX 2.8190 ***** ***** ***** **** ***** ***** ***** ***** ***** ***** Z/A VALUE 6,0 **** **** ***** ***** **** ***** ***** FROM ***** Mgal/d **** ***** ***** SLIN Ьď lb/d MN % RMV ***** ***** ***** ***** ***** **** ***** **** ***** **** ***** 98.2 **** 2009 VALUE 85 ⋨ AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION Req. Mon, MO AVG WKLY GEO WKLY AVG Req. Mon MO GEO MO AVG **** ***** **** 201.5 400 N/A 41.9 VALUE 3 14 등등 G DAILY MAX DAILY MAX Req. Mon, **** ***** **** ***** **** **** **** ***** ***** 1200 ***** Z A VALUE 14 DAY **MONITORING PERIOD** Percent *** *** #100/m #100/m mg/L SLIND mg/L % 7 2009 2009 YEAR 00 AF 07 YEAR C 0 ᄶᇰ 0 0 0 0 0 Semi-annual OF ANALYSIS Continuous FREQUENCY 586-0393 Weekly Weekly ELEPHONE Monthly Monthly Monthly PHONE NUMBER 등 5 ₹ DISCHARGE NUMBER 001 A RCORDR COMP24 COMP24 COMP24 CALCID SAMPLE GRAB **GRAB** DAY DAY TYPE ΣĄ 31

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

*

External Outfall
*** NO DISCHARGE

DISCHARGE NUMBER 001 A

AK-002321-3 PERMIT NUMBER

81011 K 0 0 FACILITY: LOCATION: Solids, Total suspended, percent Percent removal PARAMETER JUNEAU, ALASKA 99801 **JUNEAU-DOUGLAS TREATMENT PLANT** JUNEAU, ALASKA 99801 Joe Myers, WW Utilities Superintendent REQUIREMENT MEASUREMENT PERMIT SAMPLE **** ***** VALUE QUANTITY OR LOADING ***** **** VALUE **** **** FROM STIND MN % RMV 90.4 2009 VALUE 85 ⋨ QUALITY OR CONCENTRATION ***** ***** VALUE 등등 **** ***** VALUE DAY MONITORING PERIOD PERCENT SLING 귕 % 2009 YEAR ПŞ 0 FREQUENCY OF ANALYSIS MONTHLY 10 MO CALCTD SAMPLE TYPE ည DAY

removal

ATI:

ADDRESS:

155 SOUTH SEWARD,

JUNEAU, CITY AND BOROUGH OF

MO	YEAR	OFFICER OR AUTHORIZED AGENT	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
1	2009	/// SIGNATURE OF PRINCIPAL EXECUTIVE	I am aware that there are significant penalties for submitting false information,	
		1/1/1 is lick of Joe livers	submitted is, to the best of my knowledge and belief, true, accurate, and complete	
DATE		Marin CH M	or those persons directly responsible for gathering the information, the information	
PHONE NUM	CODE		submitted. Based on my inquiry of the person or persons who manage the system,	W/W Utilities Superintendent
	AREA		to assure that the qualified personnel properly gather and evaluate the information	Joe Mvers
586-0393	907		prepared under my direction or supervision in accordance with the system designed	
TELEPHONE			I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 10/04/2009 through 10/31/2009. EPA Form 3320-1 (Rev 01/06) Previous editions may be used

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ATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) ISCHARGE MONITORING REPORT (DMR)

:RMITTEE NAME/ADDRESS(Include Facility name/Location if different)

JUNEAU, ALASKA 99801

.55 SOUTH SEWARD,

JUNEAU, CITY AND BOROUGH OF

DMR Mailing ZIP CODE: 99801 MAJOR

(SUB 01)

*** NO DISCHARGE External Outfall UPSTREAM RECEIVING WATER

** DISCHARGE NUMBER

REC-1

AK-002321-3 PERMIT NUMBER

l] .		
PERMIT REQUIREMENT	MEASUREMENT	SAMPLE			Joe Myers, WW Utilities Superintendent	JUNEAU, ALASKA 99801	JUNEAU-DOUGLAS TREATMENT PLANT
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****	****		VALUE	LOADING	dent		ANT
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*****	*****		VALUE	QUAL	2009	¥	
*****	****		VALUE	QUALITY OR CONCENTRATION	10	Mo	
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#/ ML100			SLINO		70		MONITORING PER
		0		E NO.	2009	YEAR	ERIOD
Monthly				FREQUENCY OF ANALYSIS	10	ð	
GRAB				SAMPLE TYPE	31,	DAY	

ffluent Gross 1616 10 oliform, fecal MF, broth 44.5 C

Ħ OCATION: ACILITY: **ADDRESS:** AME:

PARAMETER

oe Mvers /W Utilities Superintendent AME/TITLE PRINCIPAL EXECUTIVE OFFICER YPED OR PRINTED 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 or those persons directly responsible for eathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. submitted. Based on my inquiry of the person or persons who manage the system. including the possibility of fine and imprisonment for knowing violations am aware that there are significant penalties for submitting false information, (Reference all attachments here) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 2009 FERSO AREA CODE TELEPHONE 586-0393 PHONE NUMBER る二 ₽to

COMMENT AND EXPLANATION OF ANY VIOLATIONS

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

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DISCHARGE MONITORING REPORT (DMR)

NAME: JUNEAU, CITY AND BOROUGH OF

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

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

PERMIT NUMBER AK0023213

001B

DISCHARGE NUMBER

DMR Mailing ZIP CODE:

99801

External Outfall (SUBR 01) COMBINED SEWER OVERFLOW

No Discharge

FROM 10/01/2009 10/31/2009

5

MM/DD/YYYY

MM/DD/YYYY

MONITORING PERIOD

		QUANT	QUANTITY OR LOADING		۵	QUALITY OR CONCENTRATION	ENTRATION		Ξō	FREQUENCY OF ANALYSIS	SAMPLE
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00056 P 0 See Comments	PERMIT	安全的	Req. Mon. EVNT TOT	Mgal/d	****	法未会	****	*****		When Discharging	CALCTD
Flow rate	SAMPLE MEASUREMENT	****	i		安全安全	***	** *** *** **	****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	Mgal/d	专业业业会会	法法律法法法	并 会 在 "	*****		When Discharging	CALCTD
Flow rate	SAMPLE MEASUREMENT		٠		*****	**	****	***			
00056 R 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	***	****	*****	****		When Discharging	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				**						
00310 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	***	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT			,	**						
00310 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				**						
00310 R 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				**						
00530 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB

TVPEN OR PRINTED	JOE MYERS W/W SUPER	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	1.72 8.3°	9 % =

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 revaluate the information submitted Based on my inquiry of the person or persons who integrate the system, or those personations during the personability of the person of persons who intend to pensalshe 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 of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OF FICER OR AUTHORIZED AGENT mas

4 Juego AREA Code TELEPHONE

907 586-039 NUMBER

DATE

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

P = N-11Q = N 11, ZR = N 15, IRECORD 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

LOCATION: FACILITY: JUNEAU, CITY AND BOROUGH OF

1540 THANE ROAD JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

FROM

5

MM/DD/YYYY 10/01/2009

MM/DD/YYYY 10/31/2009

MONITORING PERIOD

PERMIT NUMBER AK0023213

001B

DISCHARGE NUMBER

DMR Mailing ZIP CODE:

99801

(SUBR 01)

External Outfall COMBINED SEWER OVERFLOW

No Discharge

81381 Q 0 See Comments	Duration of discharge	81381 P 0 See Comments	Duration of discharge	31616 R 0 See Comments	Coliform, fecal MF, MFC broth, 44.5 C	31616 Q 0 See Comments	Coliform, fecal MF, MFC broth, 44.5 C	31616 P 0 See Comments	Coliform, fecal MF, MFC broth, 44.5 C	00530 R 0 See Comments	Solids, total suspended	00530 Q 0 See Comments	Solids, total suspended		PARAMETER
PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT		
****	*****	****	****	****	***	非 常 计	****	**************************************	***	Req. Mon. MO AVG		Req. Mon. MO AVG		VALUE	QUANT
Req. Mon. EVNT TOT		Req. Mon. EVNT TOT		76 76 76 76 76 76 76 76 76 76 76 76 76 7	**************************************	***	**	计卡卡	**	Req. Mon. DAILY MX	:	Req. Mon. DAILY MX		VALUE	QUANTITY OR LOADING
min		min		******	****	***	****	*****	****	lb/d		lb/d		UNITS	
**************************************	* * * * * * * * * * * * * * * * * * * *	******	* * * * *	Req. Mon. WKLY AVG		Req. Mon. WKLY AVG		Req. Mon. WKLY AVG		**	****	***************************************	*****	VALUE	QI
****	***	**************************************	******	Req. Mon. MO AVG		Req. Mon. MO AVG		Req. Mon. MO AVG		Req. Mon. MO AVG		Req. Mon. MO AVG		VALUE	QUALITY OR CONCENTRATION
****	*****	**************************************	光泽安安安	Req. Mon. DAILY MX		Req. Mon. DAILY MX		Req. Mon. DAILY MX		Req. Mon. DAILY MX		Req. Mon. DAILY MX		VALUE	ENTRATION
****	*	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	**	#/100mL		#/100mL		#/100mL		mg/L		mg/L		STINU	
															EŅ.
When Discharging		When Discharging		When Discharging		When Discharging		When Discharging		When Discharging		When Discharging			FREQUENCY OF ANALYSIS
CALCTD		CALCTD		GRAB		GRAB		GRAB		GRAB		GRAB			SAMPLE TYPE

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

E PRINCIPAL EXECUTIVE OFFICER

It certify under penalty of law that this document and all altachmens, were proposed under my discretion or approximate that qualified personnel properly garber and expensions in accordance with a graph designed to suggest the qualified personnel properly garber and expensions of the personnel personnel properly garber and penalty of the personnel personnel personnel penalty the personnel, the information, the information about their penalty of the personnel penalty of the penalty of the personnel penalty of the pe

SIGNATURE OF PROCEPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code TELEPHONE NUMBER MM/DD/YYYY DATE

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

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

DISCHARGE MONITORING REPORT (DMR)

NAME: JUNEAU, CITY AND BOROUGH OF PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

FROM

MM/DD/YYYY 10/01/2009

MM/DD/YYYY 10/31/2009

5

MONITORING PERIOD

PERMIT NUMBER AK0023213

001B

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801

COMBINED SEWER OVERFLOW (SUBR 01) MAJOR

External Outfall

No Discharge

PARAMETER	•	QUANT	QUANTITY OR LOADING		<u>د</u>	QUALITY OR CONCENTRATION	ENTRATION		Ωŏ	FREQUENCY OF ANALYSIS	SAMPLE
	····	VALUE	VALUE	STINU	VALUE	VALUE	VALUE	UNITS			
Duration of discharge	SAMPLE MEASUREMENT	* * * * *			水水塘黄黄黄	**************************************	**	**			
81381 R 0	PERMIT	安全	Req. Mon. EVNT TOT	min	***	*****	***	****	-	When Discharging	CALCTD
OCC OSIMINGING											

	TYPED OR PRINTED
system to the penalt violati	JOE MYERS W/WSUPER
super	NAME/III LE PRINCIPAL EXECUTIVE OFFICER

Learlify under potality 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 supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information astemited. Based on my inquiry of the person or possons who trainage the system, or those persons directly responsible for gathering the information, the information submitted as, to the best of my dawneldage and belief, true, accurate, and complete. Jun aware that there are significant to the best of my dawneldage and belief, true, accurate, and complete. Jun aware that there are significant to the best of my dawneldage and belief, true, accurate, and complete. Jun aware that there are significant to the best of my dawneldage and belief, true, accurate, and complete.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT + Died AREA Code

584.139 NUMBER WW/QD/XXX

TELEPHONE

DATE

60,

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

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

Hilary Poole

From:

Joe Myers

Sent:

Monday, November 09, 2009 2:45 PM

To:

Hilary Poole

Subject:

FW: Juneau Douglas Wastewater Treatment Plant (AK-002321-3)

Attachments: 102909 NONCOMPLIANCE REPORT.pdf

For the files....

From: Joe Myers

Sent: Thursday, October 29, 2009 4:13 PM

To: 'dec-wqreporting@alaska.gov'

Subject: Juneau Douglas Wastewater Treatment Plant (AK-002321-3)

To Whom It May Concern:

Attached is the written Noncompliance Notification associated with the verbal noncompliance notification made on 10/27/2009 for the subject treatment plant.

Please contact me for additional information. Thank you.

Joe Myers

Wastewater Utility Superintendent City and Borough of Juneau 2009 Radcliffe Road Juneau, AK 99801 907.586.0393 Ext. 21 907.209.6099 (cell)



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) 269-4114 E-mail address: wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

CENERAL INCORMATION	DEDMIT# (if ama), AV	000001 3			
GENERAL INFORMATION	PERMIT# (if any): AK-	002321-3	Т	Facility Lo	oastion
Owner or Operator:	Facility Name:		Diant	=	
City & Borough of Juneau,			Piani		ane Road, Juneau, AK 99801
Person Reporting:	Phone Numbers of Person	on Reporting:		-	How? (e.g. by phone):
Cathy Carlson	907-586-5329			By Phone	10/27/2009; by e-mail 10/29/2009
Date/Time Event was Noticed:	Date/Time Reported:			Name of D	DEC Staff Contacted:
10/27/2009	10/27/2009				sage 10/27/2009 @ 1:00 PM
VERBAL NOTIFICATION MUST					ONCOMPLIANCE
INCIDENT DETAILS (attack	h additional sheets, lab re	ports, and photos	s as n	ecessary)	
Period of Noncompliance Start I	Date/Time (exact): 10/25/09	9@6PM	End I	Date/Time (exact): 10/26/09@2AM
If noncompliance has not been corre	ected, provide a statement rega	rding the anticipated	l time t	the noncom	pliance is expected to continue:
Estimated Quantity involved (volum 3,023 TSS lbs	ne or weight):				
Description of the noncompliance as	nd its cause (be specific):				
Secondary clarifier bio-solids escaped is structural repairs.	nto plant effluent due to high plant	t flow conditions. #2 A	eration	Basin was o	out of service to complete urgent
Actions taken to reduce, eliminate, a (describe in detail) (e.g. Supplied dr notice) #2 Aeration Basin repairs have been co	inking water to nearby well ow	ners and informed w	ell ow	ners not to	drink from wells until further
Permit Condition Deviation (Identif	v each permit condition exceed	led during the event.))		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample		lt)	Sample Date
Effluent Daily Max Limit TSS Daily Max Ibs/day TSS discharged	Daily Max of 30 mg/l TSS Daily Max of 1,035 lbs/day TSS	Daily Max 184 mg/l T Daily Max 3,023 TSS		y TSS	10/25/2009 Daily Composite
Corrective Actions (Attach a descripthances of recurrence.) Aeration Basin #2 has been placed back		n to restore the system	m to no	ormal opera	ition and to minimize or eliminate
Environmental Damage: (if yes, pr	ovide details below)	Yes	[No	✓ Unknown
Actual /Potential Impact on Environ Discharged 3,023 lbs of TSS exceeding	`	,			
Based on information and belief for and information in and attached in	• '	•	ccorda	nce with 18	AAC 83.385 that the statements
· · · · · · · · · · · · · · · · · · ·	_{Title:} Superintendent ESENT TO ADEC WITHIN FI	Signature: VIVE DAYS OF BECO	OMIN	GAWARE	Date: 10/29/2009 OF THE EVENT.