

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

DMR Mailing ZIP CODE: 99801 \$
MADOR (SUB 01)

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

External Outfall
*** NO DISCHARGE

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

PARAMETER

QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD		
VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	YEAR	MO	DAY
2009	10	1	2009	10	31	2009	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Temperature, water deg. C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	14.3	0		
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	5.2	0		
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2	0		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.7	15.7		*****	*****	DAILY MIN.	0	WEEKLY	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	*****	30	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	111	0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.7	*****	*****	*****	*****	2.0	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1035	*****	lbs/d	*****	*****	45	0	MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	6.1	0		
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	6.0	0	WEEKDAYS	
Solids, Total suspended	SAMPLE MEASUREMENT	255	3023		*****	*****	MINIMUM	2	GRAB	
00530 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	*****	19	2	MONTHLY	COMP24
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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									
Joe Myers W/W Utilities Superintendent	<p>Signature: <i>Joe Myers</i></p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>									
907 AREA CODE	586-0393		TELEPHONE		2009 YEAR		11 MO		10 DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 10/04/2009 through 10/31/2009.
Reference all attachments here

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

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
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
2009	10	1	
2009	10	31	

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE												
		VALUE	VALUE		VALUE	VALUE	UNITS															
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0														
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0														
Raw Sewage Influent	SAMPLE MEASUREMENT	650.6	*****	*****	*****	*****	*****	0	Monthly	COMP24												
00530 W 0	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	*****	0														
See Comments	SAMPLE MEASUREMENT	N/A	N/A	*****	*****	*****	*****	0	Monthly	COMP24												
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0														
00610 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0														
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24												
00610 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0														
Coilform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0														
31616 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0														
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0														
31616 W 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0														
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0														
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.1514	2.8190	*****	*****	*****	*****	0	Weekly	GRAB												
50050 1 0	PERMIT REQUIREMENT	2.76	6.0	*****	*****	*****	*****	0														
Effluent Gross	SAMPLE MEASUREMENT	MO AVG	DAILY MAX	Mgal/d	*****	*****	*****	0	Continuous	RCORDR												
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0														
81010 K 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0														
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0														
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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																					
Joe Myers WW Utilities Superintendent	<p>Signature: <i>Joe Myers</i></p> <p>Signature of Principal Executive Officer or Authorized Agent</p>																					
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)																					
The reporting period was from 10/04/2009 through 10/31/2009.																						
<table border="1"> <thead> <tr> <th>AREA CODE</th> <th>TELEPHONE</th> </tr> </thead> <tbody> <tr> <td>907</td> <td>586-0393</td> </tr> <tr> <th>PHONE NUMBER</th> <th>DATE</th> </tr> <tr> <td>2009</td> <td>11</td> </tr> <tr> <td>YEAR</td> <td>MO</td> </tr> <tr> <td></td> <td>DAY</td> </tr> </tbody> </table>											AREA CODE	TELEPHONE	907	586-0393	PHONE NUMBER	DATE	2009	11	YEAR	MO		DAY
AREA CODE	TELEPHONE																					
907	586-0393																					
PHONE NUMBER	DATE																					
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	DAY																					

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

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

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

External Outfall
*** NO DISCHARGE

001 A
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2009	10	1
FROM		
TO		
2009	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERCENT	VALUE	UNITS	PERCENT			
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	*****	90.4	*****	*****	0		
Percent removal		PERMIT REQUIREMENT: *****	*****	*****	85 MN % RMV	*****	*****		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Joe Myers, WW Utilities Superintendent

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Joe Myers*

907 AREA CODE, 586-0393 TELEPHONE, 2009 YEAR, 11 MO, 10 DAY

The reporting period was from 10/04/2009 through 10/31/2009.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used. PAGE 3 OF 3

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

DMR Mailing ZIP CODE: 99801
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
ATTN: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2009	2009	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
coliform, fecal M.F. broth 44.5 C	PERMIT REQUIREMENT	*****	*****		1.0	Req. Mon. DAILY MAX	#/ ML100	0	Monthly	GRAB
1616 10		*****	*****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
WW Utilities Superintendent

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.

Joe Myers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 10/04/2009 through 10/31/2009.

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

October 2009

DAY	DATE	WEATHER			INFLUENT			EFFLUENT												
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTTL EFFL 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 /180 days	Ammonia as N lbs/day /180 days	
SUN	4	45	0.02	17.8	1.4430	202	2431													
MON	5	47	1.34	18.2	2.8190	122	2868			12.9	6.3	3.9	20.0	470					0.0	
TUE	6	47	0.04	18.3	1.1920	150	1491			13.4	6.1	4.9	4.4	44					0.0	
WED	7	43	0.26	18.0	2.4633	222	4661			12.9	6.5	5.2	10.6	218					1.0	
THU	8	43	0.26	17.3	0.9399	350	2744	111		11.9	6.4	4.3	12.0	94			2.00		0.0	
FRI	9	45	0.00	16.4	0.7540					12.7	6.6	5.0							0.0	
SAT	10	45	0.00	15.2	0.7280														0.0	
SUN	11	45	0.02	14.2	0.7430	274	1698			14.3	6.5	3.8	12.0	74					0.0	
MON	12	47	0.00	14.1	0.6080	282	1430			13.2	6.7	3.7	9.6	54					0.0	
TUE	13	40	0.00	14.7	0.6740	186	1046			13.7	6.6	2.9	11.6	79					0.0	
WED	14	43	0.00	15.7	0.8200	280	1915			14.1	6.9	3.2	11.4	92					0.0	
THU	15	45	0.13	17.1	0.9660	202	1627			14.3	6.7	3.0							0.0	
FRI	16	44	0.34	18.2	1.2330														0.0	
SAT	17	46	0.36	19.0	1.1480														0.0	
SUN	18	44	0.19	19.3	1.1480	166	1589			14.0	6.6	3.9	10.2	98					0.0	
MON	19	43	0.08	19.1	0.9350	250	1949			13.0	6.6	3.5	12.4	97					0.0	
TUE	20	42	0.00	18.5	0.9380	316	2472			13.7	6.7	3.1	14.8	122					0.0	
WED	21	46	0.36	17.6	1.0840	217	1962			13.4	6.6	3.1	10.0	94					0.0	
THU	22	46	0.31	16.4	1.1280	206	1938			13.6	6.6	3.9							0.0	
FRI	23	45	0.13	15.1	0.9310														0.0	
SAT	24	43	0.28	13.8	1.1480														0.0	
SUN	25	44	0.90	12.6	1.9700	92	1512			13.1	6.6	4.4	184.0	3023					0.0	
MON	26	43	0.26	12.0	1.0710	76	679			12.7	6.7	3.3	4.8	45					0.0	
TUE	27	41	0.23	12.5	1.1210	65	608			12.5	6.7	4.2	4.0	42					0.0	
WED	28	39	0.06	13.4	1.2510	310	3234			11.7	6.7	2.9	6.4	51					0.0	
THU	29	37	0.32	14.6	0.9470	62	490			11.0	6.6	3.2							0.0	
FRI	30	37	0.03	15.7	0.9410														0.0	
SAT	31	35	0.16	16.7	1.0960														0.0	
TOTAL			6.08		32.2402															
MAXIMUM			1.34		19.3	2.8190	350	4561	111	14.3	6.9	5.2	184.0	3023	2	16			N/A	
MINIMUM			0.00		12.0	0.6080	62	490	111	11.0	6.1	2.9	4.0	42	2	16			N/A	
AVERAGE			0.217		16.1	1.1514	202	1912	111	13.1	6.6	3.8	19.3	255	2	16			N/A	

% REMOVAL	
B O D	98
S S	90

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

Weekly	TSS		BOD		Weekly	Coliform	Geo. Mean
	TSS BOD	Aver.	mg/l	lbs			
WEEK1	11	188	2	16	1		14
WEEK2	11	71			13		13
WEEK3	13	109			42		4
WEEK4	42	651					

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

OMB No. 2040-0004

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

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

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2009 TO 10/31/2009

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

DMR Mailing ZIP CODE: 99801
MAJOR \$
(SUBR 01)
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	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate	*****	*****			*****	*****	*****			
00056 P 0 See Comments	*****	Req. Mon. EVNT TOT	Mgal/d	*****	*****	*****	*****	When Discharging	CALCTD	
Flow rate	*****	*****			*****	*****	*****			
00056 Q 0 See Comments	*****	Req. Mon. EVNT TOT	Mgal/d	*****	*****	*****	*****	When Discharging	CALCTD	
Flow rate	*****	*****			*****	*****	*****			
00056 R 0 See Comments	*****	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****	When Discharging	RCORDR	
BOD, 5-day, 20 deg. C	*****	*****			*****	*****	*****			
00310 P 0 See Comments	*****	Req. Mon. DAILY MX	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	*****	*****			*****	*****	*****			
00310 Q 0 See Comments	*****	Req. Mon. DAILY MX	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	*****	*****			*****	*****	*****			
00310 R 0 See Comments	*****	Req. Mon. DAILY MX	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
Solids, total suspended	*****	*****			*****	*****	*****			
00530 P 0 See Comments	*****	Req. Mon. MO AVG	mg/L	*****	*****	*****	*****	When Discharging	GRAB	

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

Signature of Principal Executive Officer or Authorized Agent: *Joe Myers*

TELEPHONE: 907-586-0393
DATE: 11/5/09

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

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	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
JOE MYERS D/W/SUREA	907-586-0383	11/5/09
TYPED OR PRINTED	AREA CODE	NUMBER
	907	586-0383
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Joe Myers</i>		

COMMENTS 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)

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
MM/DD/YYYY TO MM/DD/YYYY
10/01/2009 TO 10/31/2009

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	REQ. MON. EVNT TOT	VALUE	UNITS	VALUE			
Duration of discharge	*****			*****					
81381 R 0	*****	min		*****					CALCTD
See Comments									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
JOE MYERS W/D/SUPER	907 584 1393	11/5/09	
TYPED OR PRINTED	AREA CODE	NUMBER	MM/DD/YYYY
	907	584 1393	11/5/09

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, reviewing, and certifying the information, 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

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

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

GENERAL INFORMATION		PERMIT# (if any): AK-002321-3
Owner or Operator: City & Borough of Juneau, AK	Facility Name: Juneau-Douglas Wastewater Treatment Plant	Facility Location: 1540 Thane Road, Juneau, AK 99801
Person Reporting: Cathy Carlson	Phone Numbers of Person Reporting: 907-586-5329	Reported How? (e.g. by phone): By Phone 10/27/2009; by e-mail 10/29/2009
Date/Time Event was Noticed: 10/27/2009	Date/Time Reported: 10/27/2009	Name of DEC Staff Contacted: Left message 10/27/2009 @ 1:00 PM

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

Period of Noncompliance Start Date/Time (exact): 10/25/09@6PM End Date/Time (exact): 10/26/09@2AM

If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:

Estimated Quantity involved (volume or weight):

3,023 TSS lbs

Description of the noncompliance and its cause (be specific):

Secondary clarifier bio-solids escaped into plant effluent due to high plant flow conditions. #2 Aeration Basin was out of service to complete urgent structural repairs.

Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and 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)

#2 Aeration Basin repairs have been completed and the unit placed back in service. The plant returned to compliance on 10/26/09.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Effluent Daily Max Limit TSS	Daily Max of 30 mg/l TSS	Daily Max 184 mg/l TSS	10/25/2009 Daily Composite
Daily Max lbs/day TSS discharged	Daily Max of 1,035 lbs/day TSS	Daily Max 3,023 TSS lbs/day TSS	

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Aeration Basin #2 has been placed back into service.

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

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

Discharged 3,023 lbs of TSS exceeding our permit limit of 1,035 lbs/day by 1,988 lbs

Based on information and belief formed after reasonable inquire, I certify and sign in accordance with 18 AAC 83.385 that the statements and information in and attached in this document are true, accurate, and complete.

Name: Joe Myers

Title: Superintendent

Signature: 

Date: 10/29/2009

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.