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 Oxygen, dissolved (DO) Effluent Gross 모 BOD, 5-day, 20 deg. C Effluent Gross NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Efffuent Gross 00530 10 Solids, Total suspended Eflfuent Gross 00400 10 See Comments 00310 W 0 BOD, 5-day, 20 deg. C Raw Sewage Influent 00310 G0 **Effluent Gross** 00310 10 BOD, 5-day, 20 deg. C 00300 00010 10 Temperature, water deg. C NAME: **ADDRESS:** LOCATION: FACILITY: 1 TYPED OR PRINTED PARAMETER JUNEAU, ALASKA 99801 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, prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. submitted. Based on my inquiry of the person or persons who manage the system, Joe Myers, WW Utilities Superintendent 155 SOUTH SEWARD, JUNEAU, CTTY AND BOROUGH OF certify under penalty of law that this document and all attachments were REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT WKLY AVG MO AVG MO AVG 494.0 ***** 248.9 ***** ***** ***** 181.3 ***** ***** ***** ***** 1035 VALUE QUANTITY OR LOADING 690 (Reference all attachments here) DAILY MAX DAILY MAX 1207.3 ***** ***** ***** 905.5 ***** ***** ***** ***** ***** ***** ***** 1380 VALUE FROM ***** ***** ***** ***** *** SLING lbs/d **** *** *** lbs/d bs/d DAILY MIN MINIMUM ***** ***** ***** ***** ***** ***** ***** ***** ***** 6.6 2.8 VALUE 2009 6.0 ⋨ AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG Req. Mon MO AVG MO AVG MO AVG ***** 218.6 ***** ***** 32.0 ***** 77.0 27.9 ***** ***** VALUE မ 30 8 12||8 DAILY DAILY MAX DAILY MAX DAILY MAX MAXIMUM REPORT 188.0 ***** ***** ***** ***** 11.5 141.0 5.1 6.9 VALUE 8 5 8 DΑΥ 17 **MONITORING PERIOD** MAX deg.C mg/L mg/L mg/L SLINO mg/L mg/L S 7 2009 AREA CODE YEAR 0 0 ШŠ 4 0 0 ۳ 2 FREQUENCY OF ANALYSIS WEEKDAYS WEEKDAYS 586-0393 MONTHLY MONTHLY MONTHLY MONTHLY ELEPHONE WEEKLY PHONE NUMBER 12 증 ð DISCHARGE NUMBER 001 A COMP24 COMP24 COMP24 COMP24 SAMPLE TYPE **GRAB GRAB GRAB** ΡĄ μ

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (Rev 01/06) Previous editions may be used The reporting period was from 11/29/2009 through 01/02/2010.

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 Mevers W/W Utilities Superintendent See Comments 31616 W 0 Coliform, fecal MF, broth 44.5 C Effluent Gross 31616 10 Coliform, fecal MF, broth 44.5 C Nitrogen, ammonia total (as N) See Comments NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Percent Removal 81010 K 0 BOD, 5-day,percent removal Effluent Gross treatment plant Flow, in conduit or through Effluent Gross 00610 10 00530 W 0 Solids, Total suspended Raw Sewage Influent 00530 GO Solids, Total suspended ADDRESS: 50050 1 0 LOCATION FACILITY: YPED OR PRINTED PARAMETER JUNEAU-DOUGLAS TREATMENT PLANT 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 Juneau, Alaska 99801 Joe Myers, WW Utilities Superintendent JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF 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 I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. certify under penalty of law that this document and all attachments were MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT **WKLY AVG** Req. Mon. MO AVG MO AVG 0.9338 598.6 ***** ***** **** ***** ***** ***** N/A ***** ***** 1035 **OUANTITY OR LOADING** 2.76 VALUE DAILY MAX DAILY MAX Req. Mon. 1.9490 ***** ***** **** ***** ***** ***** ***** ***** ***** ***** N/A VALUE 6.0 FROM ***** ***** ***** ***** **** **** ***** ***** Mgal/d ***** ***** SLIND ₽/d b⁄d ₹ % RMV ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** VALUE 2009 87.3 85 ⋨ AK-002321-3 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG WKLY GEO Req. Mon, Req. Mor MO GEO MO AVG MO AVG 206.6 ***** 91.3 ***** ***** ***** 60 Z A VALUE 800 146 45 **34 ₩** DAILY MAX DAILY MAX Req. Mon, ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** 1200 Z A VALUE MONITORING PERIOD
DAY
YE Percent #100/ml mg/L **** #100/mi mg/L SLIN *** mg/L 70 % 2009 2010 YEAR YEAR OPE POP 무장 0 0 0 0 0 \vdash 1 Semi-annual OF ANALYSIS Continuous FREQUENCY 586-0393 Weekly Monthly Weekly Monthly Monthly PHONE NUMBER 12 ₹ 001 A
DISCHARGE NUMBER RCORDR COMP24 COMP24 COMP24 CALCID SAMPLE GRAB **GRAB** 컨 μ DAY \$15

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)

99801

DMR Mailing ZIP CODE: MAJOR (SUB 01)

External Outfall *** NO DISCHARGE **

				_					_	2	•
	JUNEAU, CITY AND BOROUGH OF	OROUGH OF			AK-002321-3	321-3			•	A TOO	*
SS:	155 SOUTH SEWARD,	.~			PERMIT NUMBER	NUMBER				DISCHARGE NUMBER	NUMBER
	JUNEAU, ALASKA 99801	801									
7	JUNEAU-DOUGLAS	TREATMENT PL	ANT				MONITO	MONITORING PERIOD	RIOD		
TON:	HINEALL ALASKA 99801	0801			¥	Mo	DAY		YEAR	MO	DAY
ron.	Top Myers WW Hillities Superintendent	lities Superintend	Pnt	FROM	2009	12	н	7	2009	12	31
	Joe Hyers, www.ou	ilices Superincend	Circ								
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		E NO	FREQUENCY OF ANALYSIS	SAMPLE
	-	VALUE	VALUE	STINU	VALUE	VALUE	VALUE	SLINO			
Total suspended, percent	SAMPLE				84.5	-			1 4		
	MEASUREMENT	****	****	****		****	****				
X 0 0	PERMIT				85			%			:
t Removal	REQUIREMENT	****	****	****	MN % RMV	****	****	PERCENT		MONTHLY	CALCID

81011

Percent I

removal

Solids, T

ATT:

LOCATIO FACILIT ADDRES NAME:

Joe Mvers W/W Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED 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. certify under penalty of law that this document and all attachments were

(Reference all attachments here)

OFFICER OF AUTHORIZED AGENT

2010 YEAR

25

AREA CODE

PHONE NUMBER

TELEPHONE 586-0393

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 11/29/2009 through 01/02/2010.

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)

JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

ADDRESS: NAME:

FACILITY:

LOCATION

Ä

PARAMETER

DMR Mailing ZIP CODE: MAJOR 99801

(SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
*** NO DISCHARGE

* *

REC-1
DISCHARGE NUMBER

AK-002321-3 PERMIT NUMBER

₩ MONITORING PERIOD
DAY YES 7 Y€AR 2009 티종

Coliform, fecal MF, broth 44.5 C JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT Joe Myers, WW Utilities Superintendent JUNEAU, ALASKA 99801 REQUIREMENT MEASUREMENT PERMIT SAMPLE ***** ***** QUANTITY OR LOADING VALUE ***** ***** VALUE FROM SLIND ***** ***** VALUE 2009 ⋨ QUALITY OR CONCENTRATION ***** ***** VALUE DAILY MAX ML100 Req. Mon. VALUE 1.0 #/ SLIND Ωõ 0 FREQUENCY OF ANALYSIS Monthly SAMPLE TYPE GRAB ည DAY

Effluent Gross 31616 10

TYPED OR PRINTED		Joe Mvers W/W Utilities Superintendent	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
including the possibility of fine and imprisonment for knownik violations.	submitted is, to the best of my knowledge and better, thus, accument, and work that there are significant penalties for submitting false information,	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 of the persons directly responsible for gathering the information.	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	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	for source of	Comme tax for	
	2010 1 YEAR MO	CODE PHONE NUMBER DATE	907 586-0393	TEI EDUONE

(Reference all attachments here)

\$10 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS



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: wgreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	v	PERMIT# (if any): AK-00	22321-3										
Owner or Operator:	`	Facility Name:			Facility Lo								
City and Borough of Ju	neau, AK	Juneau-Douglas Waste	water Treatment F	Plant	1540 Tha	ine Road, Juneau, AK 99801							
Person Reporting:		Phone Numbers of Person	n Reporting:		•	How? (e.g. by phone):							
Denny Kay		907-586-0393			Phone;								
Date/Time Event was Notice	d:	Date/Time Reported:				EC Staff Contacted:							
December 22, 2009@0	900 hours	December 22, 20	109@0915 ho	urs	Left me	ssage on notline							
VERBAL NOTIFICATION	MUST BE N	MADE TO ADEC WITHIN	24 HOURS OF DIS	SCOV	ERY OF N	ONCOMPLIANCE							
INCIDENT DETAILS	(attach ad	ditional sheets, lab rep	orts, and photos	as n	ecessary)								
Period of Noncompliance	Start Date/	Time (exact): 12/15/20	009	End l	Date/Time (exact): 12/17/2009							
If noncompliance has not be	en corrected	, provide a statement regar	ding the anticipated	l time	the noncom	pliance is expected to continue:							
Estimated Quantity involved	d (volume or	weight):	a)	!4 .4		um limit of 1 390							
Pounds of total BOD disc			9) were below per	rmit a	ally maxim	ium limit of 1,380.							
Description of the noncomp	liance and its	cause (be specific):			4 49	an in according of manuals limit							
Poor settling of activat	ted sludge	in clarifiers caused r	elease of BOD	in co	ncentration	on in excess of permit limit.							
		<u> </u>				D. J							
Actions taken to reduce, eli-	minate, and p	prevent reoccurrence of not	ncompliance and Ac	tual/P	otential Imp	pact on Environmental Health drink from wells until further							
(describe in detail) (e.g. Sup	рнеа агния	ig water to nearby wen ow	ners and mior med w	, C.11 O W	HC13 HOT TO	—							
See corrective action	ns helow					!							
See con ective action	no bolow.												
Permit Condition Deviation (Identify each permit condition exceeded during the event.) Parameter (e.g. BOD pH) Permit Limit Exceedance (sample result) Sample Date													
					it)	Sample Date							
	l		 -	ic i cae	1167								
Biochemical Oxyger) Dai	ily:	141 mg/l			12/15/2009							
Demand (BOD)	7	stage treekly. To man											
chances of recurrence.)						ation and to minimize or eliminate							
To increase sludge age, red	uced waste s	ludge rate. To improve clar	rifier settling, reduced	d clarif	ier underflov	w rates. To reduce biomass							
filaments, placed second as several hours each day to co	ration basin i reate anoxic :	n service for return sludge a zone in each basin. Effluen	ieration purposes on t TSS concentration	iy; cyc retum	ed to compil	m aerator in each basin off for lance (23 mg/l) on 12/17/2009.							
Environmental Damage:			Yes		No	✓ Unknown							
Actual /Potential Impact of	n Environme	nt/Public Health (describe	in detail)										
Unknown; pounds o													
I certify under penalty of law to	that this docum	nent and all attachments were pather and evaluate the informat	orepared under my dire	ection o	or supervision nauiry of the	in accordance with a system designed person or persons who manage the							
system or those persons direct	tly responsible	for gathering the information.	the information submi	itted is,	, to the best o	f my knowledge and belief, true,							
accurate, and complete. I am a	ware that then	e are significant penalties for s	ubmitting false inform	ation, i	ncluding the	possibility of fine and imprisonment for							
knowing violations.				\Rightarrow	 								
loc Myore		Superintendent	< \\.	111	$\mathcal{L}\mathcal{N}$	12/24/2009							
Name: Joe Myers	Title	Superintendent	Signature		VC AWAR	Date:							
' FORMS	MUST BE SE	ENT TO ADEC WITHIN F	IVE DAYS OF BEC	UMI	YG AWARI	LOF THE EVENT.							



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: wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any): AK-00	2321-3		
Owner or Operator:	Facility Name:		Facility Lo	
City and Borough of Juneau, A	K Juneau-Douglas Waste	water Treatment Pla	nt 1540 Tha	ne Road, Juneau, AK 99801
Person Reporting:	Phone Numbers of Person	Reporting:	Reported I	low? (e.g. by phone):
Denny Kay	907-586-0393	-	Phone;	email
Date/Fime Event was Noticed:	Date/Time Reported:		Name of D	EC Staff Contacted:
12/14/09@1030 hours: 12/15/09@1030 hours: 12/17/09@1030 l		300 hours; 12/17/09@1430 ho	ய₃ Left me	ssages on hotline
VERBAL NOTIFICATION MUST B				
INCIDENT DETAILS (attach	edditional chaete leb rer	orts and photos a	s necessary)	
				exact): 12/17/2009
Period of Noncompliance Start Da	nte/Time (exact): 12/13/20	,00		
If noncompliance has not been correc	ted, provide a statement regar	ding the anticipated ti	me the noncom	pliance is expected to continue:
-				
Estimated Quantity involved (volume	or weight):		4	-11 limit of 1 390
Pounds of total suspended solids	discharged each day (12/1	3-12/17/09) were be	elow permit di	ally maximum limit of 1,360.
Description of the noncompliance and	d its cause (be specific):			
Poor settling of activated slud	ge in clarifiers caused re	lease of total susp	ended solid	s in concentrations in
excess of permit limit on each	of four days (12/13-12/1	6/2009).		
Actions taken to reduce, eliminate, a	nd prevent reoccurrence of nor	compliance and Actus	VPotential Imp	eact on Environmental Health
(describe in detail) (e.g. Supplied dri	nking water to nearby well ow	ners and informed well	OMBELS HOL TO	Other mon were and man
See Corrective Actions bel	ow.			
Permit Condition Deviation (Identify	and permit condition exceed	ed during the event.)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample)	result)	Sample Date
:		82		12/13/2009
Total Gasponasa Gonas	Daily: 60 mg/l	113		12/14/2009
Concentration		177		12/15/2009
		83		12/16/2009
1	Average Weekly: 45 mg/l	96		12/13-12/17/2009
Corrective Actions (Attach a descrip				
To increase studge and reduced was	te sludge rate. To improve clar	ifier settling, reduced c	larifier underflov	w rates. To reduce blomass
filaments, placed #1 Aeration Basin in hours each day to create anoxic zone	service for return sludge aeral	ion purposes only: cycl	ıng upstream ac	BLATOL ILI GACLI DARRILI OIL IOL 2040LUI
Environmental Damage: (if yes, pr		Yes	No	✓ Unknown
Actual /Potential Impact on Environ	ment/Public Health (describe	in detail)		
Unknown; pounds of TSS disc				
I certify under penalty of law that this do to assure that qualified personnel proper system, or those persons directly respon- accurate, and complete. I am aware that knowing violations.	ly gather and evaluate the information.	ion submitted. Based on a the information submitte	my inquiry of the ed is, to the best o	f my knowledge and belief, true,
Name: Joe Myers	Fitte: Superintendent	Signature:		Date: 12/19/2009
FORMS MUST B	E SENT TO ADEC WITHIN F	IVE DAYS OF BECO	<u>MING AWARI</u>	E OF THE EVENT.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

A	3	Z		SAT	Æ	뒫	WED	JUE	MON	SUN	SAT	권	ฮ	WED	1 :	MON	2 5	TA?	8	אניט	ו לבו	3 NO.	NUS	SAT	꿆	ฮ	WED	± 5	NON NON	SAT	FRI	王	WED	긆	MON	NUS	DAY		LLCA Y] }
AVERAGE	NIMUM	MAXIMUM	TOTAL	2		31	3(25	28	27	26	25	24	23	22	21	2) (10	18	17	1,5	4 7	13	12	11	10	9	χ,	7	5	4	w	2	1	30	29	DATE		LTA KLTOK)) 1
29	18	38	:	18) 27		35					Į	-	18			ı	T			24		30		28	27	27	27	30	35	38	36	2	37	of Marie	<		•
0.103	0.00	0.72	3.61	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.40	0.44	0.53	0.15	0.08	0.00	200	002	0.47	0.75	2 2	0.00	0.00	0.00	0.00	0.00	0.00	0 00	2 2	0.00	0.00	0.03	0.72	0.15	0.08	0.18	P FALL INCHES	VEALHE	7	
16.0			5	19.8	19.9	19.3	18.5	17.4	16.4	15.4	14.7	14.3	14.1	14.1	14.3	14.9	15.8	16.6	172	175	17.0	17.5	17.2	16.8	16.3	15.9	15.7	156	15.7	18.4	19.1	19.4	19.2	18.6	17.8	16.8	TIDE	E C	3	2 C N
	+	- -	1.	0.9090	0.8090	0.8600	0.7320	0.8630	0.8140	0.8410	0.9980	1.5470	1.9490	0.6090	0.6240	0.6530	0.7290	0.7220	0.7990	1 3780	0.7520	0.7700	0.7620	0.6780	0.6470	0.6910	0.7040	0.7150	0.7780	0.8330	0.9480	1.1370	1.8990	1.2700	1.0560	1.6130	MGD MGD	5		JUNEAU-DUUGLAS WASTEWATER
9338 207 % REMOVAL 87 S.S. 85	307	116	384				186	250	256					250	214	213	200			3	284	202	208			242	266	228	249	9		150	124	172	134	116	mg/L	22	Ē	UGLA
14//	1477	1114	1064				1136	1799	1738					1270	1114	1160	1216			1908	1781	1503	1322			1395	1562	1360	1616	200		1422	1964	1822	1180	1560	LBS	NT LOEIN	OU ICO	Lines
Copper NH3			307				212	172						307	202							202	282					206						166			mg/L	B.O.D.	THENT	
N/A N/A	1402	1051	1792				1294	1238						1559	1051							1297	7671					1228						1758			LBS	B.O.D.		
mg ug/		+	11.5		7.0.2	9.0	T					10.8	8.6	9.3	9.3	10.0			9.4	9.5	10.8	10.0	10.8		10.6	11.2	10.1	11.3	10.7		70.4	9.4	10.3	10.3	11.5		SC MA			
	<u>ල</u> .ස	6. 6	6.9		0.0	0.00	6.8	6.7				6.7	6.7	6.8	6.7	6.8			6.6	6.7	6.8	6.9	6.9		6.9	6.9	6.7	6.7	6.7		σ	5.7	6.7	6.7	6.7		뫄			-
Weekly TSS, BOD Aver. WEEK1 WEEK2 WEEK3 WEEK5	3.7	2.8	5.1		3.0	3 3.0	3.6	3.3				4.7	3.9	3.7	4.0	4.3			5.1	4.0	3.2	3.2	3.4		2.8	2.9	3.8	3.2	3.7		4.0	3.5	3 3	3.5	4.0	-	ļ	D.O.		ָ ב
mg mg 25 25 11 11 11 11 11 11 11 11 11 11 11 11 11	32	4	188			-	13	3 3	9	,		ļ.		14	15	14	=			23	83	188	113	5		5	10	7	o	œ	-	4	. 59	9	8	45	mg/L	S.S.		=
151775 4 3 =	249	30	1207				ó	, w	5 82	3				71	8	7.4	8			264	521	1207	586	2 Á		39	59	42	36	56		42	934	8	70	605		S.S.	m !	Ď
BOD mg/l 14 9 9 777 15 8 8 8	28	7	141				ď	> α	•					7	23		-					141	- 6	ند				9						14			mg/L	B.O.D. B.	FLUEN	December 2009
49 5, 72 49 5, 14 6	181	36	905				20	n 4	2					36	120							905	į	23				51						149			BS	0.D.		r 2009
Weekly Coliform Geo Mean 146 19	2	_	146					-	٠.						19	3					146						4.0						ē	;			/100 ml			
	NA	N/A	N/A																																		as N mg/i 1/180 days	Ammonia		
	N/A	N/A	N/A																																		as N lbs/day 1/180 days	Ammonia		

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

PERMIT NUMBER AK0023213 MM/DD/YYYY

FROM

12/01/2009

5

12/30/2009

DISCHARGE NUMBER 001B

MONITORING PERIOD MM/DD/YYYY

> DMR Mailing ZIP CODE: 99801

External Outfail COMBINED SEWER OVERFLOW (SUBR 01) MAJOR

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		DADAMETER
	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		
	***	*****	***	***	***	***************************************	***	***************************************	# # # # # # # # # # # # # # # # # # #	*******	Req. Mon. MO AVG		Reg. Mon. MO AVG		VALUE	QUANT
	Reg. Mon. EVNT TOT		Req. Mon. EVNT TOT		**************************************	等	***	***************************************	*****	市场营养	Req. Mon. DAILY MX		Req. Mon. DAILY MX		VALUE	QUANTITY OR LOADING
	min		min			***************************************		*****		***************************************	ib/q		ib/a		STINU	
A Part	# P P P P P P P P P P P P P P P P P P P	# # # # # # # # # # # # # # # # # # #	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	**	WKLY AVG		WKLY AVG		WKLY AVG						VALUE	٩
				***	MO AVG		MO AVG		MO AVG		MO AVG	Box Mon	MO AVG	Ban Mon	VALUE	QUALITY OR CONCENTRATION
		1	,	***	DAILY MX	Ben Mon	DAILY MX	Dog Mon	DAILY MX	Den Mon	DAILY MX	Ren Mon	DAILY MX	Reg Mon.	VALUE	ENTRATION
		建 建 基 基 基 基 基 基 章		******		#/100ml	3	mg/L mg/L #/100mL		ma/L	STINU					
																EX.
	When Discharging		Discharging		Discharging		Discharging		Discharging	A/h	Discharging	When	Discharging	When		FREQUENCY OF ANALYSIS
	CALCTD		CALCTD		GRAB		GRAB		GRAB		GRAB		GRAB			SAMPLE TYPE

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code

NUMBER

AAAAGG/WW

907-586039 TELEPHONE

TYPED OR PRINTED YERS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

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