

DMR Mailing ZIP CODE: 99801
 MAJOR (SUB 01)

External Outfall
 *** NO DISCHARGE ***

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

MONITORING PERIOD
 YR 2010 MO 2 DAY 1 TO 2010 MO 2 DAY 28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. C	*****	*****	*****	*****	11.8	deg.C	0	28		
00010 10 Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX		0	WEEKDAYS		GRAB
Oxygen, dissolved (DO)	*****	*****	*****	*****	3.0		0	28		
00300 10 Effluent Gross	*****	*****	*****	*****	2	mg/L	0	WEEKLY		GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	DAILY MIN.		0	5/mo		
00310 10 Effluent Gross	*****	*****	*****	*****	346		0	MONTHLY		COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	690	lbs/d	0	5/mo		
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	MO AVG		0	MONTHLY		COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	199		1	5/mo		
00310 W 0	*****	*****	*****	*****	Req. Mon. MO AVG		0	MONTHLY		COMP24
See Comments	*****	*****	*****	*****	50		1	5/mo		
pH	*****	*****	*****	*****	1035	lbs/d	0	MONTHLY		COMP24
00400 10 Effluent Gross	*****	*****	*****	*****	WKLY AVG		0	WEEKDAYS		GRAB
Solids, Total suspended	*****	*****	*****	*****	6.4		2	5/mo		
00530 10 Effluent Gross	*****	*****	*****	*****	6.0	SU	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	*****			*****			*****	*****	*****	*****
TYPED OR PRINTED	*****			*****			*****	*****	*****	*****
COMMENT AND EXPLANATION OF ANY VIOLATIONS	*****			*****			*****	*****	*****	*****
The reporting period was from 01/31/2010 through 02/27/2010.	*****			*****			*****	*****	*****	*****
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.	*****			*****			*****	*****	*****	*****

(Signature)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Please see attached non-compliance letters

The reporting period was from 01/31/2010 through 02/27/2010.

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

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

External Outfall
 *** NO DISCHARGE ***

AK-002321-3 PERMIT NUMBER
 001 A DISCHARGE NUMBER

MONITORING PERIOD
 YR 2010 MO 7 DAY 1 TO 2010 YEAR 2010 MO 7 DAY 28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended	*****	*****	*****	*****	*****	*****	0	5/mo	
00530 G 0	*****	*****	*****	*****	*****	*****			
Raw Sewage Influent	*****	*****	*****	*****	*****	*****			
Solids, Total suspended	606	*****	*****	*****	*****	*****	1	5/mo	COMP24
00530 W 0	1035	*****	*****	*****	*****	*****			
See Comments	*****	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	N/A	N/A	*****	N/A	N/A	N/A	0	Monthly	COMP24
00610 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
31616 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	*****	*****	*****	*****	*****	*****			
See Comments	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	*****	*****	*****	*****	*****	*****			
50050 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
81010 K 0	*****	*****	*****	*****	*****	*****			
Percent Removal	*****	*****	*****	*****	*****	*****			

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 907 586-0393
 PHONE NUMBER DATE
 2010 YEAR 3 MO 9 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.

The reporting period was from 01/31/2010 through 02/27/2010.

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

External Outfall
 *** NO DISCHARGE ***

MONITORING PERIOD		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
YR	MO	DAY	YEAR	MO	DAY
2010	7	1	2010	7	28
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	*****	*****	*****	87.0	*****	*****	0	5/mo	
81011 K 0 0	*****	*****	*****	85	*****	*****		MONTHLY	CALCTD
Percent removal	*****	*****	*****	MN % RMV	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Myers W/W Utilities Superintendent	TELEPHONE 586-0393	
	907 AREA CODE	PHONE NUMBER DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2010 YEAR
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 01/31/2010 through 02/27/2010.	(Reference all attachments here)	3 MO
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.		9 DAY

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
 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-
 DISCHARGE NUMBER

MONITORING PERIOD		YEAR	MO	DAY	DAY
YR	2010	TO	2	1	28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Coliform, fecal MF, broth 44.5 C	*****		*****	N/A		*****	0		
31616 10 Effluent Gross	*****		*****	Req. Mon. #/ DAILY MAX	ML100	*****		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Myers W/W 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.	TELEPHONE 907 AREA CODE 586-0393
TYPED OR PRINTED		PHONE NUMBER DATE
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 01/31/2010 through 02/27/2010.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2010 YEAR 3 MO 9 DAY

WATER QUALITY REPORT

DATE	TIME	TEMP	PH	DO	TSS	BOD	COD	AMMONIA	NITRATE	PHOSPHATE	COPPER	IRON	ZINC	LEAD	CADMIUM	CHLORIDE	SULFATE	SILICA	FLUORIDE	PERMANGANATE	CHLORINE	FREE CHLORINE	TOTAL CHLORINE	HAZARDOUS	OTHER	
35	0.00	19.9	1.0160	10.6	6.7	3.9																				
35	0.03	19.2	0.9110	10.4	6.6	4.1																				
35	0.02	19.0	0.8800	10.5	6.6	3.5	23	169	14	101																
34	0.05	18.7	0.8900	10.2	6.7	3.8	21	154	14	101																11
35	0.02	17.9	0.7900	10.2	6.5	3.5																				
38	0.01	16.7	0.6750	10.0	6.6	3.9																				
41	0.32	15.5	1.0530	11.8	6.5	4.6																				
41	0.14	14.6	0.8830	11.4	6.6	4.2																				
8	0.02	14.2	0.7250	10.6	6.6	4.5																				
9	0.00	14.5	0.7590	10.5	6.5	3.6	49	310	31	196																1
10	0.00	15.1	0.7500	10.6	6.6	4.6	31	196																		
11	0.00	15.8	0.7350	10.3	6.6	3.0																				
12	0.00	16.4	0.7310	10.3	6.7	3.4																				
13	0.02	16.8	0.8170	11.2	6.6	3.9																				
14	0.13	16.9	0.8960	11.3	6.7	3.8																				
15	0.05	16.8	0.8600	10.6	6.6	4.0																				
16	0.11	16.6	0.8300	1281	10.1	6.6	129	893	50	346																
17	0.24	16.7	0.9000	11.2	6.6	3.3	46	318		0																10
18	0.00	16.6	0.7680	10.4	6.6	3.4																				
19	0.00	16.3	0.6410	10.6	6.4	3.2																				
20	0.00	15.9	0.6470	11.3	6.5	3.5																				
21	0.00	15.3	0.6820	11.1	6.5	3.3																				
22	0.00	14.7	0.6860	10.3	6.6	3.7																				
23	0.03	14.5	0.6300	10.8	6.6	3.1	10	53	5	26																
24	0.08	15.1	1.0170	10.9	6.5	3.4	6	32																		7
25	0.26	16.3	0.9920	10.3	6.5	3.5																				
26	0.00	17.6	0.9120	10.8	6.7	3.7																				
27	0.08	18.7	0.9840	11.3	6.6	3.7																				
TOTAL	1.61	23.0600																								
MAXIMUM	42	19.9	1.0530	11.8	6.7	4.6	129	893	50	346																11
MINIMUM	29	14.2	0.6300	10.0	6.4	3.0	6	32	5	0																1
AVERAGE	36	16.5	0.8236	10.7	6.6	3.7	39	266	23	134																5

Weekly	TSS			BOD			Weekly Coliform
	mg/l	lbs	mg/l	mg/l	lbs	Geo. Mean	
	22	161	14	14	101	11	
40	253	31	31	196	1	1	
88	606	50	50	173	10	10	
8	42	5	5	26	7	7	
88	606	50	50	196	11	11	

Weekly	Copper			NH3		
	N/A	ug/L	mg/L	N/A	mg/L	lbs
	226	1490	11.8	181	1046	10.0
199	1315	10.7	199	1960	16.5	

% REMOVAL
B.O.D. 89
S.S. 87

--



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-002321-3
Owner or Operator: City and Borough of Juneau, AK	Facility Name: Juneau-Douglas Wastewater Treatment Plant	Facility Location: 1540 Thane Road, Juneau, AK 99801
Person Reporting: Denny Kay	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): By Phone 2/20/2010; by e-mail 2/24/2010
Date/Time Event was Noticed: 2/19/2010 1600 hours	Date/Time Reported: 2/20/2010 0920 hours	Name of DEC Staff Contacted: Hotline

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): 2/16/2010	End Date/Time (exact): 2/16/2010
-------------------------	------------------------------------	----------------------------------

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):
0.83 MGD

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

The activated sludge biota is currently dominated by filamentous organisms which are bridging and inhibiting settling in the final clarifiers.

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)

Waste activated sludge rates are being increased to reduce sludge inventory and remove filamentous organisms from the system. Return activated sludge is being chlorinated to shift biota away from filaments and improve settling characteristics.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Total Suspended Solids	Daily Max Concentration 60 mg/l	129 mg/l	2/16/2010
Total Suspended Solids	Weekly Max Concentration 45 mg/l	129 mg/l	
Biochemical Oxygen Demand-5 day	Weekly Max Concentration 45 mg/l	50 mg/l	

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

Waste activated sludge rates are being increased to reduce sludge inventory and remove filamentous organisms from the system. Return activated sludge is being chlorinated to shift biota away from filaments and improve settling characteristics.

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

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

Mass effluent discharge limits (pounds) for TSS and BOD-5 were not exceeded.

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: Joe Myers

Title: Superintendent

Signature:

Date: 2/24/2010

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