

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)

External Outfall  
\*\*\* NO DISCHARGE

\*\*\*

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
LOCATION: JUNEAU-DOUGLAS TREATMENT PLANT  
ATT: Joe Myers, WW Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

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

FROM

YR	MO	DAY
2010	3	1

TO	YR	MO	DAY
	2010	3	31

PARAMETER

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.9	deg.C	0		
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX				
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	2.8	*****	5.3	deg.C	0	WEEKDAYS	GRAB
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2	*****	DAILY MIN.				
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	235	335	*****	22	*****	31	mg/L	0	WEEKLY	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	30	*****	60	mg/L			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	124	*****	*****	mg/L	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	mg/L			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	303	*****	*****	28	*****	*****	mg/L	0	MONTHLY	COMP24
00310 W 0 See Comments	PERMIT REQUIREMENT	1035	*****	lbs/d	45	*****	*****	mg/L			
pH	SAMPLE MEASUREMENT	*****	*****	****	6.4	*****	6.9		0	MONTHLY	COMP24
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	8.5	SU		WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	206	368	*****	22	*****	34		0		
00530 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	30	*****	60	mg/L		MONTHLY	COMP24

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 knowledge violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE  
586-0393 TELEPHONE  
PHONE NUMBER  
DATE

TYPED OR PRINTED

REFER TO ATTACHMENTS

MONTHLY

MO DAY

The reporting period was from 02/28/2010 through 04/03/2010.

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			
YEAR	MO	DAY	TO
2010	3	1	2010
			2010
			31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS		VALUE	VALUE	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	335	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Raw Sewage Influent	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	335	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	335	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
00610 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
31616 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	1.2134	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	2.76	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	82.0	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	85	*****	*****	*****	*****	*****	*****	0	Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Joe Meyers, Superintendent  
W/W Utilities

907 AREA CODE  
586-0393 TELEPHONE  
PHONE NUMBER  
DATE

PERMITTEE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 02/28/2010 through 04/03/2010.  
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

**001 A**  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE

\*\*\*

MONITORING PERIOD		
YR	MO	DAY
2010	3	1
TO	YEAR	MO
	2010	3
		DAY
		31

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	*****	86.3	*****	*****	0		
Percent Removal		*****	*****	*****	85	*****	*****		MONTHLY	CALCTD

**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.

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**

**907** AREA CODE  
**586-0393** TELEPHONE  
PHONE NUMBER  
DATE

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
The reporting period was from 02/28/2010 through 04/03/2010.  
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

DMR Mailing ZIP CODE: 99801  
\$  
MAJOR (SUB 01)  
UPSTREAM RECEIVING WATER  
External Outfall

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

\*\*\* NO DISCHARGE \*\*\*

\*\*\*

MONITORING PERIOD		
YR	MO	DAY
2010	3	1
TO	YEAR	MO
	2010	3
		DAY
		31

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Coliform, fecal MF, broth 44.5 C	*****	*****	*****		1.0			0			
31616 1 0 Effluent Gross	*****	*****	*****		Req. Mon. DAILY MAX	#/ ML100				Monthly	GRAB

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

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**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**

**907** TELEPHONE  
AREA CODE **586-0393**  
PHONE NUMBER  
DATE MO DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**

*(Reference all attachments here)*

**The reporting period was from 02/28/2010 through 04/03/2010.**

EPA REPORT  
 JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY  
 Juneau, Alaska  
 March 2010

DAY	DATE	WEATHER			INFLUENT				EFFLUENT											
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTL 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	FCAL Coliform /100 ml	Ammonia as N mg/l/180 days	Ammonia as N lbs/day/180 days	
SUN	28	39	0.38	19.3	1.7750				11.1	6.6	3.9									
MON	1	41	0.55	19.3	2.0720				10.0	6.6	4.2									
TUE	2	38	0.12	19.6	1.2970	164	1774	123	9.7	6.5	3.7	34	368	31	335			0.0		
WED	3	37	0.39	19.6	1.5240	144	1558	93	10.5	6.7	3.5	28	303	25	270	69				
THU	4	35	0.29	19.0	1.1690				9.0	6.7	3.6									
FRI	5	33	0.60	17.9	2.0510				8.6	6.6	3.8									
SAT	6	37	0.60	16.4	1.6720				9.0	6.5	4.6									
SUN	7	31	0.18	14.9	1.0600				9.2	6.5	3.5									
MON	8	32	0.07	13.6	1.0340				9.9	6.5	4.3									
TUE	9	35	0.36	13.0	1.0830	179	1617	156	10.8	6.6	3.8	16	141	11	99					
WED	10	34	0.12	13.3	0.8970	164	1339		11.9	6.6	3.7						48			
THU	11	38	0.26	14.1	1.2450				11.0	6.9	3.3									
FRI	12	32	0.40	14.9	0.8790				10.4	6.7	3.6									
SAT	13	32	0.40	15.6	1.2770				10.2	6.8	3.1									
SUN	14	38	0.46	16.1	1.7790				9.1	6.7	3.9									
MON	15	37	0.35	16.4	1.4960				10.6	6.9	3.1	22	190							
TUE	16	39	0.01	16.8	1.0560	164	1444		10.6	6.8	3.3						6			
WED	17	39	0.15	17.2	1.0830				10.6	6.7	3.7									
THU	18	37	0.05	17.3	0.8510				10.4	6.7	3.7									
FRI	19	35	0.29	17.2	0.1229				10.8	6.7	3.8									
SAT	20	38	0.03	16.8	0.8990				10.5	6.6	4.1									
SUN	21	35	0.00	16.2	0.8070				11.9	6.6	5.3									
MON	22	36	0.00	15.4	0.6930				10.7	6.6	4.9									
TUE	23	37	0.85	14.5	1.4490	166	2248		10.8	6.5	3.8	19	232							
WED	24	40	0.47	14.0	1.3900				10.8	6.6	3.2						1			
THU	25	36	0.00	14.4	0.8300				10.8	6.4	5.2									
FRI	26	35	0.29	15.5	1.3420				10.4	6.7	2.8									
SAT	27	39	0.57	16.7	1.8280				10.5	6.8	4.0									
SUN	28	41	0.42	17.6	1.5970				10.5	6.7	3.8									
MON	29	44	0.04	18.5	1.2430				10.2	6.6	4.1									
TUE	30	40	0.06	19.3	1.0970	148	1354		10.3	6.7	3.4	16	150				1			
WED	31	39	0.18	19.7	1.2480				10.9	6.7	3.4									
THU	1	39	0.00	19.4	1.0270				10.7	6.7	3.8									
FRI	2	39	0.01	18.6	0.8380				10.6	6.7	3.2									
SAT	3	39	0.05	17.4	0.7590				11.1	6.7	3.4									
TOTAL			9.00		42.4699															
MAXIMUM		44	0.85	19.7	2.0720	166	2248	156	11.9	6.9	5.3	34	368	31	335	69	0	0	0	
MINIMUM		31	0.00	13.0	0.1229	144	1339	93	8.6	6.4	2.8	16	141	11	99	1	0	0	0	
AVERAGE		36	0.257	16.7	1.2134	164	1619	124	10.4	6.6	3.8	22	206	22	235	25	#DIV/0!			

**% REMOVAL**

B.O.D.	82
S.S.	86
Copper	N/A
NH3	N/A
NH3	N/A

**Weekly**

TSS BOB	Aver	mg/l	lbs	BOD	mg/l	lbs	Coliform	Geo Mean
WEEK1	31	335	28	303	69	48		
WEEK2	16	141	11	99	6			
WEEK3	22	190						
WEEK4	19	232						
WEEK5	16	150						

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

Form Approved  
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

001-B  
DISCHARGE NUMBER

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 03/01/2010 TO 03/31/2010

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	UNITS	REQ. MON. MO AVG	VALUE	UNITS	REQ. MON. MO AVG				
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****						
00056 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	Mgal/d	*****	Req. Mon. MO AVG	*****	*****	*****	When Discharging	CALCTD
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****						
00056 Q 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	Mgal/d	*****	Req. Mon. MO AVG	*****	*****	*****	When Discharging	CALCTD
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****						
00056 R 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/d	*****	Req. Mon. MO AVG	*****	*****	*****	When Discharging	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****						
00310 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	*****	*****	*****	When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****						
00310 Q 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	*****	*****	*****	When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****						
00310 R 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	*****	*****	*****	When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****						
00530 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	lb/d	*****	Req. Mon. MO AVG	*****	*****	*****	When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>JOE MYERS W/LD SWER</b>	TELEPHONE 907-586-0383	DATE 4/6/10
TYPED OR PRINTED	AREA CODE NUMBER	MM/DD/YYYY
I certify, under penalty of law that the information and all attachments were prepared under the 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 true and accurate. I understand that this statement and the penalties for submitting false information, including the possibility of fine and imprisonment, apply to the individual.		
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)

Form Approved  
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

001-B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801

MAJOR \$

(SUBR 01)

COMBINED SEWER OVERFLOW

External Outfall

FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801  
ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 03/01/2010 TO 03/31/2010

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d				When Discharging	GRAB
00530 Q.0 See Comments	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d				When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d				When Discharging	GRAB
00530 R.0 See Comments	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT	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 P.0 See Comments	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. MO AVG	Req. Mon. DAILY MX	min				When Discharging	CALCTD
81381 P.0 See Comments	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	min				When Discharging	CALCTD
Duration of discharge	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	min				When Discharging	CALCTD
81381 Q.0 See Comments	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	min				When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under no 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, and my review of the system, I believe that this document and all attachments contain true and accurate information, and that I am a duly licensed and authorized person to provide this information to the public. Knowledge and belief are based on information and data furnished by the person or persons who manage the system.	
Joe Myers w/v SUPER	Typed or Printed	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
<i>Joe Myers</i>	907-586-0393	4/6/10
	AREA CODE NUMBER	MM/DD/YYYY

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

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

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	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2010	TO 03/31/2010

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	When Discharging	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Duration of discharge	*****	*****		min	*****	*****	*****				CALC'D
81381 R 0	*****										
See Comments											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under no other than the supervision and immediate personal supervision of a system designed to assure the qualified personnel properly gather and evaluate the information submitted. Based on my independent inquiry and the personal knowledge and belief of the person submitting this information, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
JOE MYERS b/w Super	TYPED OR PRINTED		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		
<i>Joe Myers</i>	907-586-0393		
	AREA CODE		DATE
	NUMBER		4/6/10
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING





# 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](mailto:wqreporting@alaska.gov)

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		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: Joe Myers	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): By Phone	
Date/Time Event was Noticed: April 9, 2010	Date/Time Reported: April 9, 2010	Name of DEC Staff Contacted: Hotline	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
<b>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</b>			
Period of Noncompliance	Start Date/Time (exact): Month of March 2010	End Date/Time (exact): Month of March 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): See description below			
Description of the noncompliance and its cause (be specific): Monthly average BOD5 effluent load calculated to 18%.			
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) Influent BOD5 concentrations were unusually low resulting in 18% calculated effluent load. Effluent BOD5 concentrations are below permit limitations.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD5 Monthly Average Effluent Load Percent	15%	18%	Monthly calculation
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) We are monitoring the plant to assure continued compliance with effluent concentration limits.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail)			
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: 4/9/10
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			