

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
2010	4	4	2010

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	*****	****	*****	*****	17.6	0			
00010 10 Effluent Gross	PERMIT	*****	*****	*****	*****	*****	REPORT DAILY MAX	0	WEEKDAYS	GRAB	
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.0	*****	6.2	0			
00300 10 Effluent Gross	PERMIT	*****	*****	*****	DAILY MIN. 2	*****	17	2	WEEKLY	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	358	952	*****	*****	66	185	2			
00310 10 Effluent Gross	PERMIT	690	1380	lbs/d	*****	30	60	0	MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	208	*****	0			
00310 G 0 Raw Sewage Influent	PERMIT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	1	MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	952	*****	*****	*****	185	*****	1			
00310 W 0 See Comments	PERMIT	1035	*****	lbs/d	*****	45	*****	0	MONTHLY	COMP24	
PH	SAMPLE MEASUREMENT	*****	*****	****	6.3	*****	7.4	0			
00400 10 Effluent Gross	PERMIT	*****	*****	*****	6.0	*****	8.5	0	WEEKDAYS	GRAB	
Solids, Total suspended	SAMPLE MEASUREMENT	582	1816.5	*****	MINIMUM	93	MAXIMUM 353	0			
00530 10 Effluent Gross	PERMIT	690	1380	lbs/d	*****	30	60	0	MONTHLY	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
WW Utilities Superintendent

TYPED 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 information submitted to assure that the qualified personnel properly gather and evaluate the information. 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

AREA CODE 907
PHONE NUMBER 586-0393

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 04/04/2010 through 05/01/2010.
Reference all attachments here.

PA 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
ATTN: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

External Outfall
*** NO DISCHARGE

MONITORING PERIOD				TO	YEAR	MO	DAY
2010	4	4	4	2010	5	1	

PARAMETER	QUANTITY OR LOADING	VALUE	VALUE	UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
					VALUE	VALUE	UNITS	UNITS			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	1171	*****	*****	*****	*****	*****	*****	2	Monthly	COMP24
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	*****	*****	*****	*****	*****			
00530 W 0 See Comments Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	*****	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
31616 W 0 See Comments	SAMPLE MEASUREMENT	0.8457	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	2.76 MO AVG	6.0 DAILY MAX	Mgal/d	*****	*****	*****	*****	1	Continuous	RECORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

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

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

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
MONTHLY FREQUENCY
CALCTD

TYPED OR PRINTED
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.

Refer to all attachments
The reporting period was from 04/04/2010 through 05/01/2010.
EPA Form 3320-1 (Rev. 01/09) Previous editions may be used.

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: 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

DMR Mailing ZIP CODE: 99801
MAJOR (SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
*** NO DISCHARGE ***

REC-1
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2010	4	4
TO	YEAR	MO
	2010	5
		DAY
		1

PARAMETER	SAMPLE MEASUREMENT	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	*****	*****	*****		N/A			0		Monthly	GRAB
Effluent Gross	*****	*****	*****		Req. Mon. DAILY MAX	#/ ML100					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joe Myers
WW Utilities Superintendent

TYPED OR PRINTED

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Matthew D. McArthur
Principal Executive Officer

Joe Myers
Signature of Principal Executive Officer or Authorized Agent

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER

YEAR MO DAY

The reporting period was from 04/04/2010 through 05/01/2010.

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

April 2010

DAY	DATE	WEATHER			INFLUENT			EFFLUENT												
		TEMP °F	RAIN 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	37	0.02	15.9	0.7400			10.1	6.8	4.9										
MON	5	36	0.00	14.3	0.8370			11.3	6.7	3.8										
TUE	6	37	0.44	13.0	1.0010	348	2905	11.2	6.9	3.0	15	124								
WED	7	35	0.20	12.2	0.8880			11.1	6.9	3.6										
THU	8	33	0.06	12.7	0.8360			10.8	6.9	3.1									6	
FRI	9	35	0.00	13.7	0.6360			12.7	6.9	3.1										
SAT	10	35	0.00	13.7	0.7440			8.9	7.0	4.6										
SUN	11	36	0.00	14.7	0.8130			11.6	6.8	5.7										
MON	12	39	0.00	15.6	0.7860			7.3	6.9	6.2									2	
TUE	13	40	0.03	16.4	0.7650			7.9	7.1	5.7									35	
WED	14	44	0.00	17.1	0.8550			14.2	7.1	5.3										
THU	15	42	0.00	17.5	0.9560	238	1898	15.8	7.1	4.5	10	80	6	48						
FRI	16	45	0.00	17.6	0.8230			13.8	7.4	4.6										
SAT	17	45	0.23	17.5	0.8700			9.1	7.1	5.2										
SUN	18	46	0.01	17.1	0.7340			9.4	7.0	5.7										
MON	19	47	0.12	16.4	0.8370			9.1	7.0	5.5										
TUE	20	43	0.47	15.4	1.0950			11.0	7.0	5.2									1	
WED	21	41	0.30	14.3	1.3390	273	3049	14.8	7.1	4.6	47	525							43	
THU	22	41	0.12	13.7	0.6170	297	1528	12.7	7.0	3.9	353	1816	185	952						
FRI	23	42	0.00	14.8	0.6820			12.3	6.9	3.2										
SAT	24	42	0.00	16.2	0.7580			7.7	7.2	5.7										
SUN	25	47	0.00	17.5	0.8100			8.6	7.1	5.2										
MON	26	50	0.00	16.1	0.8320			10.1	7.1	5.4									8	
TUE	27	54	0.00	18.4	0.8720			14.6	6.8	3.3										
WED	28	49	0.02	19.0	0.8530			12.1	6.7	3.0									38	
THU	29	44	0.55	19.0	1.1220	246	2302	13.1	6.4	3.2	39	365	8	75						
FRI	30	45	0.01	18.6	0.7720			12.7	6.3	4.0										
SAT	31	44	0.11	19.3	0.8070			17.6	7.3	4.1										
TOTAL			2.69		23.6800															
MAXIMUM			0.55		19.3	1.3390	348	3049	266	2121	17.6	7.4	6.2	353	1816	185	952	43	N/A	N/A
MINIMUM			0.00		12.2	0.6170	238	1528	145	1148	7.3	6.3	3.0	10	80	6	48	1	N/A	N/A
AVERAGE			0.096		16.0	0.8457	280	2336	208	1680	11.5	6.9	4.5	93	582	66	358	9	N/A	N/A

% REMOVAL
B.O.D. 68
S.S. 67

Copper N/A
NH3 N/A
NH3 N/A

Weekly	Weekly	Weekly	Weekly	Weekly
TSS, BOD	TSS	BOD	Coliform	Geo Mean
Aver.	mg/l	lbs	mg/l	lbs
WEEK1	15	124	6	8
WEEK2	10	80	6	48
WEEK3	200	1171	185	952
WEEK4				

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

001-B
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

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	VALUE	UNITS	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
Thomas J. Trebo
TYPED OR PRINTED
I certify under penalty of law that this document 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 on which this document is based. 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
Thomas J. Trebo

TELEPHONE
907-584-0593

DATE
4/4/10

AREA CODE NUMBER
907-584-0593

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

AK0023213
PERMIT NUMBER

001-B
DISCHARGE NUMBER

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

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

COMBINED SEWER OVERFLOW
External Outfall

No Discharge

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
HOWES J REED W/S SUPER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Joe Buck

TELEPHONE
AREA CODE: 907-586-0393 NUMBER: 41410 DATE: 4/1/10

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P = N-110 = 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

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
04/01/2010 TO 04/30/2010

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	VALUE			
Duration of discharge		*****			*****					
81381 R 0		*****	Req. Mon. EVNT TOT	min	*****	*****	*****		When Discharging	CALCTD
See Comments		*****			*****	*****	*****			

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 a system designed to assure that qualified personnel properly gather and evaluate the information on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
<i>Thomas J. Torgo Wild Super</i>			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
	TELEPHONE	DATE	
	907-586-0393	4/4/10	
	AREA Code NUMBER	MM/DD/YYYY	

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