

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

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

PERMITTEE NAME/ADDRESS/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
ATTN: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	5	30	2010
YEAR	MO	DAY	YEAR
2010	7	3	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	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00010 1 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00300 10	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00310 10	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00310 G 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00310 W 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	MONTHLY	COMP24
pH	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00400 1 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	WEEKDAYS	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Solids, Total suspended	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00530 1 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	MONTHLY	COMP24
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>Tom Trego WW Utilities Superintendent</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p><i>Matthew B. McCrank</i> As shown by Tom Trego</p> <p>907 AREA CODE 586-0393 PHONE NUMBER 2010 YEAR 7 MO 10 DAY</p>											
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS</p> <p>The reporting period was from 5/30/2010 through 7/3/2010. (Reference all attachments here)</p>											

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

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, WW Utilities Superintendent

MONITORING PERIOD		
YR	MO	DAY
2010	5	30
TO	YEAR	MO
	2010	7
DAY		3

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	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	1559.4	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	1035	*****	*****	*****	*****			
00530 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	5.7	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.1419	*****	*****	*****	*****	0	Continuous	RCORDR
	PERMIT REQUIREMENT	2.76	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
WW Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Nathan B. McLeadb
As Agent of Tom Trego

907
AREA CODE
586-0393
TELEPHONE
PHONE NUMBER
2010
YEAR
7
MO
10
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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 violation.

(Reference all attachments here)

The reporting period was from 5/30/2010 through 7/3/2010.

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

DMR Mailing ZIP CODE: 99801
\$
MAXOR
(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: Tom Trego, Ww Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD	
YR	MO
2010	5
DAY	TO
30	3
YEAR	MO
2010	7
DAY	
3	

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended, percent removal 81011 K 0 0		90.1	*****			85	MIN % RMV	0		
		*****	*****			*****	*****			
Percent Removal		*****	*****			*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
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 violation.

Matthew D. McComb
in lieu of Tom Trego

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
907 586-0393 TELEPHONE
AREA CODE PHONE NUMBER
2010 7 DATE
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 5/30/2010 through 7/3/2010. (Reference all attachments here)
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

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: Tom Trego, WW Utilities Superintendent

AK-002221-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2010	5	30	2010
			7
			3

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
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 violation.

Signature of Tom Trego: *Thomas B. McComb*
Signature of Tom Trego

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 907 586-0393
AREA CODE: 2010
PHONE NUMBER: 7
DATE: 10
MO: DAY

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

The reporting period was from 5/30/2010 through 7/3/2010.

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

June 2010

DAY	DATE	TEMP °F	RAIN 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	FECAL Coliform /100 ml	Ammonia as N mg/l /1180 days	Ammonia as N lbs/day /1180 days		
SUN	30	59	0.00	17.2	0.7020															0.0	
MON	31	61	0.00	16.4	0.7810			20.9	6.7	5.4										0.0	
TUE	1	57	0.04	15.4	0.8150			21.2	6.7	5.3										0.0	
WED	2	54	0.07	14.3	0.8540			18.4	6.4	4.7										0.0	
THU	3	53	0.01	13.2	0.7800	529	3441	287	1887	17.1	6.5	4.4	11.0	72	4.00	26		0.9	5.7		
FRI	4	54	0.02	13.0	0.8600			18.9	6.6	4.6										0.0	
SAT	5	52	0.02	13.3	0.7430															0.0	
SUN	6	56	0.00	13.9	0.6510															0.0	
MON	7	56	0.00	14.6	0.6910			17.1	6.7	5.7										0.0	
TUE	8	56	0.00	15.4	0.7460			19.1	6.8	4.8										0.0	
WED	9	60	0.03	16.3	0.7050			18.6	6.8	4.4										0.0	
THU	10	56	0.06	13.6	0.8200	436	2982	305	2086	18.3	6.8	4.2	4.0	27	3.00	21			0.0		
FRI	11	49	0.56	17.1	1.1300			16.6	7.0	5.5										0.0	
SAT	12	48	0.30	17.8	0.9200															0.0	
SUN	13	48	0.06	18.2	0.8450															0.0	
MON	14	50	0.04	18.3	0.8910			14.9	6.6	6.7										0.0	
TUE	15	50	0.01	18.0	0.8300			14.8	6.9	6.3										0.0	
WED	16	51	0.03	17.2	0.7500			16.1	6.4	5.1										0.0	
THU	17	54	0.00	16.0	0.6700	368	2056	280	1665	16.3	6.6	4.7	8.0	45	3.00	17			0.0		
FRI	18	53	0.00	15.8	0.6600			14.4	6.7	6.1										0.0	
SAT	19	58	0.00	15.8	0.6600															0.0	
SUN	20	59	0.00	15.9	0.7530															0.0	
MON	21	57	0.00	16.2	0.8630			18.7	6.7	4.7										0.0	
TUE	22	53	0.36	16.5	1.6490			18.2	6.8	4.8										0.0	
WED	23	55	1.52	16.8	2.6150			17.6	6.6	4.9										0.0	
THU	24	54	0.18	13.9	1.3850	136	1571	127	1467	16.0	6.7	5.7	135.0	1559	66.00	762			0.0		
FRI	25	54	0.05	17.0	1.1030			16.2	6.7	4.7										0.0	
SAT	26	53	0.05	17.2	0.9200															0.0	
SUN	27	53	0.04	17.1	8.1600															0.0	
MON	28	54	0.00	16.8	0.8450			16.4	6.8	4.8										0.0	
TUE	29	53	0.01	16.4	0.8700			18.5	6.9	5.1										0.0	
WED	30	48	0.58	15.7	1.2300			19.0	6.7	5.2										0.0	
THU	1	48	0.08	14.7	0.8790	204	1495	178	1305	16.8	6.6	5.8	8.0	58.6	4.0	29				0.0	
FRI	2	51	0.20	14.2	1.0030			16.2	6.6	6.6										0.0	
SAT	3	50	0.60	14.0	1.5880															0.0	
					39.9670																
		61	1.52	18.3	8.1600	529	3441	305	2086	21	7	7	135	1559	66	762	5	1	6		
		48	0.00	13.0	0.6510	136	1495	127	1305	14	6	4	4	27	3	17	1	1	0		
		54	0.14	15.8	1.1418	335	2309	235	1658	17	7	5	33	352	16	171	2	1	0		

B.O.D.	93
S.S.	90

Copper	N/A	ug/L
NH3	0.9	mg/L
NH3	5.7	lbs

WEEK1	11	72	4	26	5
WEEK2	4	27	3	21	1
WEEK3	8	45	3	17	1
WEEK4	135	1559	66	762	2
WEEK5	8	59	4	29	2

PERMIT# (if any):

OWNER OR OPERATOR: CBJ
Facility Name: Juneau-Douglas WWTP
Facility Location: Thane Rd., Juneau

PERSON REPORTING: Nathan McCombs
Phone Numbers of Person Reporting: 586-0393 ext. 27
Reported How? (e.g. by phone): phone

DATE/TIME EVENT WAS NOTICED: 0830 6/29/10
Date/Time Reported: 1150 6/29/10
Name of DEC Staff Contacted: phone

PERIOD OF NONCOMPLIANCE
Start Date/Time (exact): 0600 6/23/10
End Date/Time (exact): 2400 6/23/10

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): 1442 lbs BOD, 2950 lbs TSS

Description of the noncompliance and its cause (be specific):
 High flows due to rain event caused clarifiers to lose solids.

Actions taken to reduce, eliminate, and prevent recurrence 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)

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD	60 mg/l/day, 1380 lbs/day	66 mg/l 1442 lbs	6/24/10
TSS	45 mg/l/wk, 1035 lbs/day	135 mg/l 2950 lbs	

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)
 The RAS and aerators were shut down to allow solids inventory to settle during high flows.


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

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

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Name: Nathan McCombs
Title: QA/QC Manager
Signature: Nathan D. McCombs
Date: 6/30/10

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



Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-7508 E-mail address: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION