

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

DMR Mailing ZIP CODE 99801  
MAILING \$  
(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  
ATTN: Tom Trepo, W/W Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD	
YEAR	MO
2010	7
DAY	TO
4	31

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. C	*****	deg C	28.4	deg C	0		
00010 1 0 Effluent Gross Oxygen, dissolved (DO)	*****	mg/L	REPORT DAILY MAX 6.8	mg/L	0	WEEKDAYS	GRAB
00030 10 Effluent Gross BOD, 5-day, 20 deg. C	*****	mg/L	2	DAILY MAX 17	0	WEEKLY	GRAB
00010 10 Effluent Gross BOD, 5-day, 20 deg. C	*****	mg/L	3.0	DAILY MAX 3.0	0	MONTHLY	COMP24
00010 0 0 Raw Sewage Influent BOD, 5-day, 20 deg. C	*****	mg/L	3.0	DAILY MAX 212.8	0	MONTHLY	COMP24
00010 W 0 pH	*****	mg/L	45	WISLY AVG 7.1	0	MONTHLY	COMP24
00400 1 0 Effluent Gross Solids, Total suspended	*****	mg/L	6.0	DAILY MAX 6	0	WEEKDAYS	GRAB
00530 1 0 Effluent Gross	*****	mg/L	30	DAILY MAX 60	0	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 knowing violations.

**Nathan D. McCombs**  
Digitally signed by Nathan D. McCombs  
DN: cn=Nathan D. McCombs, o=AKDCU Public Utilities, email=nathan.d.mccombs@akdcu.org, c=US  
Date: 2010.07.16:10:54 -0800

TELEPHONE: 907 584-0393  
AREA CODE: 907  
PHONE NUMBER: 584-0393  
DATE: 2010.07.16

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_  
Year: 2010, MO: 8, DAY: 10

COMMENTS AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 07/04/2010 through 07/31/2010.  
EPA Form 3320-1 (Rev.01/08) Previous editions may be used.

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

DMR Hailing 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: Tom Trepo, WW Utilities Superintendent

AK-90321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	7	4	
			31

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended, percent removal	*****	*****	97.8	*****	0		
61011 K 0 0	*****	*****	85	*****			
Percent removal	*****	*****	MIN % RMV	*****		MONTHLY	CALCD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Trepo 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 persons 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.		Digitally signed by Nathan D. McCombs DN: cn=Nathan D. McCombs, o=CEJ, ou=CEJ Public Utilities, email=nathan_mccombs@cej.net, c=US Date: 2010.08.10 09:10:06 -0700	
	TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 07/04/2010 through 07/31/2010.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Nathan D. McCombs	
		AREA CODE	PHONE NUMBER	TELEPHONE
		2010	8	586-0393
		YEAR	MO	DAY
		2010	8	10

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

External Outfall  
\*\*\* NO DISCHARGE  
(SUB 01)  
UPSTREAM RECEIVING WATER  
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  
ATTN: Tom Trepo, WW Utilities Superintendent

AK-002321-3  
PERMIT NUMBER

REC-1  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	7	4	
			31

FROM

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
Conform. local MF, broth 4	*****			28.8			0		
31616 1 0 Effluent Gross	*****			Req. Mon. DAILY MAX	#/MLD			Monthly	GRAB

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

Signature of Principal Executive Officer or Authorized Agent

**Nathan D. McCombs**  
Principal Executive Officer  
Juneau, Alaska  
Date: 07/04/2010 10:09:33 AM

TELEPHONE  
907 586-0393

AREA CODE  
PHONE NUMBER  
DATE

YEAR 2010  
MO 8  
DAY 10

**JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY  
Juneau, Alaska**

**EPA REPORT**

**JULY 2010**

DAY	DATE	TEMP °F	RAIN INCHES	HIGH TIDE FEET	LOW TIDE FEET	W.T. EFF. MGD	S.S. mg/L	5.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	5.S. mg/L	5.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml	Ammonia as N (mg/l) /100 days	Ammonia as N (lbs/day) /100 days	
SUN	4	50	0.22	13.9		1.0970															
MON	5	51	0.12	14.0		1.2030					20.4	6.3	5.6								
TUE	6	53	0.12	14.4		0.9910					18.4	6.8	6.3					26			
WED	7	60	0.00	15.1		0.9530					17.1	6.7	5.1								
THU	8	63	0.00	16.1		0.9230	248	1909	212	1632	17.4	6.9	5.4	6.0	46	3.00	23				
FRI	9	61	0.08	13.2		1.2190					18.0	7.1	6.5								
SAT	10	57	0.28	17.1		1.2360															
SUN	11	51	0.52	18.0		1.4480															
MON	12	53	0.04	18.7		1.0680															
TUE	13	53	0.14	19.0		1.2570					16.9	6.7	5.9								
WED	14	51	0.39	18.6		1.4560					17.4	6.8	6.4								
THU	15	50	0.15	17.8		1.0980					16.8	6.7	5.4					81			
FRI	16	52	0.08	17.3		0.9670					17.6	6.7	6.5								
SAT	17	56	0.01	16.8		0.7390															
SUN	18	56	0.00	16.2		0.7730															
MON	19	57	0.00	15.6		0.8990					17.3	6.4	6.3								
TUE	20	57	0.00	15.3		0.9960					18.2	6.4	6.4								
WED	21	54	0.17	15.4		0.8870					18.4	6.8	6.4					8			
THU	22	54	0.18	15.8		1.3060					18.0	6.5	6.4								
FRI	23	52	0.95	13.6		1.8610					17.9	6.8	5.5								
SAT	24	51	0.04	16.2		0.9610															
SUN	25	53	0.01	16.6		0.9810															
MON	26	56	0.00	16.8		0.8660					17.9	6.7	6.8								
TUE	27	59	0.00	16.7		0.8670					18.3	6.7	6.7								
WED	28	61	0.00	16.5		0.8440					18.4	6.5	6.3					16			
THU	29	58	0.00	16.0		0.8170					18.5	6.5	6.1								
FRI	30	58	0.00	15.4		0.8390					18.9	6.4	6.4								
SAT	31	56	0.32	15.2		0.9840															
						27.2340															
						1.8610	248	1909	212	1632	20.4	7.1	6.8	6.0	46	3	23	81	N/A	N/A	N/A
						0.7390	248	1909	212	1632	16.8	6.3	5.1	6.0	46	3	23	8	N/A	N/A	N/A
						1.0475	248	1909	212	1632	18.0	6.7	6.1	6.0	46	3	23	23	N/A	N/A	N/A

WEEK	mg/l	lbs	mg/l	lbs
WEEK1	6	46	3	23
WEEK2				
WEEK3				
WEEK4				
MAX	6	46	3	23

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

B.O.D.	99
S.S.	98



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  
07/01/2010 TO 07/31/2010

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

COMBINED SEWER OVERFLOW  
External Outfall

No Discharge

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer and have provided my professional seal and signature to the box 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/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Tom Trebo w/w Seal*  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Mark J. Wood*

TELEPHONE DATE  
907-586-0373 8/2/10  
AREA CODE NUMBER MMDD/YYYY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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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

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

COMBINED SEWER OVERFLOW  
External Outfall

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
07/01/2010 TO 07/31/2010

No Discharge

PARAMETER	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	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	*****		*****		*****				
00310 Q 0 See Comments	*****	Req. Mon. DAILY MX	*****	lb/d	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	*****		*****		*****				
00310 R 0 See Comments	*****	Req. Mon. DAILY MX	*****	lb/d	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
Solids, total suspended	*****		*****		*****				
00530 P 0 See Comments	*****	Req. Mon. DAILY MX	*****	lb/d	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Tom Treco v/p SWS*

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Mark J. Now.*

TELEPHONE  
907-586-0393

DATE  
8/2/10

AREA Code NUMBER  
MMDD/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  
PERMIT NUMBER

001-B  
DISCHARGE NUMBER

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
07/01/2010 TO 07/31/2010

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

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 persons or persons who manage the system, the information submitted on this report is 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/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Tom Tracy*  
TYPED OR PRINTED


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Mark M...*

TELEPHONE DATE  
907-596-2373 8/2/10  
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

<b>GENERAL INFORMATION</b> PERMIT# (if any):		<b>Owner or Operator:</b> CBJ	
<b>Facility Name:</b> JDTP, MTP		<b>Person Reporting:</b> Nathan McCombs Phone Numbers of Person Reporting: 586-0393 Reported How? (e.g. by phone): phone	
<b>Facility Location:</b> Thane Rd., Radcliffe Rd.		<b>Date/Time Event was Noticed:</b> 7/27/10 <b>Date/Time Reported:</b> 7/27/10 0830 <b>Name of DEC Staff Contacted:</b> Amber Bennett	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE (FOR DEC USE ONLY: CHECK, REPORTS, AND PHOTO AS NECESSARY)			
Period of Noncompliance Start Date/Time (exact): 7/12/10 End Date/Time (exact): 7/12/10		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):			
Description of the noncompliance and its cause (be specific): The pH data was collected by an operator on 7/12/10. The data was not transferred to the log sheets and the operator had issues with CBJ HR and has not forwarded the data for entry into the database for compliance. If the data becomes available, I will amend the DMR.			
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
pH	5/wk	4/wk of 7/12/10	7/12/10
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
Environmental Damage: (if yes, provide details below)			
Actual/Potential Impact on Environment/Public Health (describe in detail)			
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Name: Nathan McCombs		Title: QA Manager	
Signature: Nathan D. McCombs		Date: 7/29/10	

	<b>Alaska Department of Environmental Conservation</b> 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) 269-7508 E-mail address: dec-wqreporting@alaska.gov
<b>NONCOMPLIANCE NOTIFICATION</b>	