

EPA Form 3320-1 (03-99) Previous editions may be used.  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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:** Tom Trego, Ww Utilities Superintendent

**AK-002221-3**  
 PERMIT NUMBER

**REC-1**  
 DISCHARGE NUMBER

External Outfall  
 \*\*\* NO DISCHARGE  
 (SUB 01)  
 UPSTREAM RECEIVING WATER  
 External Outfall  
 \*\*\* NO DISCHARGE

MONITORING PERIOD			YEAR	MO	DAY
FROM	TO	DAY	2010	11	27
YR	MO	DAY	2010	10	31

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Coliform, fecal MF, broth 44 S C		*****	*****		*****	*****	1.0	0		
31616 10 Effluent Gross		*****	*****		*****	*****	Req. Mon. DAILY MAX	#/ ML100	Monthly	GRAB

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
 Tom Trego  
 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.

**Nathan D. McCombs**  
 Digitally signed by Nathan D. McCombs  
 DN: cn=Nathan D. McCombs, o=(BU), ou=(BU Public Utilities, email=nathan.mccombs@ci.juneau.ak.us, c=US  
 Date: 2010.12.07 14:59:50 -09'00'

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

AREA CODE	TELEPHONE
907	586-0393
PHONE NUMBER	DATE
2010	12 10
YEAR	MO DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
 The reporting period was from **10/31/2010** through **11/27/2010**.  
 EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

(Reference all attachments here)

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

DMR Mailing ZIP CODE: 99801  
MAJOR (SUB 01) 4

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			YEAR	MO	DAY
FROM	TO		2010	11	27

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 Percent removal		*****	*****	*****	78.6	*****	*****	0	MONTHLY	CALCTD
		*****	*****	*****	85	*****	*****			
					MN % RMV	*****	*****			

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Tom Trego  
WW Utilities Superintendent

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**Nathan D. McCombs**  
Digitally signed by Nathan D. McCombs  
DN: cn=Nathan D. McCombs, o=C8J Public Utilities, email=nathan\_mccombs@ci.juneau.ak.us, c=US  
Date: 2010.12.07 14:58:43 -09'00'

**907** TELEPHONE  
**586-0393**  
AREA CODE PHONE NUMBER  
DATE  
2010 12 10  
YEAR MO DAY

**TYPED OR PRINTED**  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from **10/31/2010** through **11/27/2010**.  
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

(Reference all attachments here)

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

DMR Mailing ZIP CODE: 99801  
MAJOR (SUB 01) 4

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 Tegeo, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	10	31	
YEAR	MO	DAY	
2010	11	27	

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	MEASUREMENT PERMIT	*****	*****	*****	98.0	*****	*****	0		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon MO AVG	*****	mg/L	0	Monthly	COMP24
Raw Sewage Influent	SAMPLE MEASUREMENT	472.2	*****	*****	21.0	*****		0		
Solids Total suspended	PERMIT REQUIREMENT	1035	*****	*****	45	*****	mg/L	0		
00530 W 0	PERMIT REQUIREMENT	WKLY AVG	*****	*****	WKLY AVG	*****		0	Monthly	COMP24
See Comments	SAMPLE MEASUREMENT	N/A	N/A	*****	N/A	N/A		0		
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	Req. Mon. MO AVG	*****	mg/L	0	Semi-annual	COMP24
00610 1 0	SAMPLE MEASUREMENT	*****	*****	*****	25	*****		0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	400	*****	# 100/ml	0		
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	MO GEO	*****		0		
31616 1 0	PERMIT REQUIREMENT	*****	*****	*****	380	*****		0	Weekly	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	800	*****	# 100/ml	0	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	WKLY GEO	*****		0		
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		0		
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		0		
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.3220	*****	*****	*****	*****		0		
50050 1 0	PERMIT REQUIREMENT	2.76	*****	*****	*****	*****		0		
Effluent Gross	SAMPLE MEASUREMENT	MO AVG	*****	*****	6.0	*****	Mgal/d	0		
BOD, 5-day percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		0	Continuous	RCORDR
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		0		
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	Percent	0		
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	88.6	*****		0		
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		0		

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Tom Tegeo  
WW Utilities Superintendent

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
The reporting period was from 10/31/2010 through 11/27/2010.

**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 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**  
Nathan D. McCombs  
Digitally signed by Nathan D. McCombs  
DN: cn=Nathan D. McCombs, o=CBI, ou=(81)Public Utilities, email=nathan\_mccombs@ci.juneau.ak.us, c=US  
Date: 2010.12.07 14:57:50 -09'00'

**TELEPHONE** 907 586-0393  
**PHONE NUMBER**

**YEAR** 2010 **MO** 12 **DAY** 10

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:** Tom Trego, WW Utilities Superintendent

AK-00321-3 PERMIT NUMBER		001 A DISCHARGE NUMBER	
YR	MO	DAY	TO
2010	10	31	2010
YEAR	MO	DAY	YEAR
2010	12	10	2010

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	*****	14.4	deg.C	0	WEEKDAYS	GRAB
00010 1 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MAX	deg.C	0	WEEKDAYS	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	5.1	deg.C	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	*****	2	DAILY MIN.	0	WEEKDAYS	GRAB
00300 10	PERMIT REQUIREMENT	*****	*****	*****	16.4	DAILY MAX	0	WEEKLY	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	27.5	DAILY MAX	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	14.2	DAILY MAX	0	MONTHLY	COMP24
00310 10	PERMIT REQUIREMENT	*****	*****	*****	27.5	DAILY MAX	0	MONTHLY	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
00310 G 0	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
00310 W 0	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
pH	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
Solids, Total suspended	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	mg/L	0	MONTHLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Tom Trego  
WW Utilities Superintendent


COMMENTS AND EXPLANATION OF ANY VIOLATIONS  
The reporting period was from 10/31/2010 through 11/27/2010.  
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

Signature of Principal Executive Officer: Nathan D. McCombs  
Date: 20101207 14:56:55 -0900

Signature of Authorized Agent: Nathan D. McCombs  
Date: 20101207 14:56:55 -0900

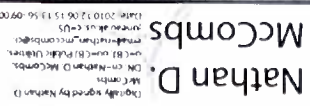



**Alaska Department of Environmental Conservation**  
 Division of Water, Compliance and Enforcement Program  
 555 Cordova Street  
 Anchorage, Alaska 99501  
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114  
 Fax: (907) 269-7508 E-mail address: dec-wqtrp@alaska.gov



<b>GENERAL INFORMATION</b>	
PERMIT# (if any):	
Owner or Operator:	CBJ
Facility Name:	JDTP
Facility Location:	Thane Rd. Juneau, AK
Person Reporting:	Nathan McCombs
Phone Numbers of Person Reporting:	586-0393
Date/Time Event was Noticed:	12/6/2010
Date/Time Reported:	12/6/2010
Name of DEC Staff Contacted:	Chris Foley
<b>VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE</b>	
<b>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</b>	
Period of Noncompliance	Start Date/Time (exact): 10/31/2010 End Date/Time (exact): 11/27/2010
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):	
Description of the noncompliance and its cause (be specific):	
30 day removal efficiency for TSS not met.	
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)	
With heavy rainfall, the JD collection system has an increased l&l which reduces the loading.	
Permit Condition Deviation (Identify each permit condition exceeded during the event.)	
Parameter (e.g. BOD pH)	85%
Permit Limit	79%
Exceedance (sample result)	November
Sample Date	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)	
There was a misunderstanding with the contract lab; I pulled another BOD/TSS, but only the BOD was run, which brought into compliance for BOD, but not TSS.	
Environmental Damage: (if yes, provide details below)	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>
Unknown	<input type="checkbox"/>
Actual/Potential Impact on Environment/Public Health (describe in detail)	
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Name:	Nathan McCombs
Title:	QA Manager
Signature:	<i>Nathan D. McCombs</i>
Date:	12/10/2010

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

<b>GENERAL INFORMATION</b>		PERMIT# (if any):	
Owner or Operator:	CBJ	Facility Name:	JDTP
Person Reporting:	Nathan McCombs	Phone Numbers of Person Reporting:	586-0393
Date/Time Event was Noticed:	12/6/2010 0900	Date/Time Reported:	12/6/2010 1515
Name of DEC Staff Contacted:	phone	Name of DEC Staff Contacted:	phone
Facility Location:	Thane Rd. Juneau, AK	Reported How? (e.g. by phone):	phone
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): 11/12/2010	End Date/Time (exact): 11/12/2010	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):	Effluent pH was not taken by operator.		
Description of the noncompliance and its cause (be specific):	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)
	Effluent pH	6.0-8.5	no sample
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 effluent has been between 6.5 and 7.1 consistently. Operators are instructed to pull a daily pH.		
Environmental Damage: (If yes, provide details below)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
Actual/Potential Impact on Environment/Public Health (describe in detail)			
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Name:	Nathan McCombs	Title:	QA Manager
Signature:			
Date:	12/6/2010		
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

	<b>NONCOMPLIANCE NOTIFICATION</b>
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	