

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

External Outfall
 *** NO DISCHARGE

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

NAME: JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, WW Utilities Superintendent

MONITORING PERIOD			
YR	MO	DAY	TO
2011	2	27	2011
YR	MO	DAY	TO
2011	2	27	2011

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. C	*****	****	12.6		0		
00010 1.0 Effluent Gross	*****	*****	REPORT DAILY MAX	deg.C			
Oxygen, dissolved (DO)	*****	****	5.4		0		WEEKDAYS GRAB
00300 10 Effluent Gross	*****	*****	2	mg/L			
BOD, 5-day, 20 deg. C	*****	*****	DAILY MIN.		0		
00310 10 Effluent Gross	*****	*****	892.5				
BOD, 5-day, 20 deg. C	*****	*****	690	lbs/d			
00310 10 Raw Sewage Influent	*****	*****	MO AVG		0		MONTHLY COMP24
BOD, 5-day, 20 deg. C	*****	*****	1380				
00310 G 0	*****	*****	DAILY MAX				
Raw Sewage Influent	*****	*****	*****				
BOD, 5-day, 20 deg. C	*****	*****	893				
00310 W 0	*****	*****	Req. Mon.	mg/L	0		MONTHLY COMP24
See Comments	*****	*****	MO AVG				
pH	*****	*****	146				
00310 W 0	*****	*****	45	mg/L			
See Comments	*****	*****	WKLY AVG		0		MONTHLY COMP24
pH	*****	*****	*****				
00400 1.0 Effluent Gross	*****	*****	6.8				
Solids, Total suspended	*****	*****	6.0	SU			WEEKDAYS GRAB
00400 1.0 Effluent Gross	*****	*****	MINIMUM				
Solids, Total suspended	*****	*****	57		0		
00530 1.0 Effluent Gross	*****	*****	162				
00530 1.0 Effluent Gross	*****	*****	30	mg/L			MONTHLY COMP24
00530 1.0 Effluent Gross	*****	*****	MO AVG				
00530 1.0 Effluent Gross	*****	*****	60				
00530 1.0 Effluent Gross	*****	*****	DAILY MAX				

907
 AREA CODE
 586-0393
 TELEPHONE

2011
 YEAR
 4
 MO
 10
 DAY

Tom Trego
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 (Reference all attachments here)
 The reporting period was from 02/27/2011 through 03/26/2011.

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801

FACTORY: JUNEAU-DOUGLAS TREATMENT PLANT
 LOCATION: JUNEAU, ALASKA 99801
 ATT: Tom Treago, WW Utilities Superintendent

AK-002321-3 PERMIT NUMBER
 001 A DISCHARGE NUMBER


External Outfall
 *** NO DISCHARGE ***

MONITORING PERIOD		QUALITY OR CONCENTRATION		QUANTITY OR LOADING		UNITS		NO. EX		FREQUENCY OF ANALYSIS		SAMPLE TYPE		
YR	MO	DAY	TO	YR	MO	DAY	TO	YR	MO	DAY	TO	YR	MO	DAY
2011	2	27		2011	2	27		2011	3			2011	3	26

PARAMETER	VALUE		UNITS	VALUE		UNITS	VALUE		UNITS	NO. EX	FREQ	SAMP
	MEASUREMENT	PERMIT		MEASUREMENT	PERMIT		MEASUREMENT	PERMIT				
Solids, Total suspended	*****	*****	*****	*****	*****	*****	*****	300.6	*****	0		
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	*****	Req. Mon MO AVG	mg/L	0	Monthly	COMP24
Solids, Total suspended	*****	*****	*****	*****	*****	*****	*****	162	*****	0		
00530 W 0	*****	*****	*****	*****	*****	*****	*****	45	mg/L	0		
See Comments	*****	*****	*****	*****	*****	*****	*****	WKLY AVG				
Nitrogen, ammonia total (as N)	*****	*****	*****	*****	*****	*****	*****	11.0	*****	0	Monthly	COMP24
00610 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	Req. Mon, DAILY MAX	mg/L	0	Monthly	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	*****	5	*****	0	Semi-annual	COMP24
31616 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	400	#100/ml	0		
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	*****	MO GEO	DAILY MAX	0	Weekly	GRAB
31616 W 0	*****	*****	*****	*****	*****	*****	*****	25	*****	0		
See Comments	*****	*****	*****	*****	*****	*****	*****	800	#100/ml	0	Weekly	GRAB
Flow, in conduit or through treatment plant	*****	*****	*****	*****	*****	*****	*****	WKLY GEO	*****	0		
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	0		
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
81010 K 0 Percent Removal	*****	*****	*****	*****	*****	*****	*****	80.7	*****	0		
PERMIT	*****	*****	*****	*****	*****	*****	*****	MN % RMV	Percent	0	Monthly	CALCTD
REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	TELEPHONE	

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Tom Treago
 W/W Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


907 AREA CODE 586-0393
 2011 YEAR 4 MO 10 DAY

TYPED OR PRINTED

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

The reporting period was from 02/27/2011 through 03/26/2011.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

PAGE 2 OF 3

DMR Mailing ZIP CODE: 99801 \$

MAJOR (SUB 01)

External Outfall *** NO DISCHARGE


AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
 JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY:
 JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION:
 JUNEAU, ALASKA 99801
ATT:
 Tom Trego, WW Utilities Superintendent

MONITORING PERIOD			
YR	MO	DAY	TO
2011	2	27	2011 3 26

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, Total suspended, percent removal	81.2	*****	*****	*****	0		
81011 K 0 0	85	*****	MN % RMV	*****		MONTHLY	CALCTD
Percent removal	*****	*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE
Tom Trego W/W Utilities Superintendent	907 AREA CODE 586-0393
TYPED OR PRINTED	PHONE NUMBER DATE
	2011 YEAR 4 MO 10 DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	
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.	
(Reference all attachments here) The reporting period was from 02/27/2011 through 03/26/2011.	

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

DMR Mailing ZIP CODE: 99801 \$
MAJOR (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
ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
YR	MO	DAY	TO			
2011	2	27		0	Monthly	GRAB

FROM

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		UNITS	REQUIREMENT
	VALUE	UNITS	VALUE	UNITS		
Coliform, fecal MF, broth 44.5 C	*****	*****	N/A			
31616 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MAX	#/ ML100		

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 violations.

Yatshan A. McLamba
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER
DATE
2011 YEAR
4 MO
10 DAY

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 02/27/2011 through 03/26/2011.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

March 2011

EPA REPORT

		WEATHER					INFLUENT					EFFLUENT							
DAY	DATE	TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTFLEFL 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 1/180 days	Ammonia as N lbs/day 1/180 days
SUN	27	13	0.00		0.5730					9.8	7.3	6.1							
MON	28	12	0.00		0.7640					9.0	7.3	6.2							
TUE	1	14	0.00		0.8500					9.1	7.5	5.9					2.0		
WED	2	18	0.00		1.0010					9.6	7.3	5.9							
THU	3	19	0.00		0.8670					9.3	7.5	5.9							
FRI	4	25	0.10		0.8730														
SAT	5	27	0.00		0.7250														
SUN	6	29	0.00		0.7150					9.4	7.2	6.7							
MON	7	25	0.00		0.7830					11.1	7.2	5.7							
TUE	8	29	0.00		0.7530			203	1241	11.0	7.2	6.5	162.0	990	146	893	25.0	11.0	67.2
WED	9	29	0.00		0.7330	272	1663			10.8	7.2	5.5							
THU	10	22	0.00		0.6880					10.1	7.2	5.9							
FRI	11	17	0.00		0.7530														
SAT	12	19	0.47		0.5490														
SUN	13	24	0.03		0.5370					11.3	6.9	5.5							
MON	14	30	0.00		0.6490					11.4	6.8	5.4							
TUE	15	37	0.00		0.7880					11.4	6.8	5.4							
WED	16	34	0.23		0.8980	337	2524	249	1865	10.7	7.0	5.5	49.0	367	18.00	135			
THU	17	35	0.04		1.0030	288	2409	184	1539	10.4	6.9	5.5	44.0	368	23.00	192			
FRI	18	32	0.26		0.9100	324	2459	129	979	10.9	7.0	6.4	11.0	83	4.00	30			
SAT	19	32	0.00		0.8830														
SUN	20	35	0.00		0.7250					10.4	6.9	6.0							
MON	21	32	0.00		0.8630					12.6	6.8	6.3							
TUE	22	34	0.01		0.8750					11.2	6.9	6.3							
WED	23	45	0.06		0.7910					6.7	7.0	6.4	17.0	113	6.00	40			
THU	24	36	0.00		0.8000	282	1882	255	1701	11.6	6.8	5.8							
FRI	25	39	0.00		0.8450														
SAT	26	41	0.00		0.6480														
TOTAL			1.20		21.8420														
MAXIMUM		45	0.47		1.0030	337	2524	255	1865	12.6	7.5	6.7	162.0	990	146	893	25	N/A	N/A
MINIMUM		12	0.00		0.5370	272	1663	129	979	6.7	6.8	5.4	11.0	83	4	30	2	N/A	N/A
AVERAGE		28	0.043		0.7801	301	2187	204	1465	10.3		6.0	56.6	384	39	258	5	N/A	N/A
Number of Analyses		28	28	0	28	5	5	5	5	20	20	20	5	5	5	5	4	1	1

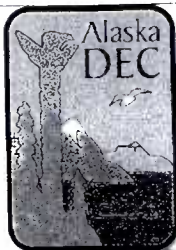
% REMOVAL	
B.O.D.	81
S.S.	81

Copper	N/A	ug/L
NH3	11.0	mg/L
NH3	67.2	lbs

Weekly TSS	
Aver.	mg/l
WEEK1	162
WEEK2	35
WEEK3	17
WEEK4	113

Weekly BOD	
Aver.	mg/l
WEEK1	146
WEEK2	15
WEEK3	6
WEEK4	40

Weekly Coliform	
Geo. Mean	lbs
WEEK1	990
WEEK2	273
WEEK3	113
WEEK4	40



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) 269-4114 E-mail address: wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		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	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 3/29/11 1320	Date/Time Reported: 3/29/11 1320	Name of DEC Staff Contacted: Chris Foley

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): 2/27/11	End Date/Time (exact): 3/26/11
--------------------------------	---	---------------------------------------

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): % removal for BOD and TSS...

The JD WWTP has a solids buildup due to the Incinerator failure. The sludge is disposed of at the landfill, but has a load limit which restricts the # of loads that can be dumped. Also a frozen feed line to the press caused a 10 day halt to pressing.

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) The clarifier blankets were high, so Wasting was increased and more solids were pumped to the #2 Aeration basin to prevent the clarifier blankets from overflowing to the effluent.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Effluent TSS	85 %	81 %	2/27/11 to 3/26/11
Effluent BOD	85 %	81 %	2/27/11 to 3/26/11

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 Waste Rates were increased and solids are being pumped to #2 Aerator to reduce blanket levels and prevent solids from washing out.

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

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

Based on information and belief formed after reasonable inquire, I certify and sign in accordance with 18 AAC 83.385 that the statements and information in and attached in this document are true, accurate, and complete.

Name: Nathan D. McCombs Title: QA Manager Signature: *Nathan D. McCombs* Date: 3/30/11

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: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4114 E-mail address: wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):
Owner or Operator: CBI	Facility Name: Juncau-Douglas WWTP	Facility Location: Thane Rd., Juneau
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 586-0393	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 3/11/11 1300, 3/15/11 1300	Date/Time Reported: 3/11/11 1500, 3/16/11 0830	Name of DEC Staff Contacted: Chris Foley

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): 3/7/00 2200	End Date/Time (exact): 3/7/11 2400
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):
990 lbs

Description of the noncompliance and its cause (be specific):
The JD WWTP has a solids buildup due to the Incinerator failure. The sludge is disposed of at the landfill, but has a load limit which restricts the # of loads that can be dumped. Also a frozen feed line to the press caused a 10 day halt to pressing.

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) The clarifier blankets were high, so Wasting was increased and more solids were pumped to the #2 Aeration basin to prevent the clarifier blankets from overflowing to the effluent.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Effluent TSS	30/45/60 mg/l	162 mg/l, 49 mg/l, 58 mg/l	3/8/11, 3/15/11, 3/17/11
Effluent BOD	30/45/60 mg/l	146 mg/l	3/8/11

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 Waste Rates were increased and solids are being pumped to #2 Aerator to reduce blanket levels and prevent solids from washing out.

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

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

Based on information and belief formed after reasonable inquire, I certify and sign in accordance with 18 AAC 83.385 that the statements and information in and attached in this document are true, accurate, and complete.

Name: Nathan D. McCombs Title: QA Manager Signature: *Nathan D. McCombs* Date: 3/17/11

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