

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

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

External Outfall
 *** NO DISCHARGE

 DISCHARGE NUMBER
001 A

AK-002321-3
 PERMIT NUMBER

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

JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT
 JUNEAU, ALASKA 99801
 Joe Myers, WW Utilities Superintendent

NAME:
 ADDRESS:

FACILITY:
 LOCATION:
 ATT:

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2009	2	1	2009	2	28

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Temperature, water deg. C	*****	*****	*****	****	*****	*****	11.0	0		
00010 10 Effluent Gross	*****	*****	*****	*****	*****	*****	REPORT DAILY MAX	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	*****	*****	****	*****	*****	5.6	0		
00300 10 Effluent Gross	*****	*****	*****	*****	*****	*****	17	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	30.3	30.3	30.3	*****	*****	*****	DAILY MIN. 3.0	0		
00310 10 Effluent Gross	690	1380	1380	lbs/d	*****	*****	MO AVG DAILY MAX	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	****	*****	*****	58.6	0		
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	Req. Mon. MO AVG	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	30.3	30.3	30.3	*****	*****	*****	3.0	0		
00310 W 0	1035	1035	1035	lbs/d	*****	*****	WKLY AVG	0	MONTHLY	COMP24
See Comments	*****	*****	*****	****	*****	*****	6.0	0		
pH	*****	*****	*****	*****	*****	*****	6.7	0	WEEKDAYS	GRAB
00400 10 Effluent Gross	*****	*****	*****	*****	*****	*****	MINIMUM 8.5	0	MONTHLY	COMP24
Solids, Total suspended	*****	*****	*****	*****	*****	*****	MAXIMUM 17	0		
00530 10 Effluent Gross	690	1380	1380	lbs/d	*****	*****	MO AVG DAILY MAX	0	MONTHLY	COMP24

Scott Myers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
 2009 YEAR
 3 MO
 9 DAY
 586-0393 TELEPHONE
 PHONE NUMBER
 DATE

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.

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

The reporting period was from 02/01/2009 through 02/28/2009.

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

PERMIT NUMBER: **AK-002321-3**

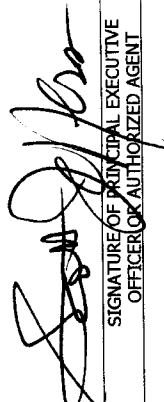
DISCHARGE NUMBER: **001 A**

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers, WW Utilities Superintendent

MONITORING PERIOD
 YR: 2009 MO: 2 DAY: 1 FROM: TO: 2009 MO: 2 DAY: 28

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	177.2	*****		0		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	13.4	*****		0		
Solids, Total suspended	PERMIT REQUIREMENT	*****	*****	*****	45 WKLY AVG	*****	mg/L		Monthly	COMP24
00530 W 0	SAMPLE MEASUREMENT	*****	*****	*****	N/A	*****		0		
See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon, MO AVG	*****			Semi-annual	COMP24
Nitrogen, ammonia total (as N) TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	2	*****		0		
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	400 MO GEO	*****	#100/ml		Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	18	*****		0		
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
31616 W 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		0		
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Continuous	RCORDR
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	94.9	*****		0		
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	85	*****	%		Monthly	CALCTD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			TELEPHONE	
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			586-0393	
81010 K 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			PHONE NUMBER	
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			DATE	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Joe Myers, WW Utilities Superintendent
 Scott Jeffers, Deputy P.W. Director

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT


2009 YEAR 3 MO 9 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 (Reference all attachments here)
 The reporting period was from 02/01/2009 through 02/28/2009.

DMR Mailing ZIP CODE: 99801
 MAJOR (SUB 01)

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

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 2009 MO 2 DAY 1 TO 2009 MO 2 DAY 28
 FROM

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Solids, Total suspended	94.8	*****	*****	94.8	*****	*****	0		
PERCENT REMOVAL	85	*****	*****	85	*****	*****		MONTHLY	CALCTD
81011 K 0 0	MIN % RMV	*****	*****	MIN % RMV	*****	*****			
PERCENT REMOVAL									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Joe Myers
 WW Utilities Superintendent
 Soft Jeffers
 Deputy P.W. Director
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 907 AREA CODE 586-0393
 PHONE NUMBER: 3 MO 9 DAY

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 02/01/2009 through 02/28/2009.

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

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

PERMIT NUMBER: **AK-002321-3**

DISCHARGE NUMBER: **REC-1**

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0		
31616 10 Effluent Gross	*****	*****	*****	*****	*****	*****		Monthly	GRAB

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2009	2	1	2009	2	28

NAME/TITLE: **Joe Myers, Wastewater Utility Superintendent**
 TYPED OR PRINTED: **Joe Myers**

SIGNATURE: *Scott Jefferson*
 TYPED OR PRINTED: **Scott Jefferson, Deputy P.W. Director**

TELEPHONE: **907 586-0393**

AREA CODE: **907** PHONE NUMBER: **586-0393**

DATE: **2009 3 9**

YEAR: **2009** MO: **3** DAY: **9**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jefferson*

COMMENT AND EXPLANATION OF ANY VIOLATIONS: **The reporting period was from 02/01/2009 through 02/28/2009.**

(Reference all attachments here)

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

February 2009
EFFLUENT

EPA REPORT

DAY	DATE	WEATHER				INFLUENT						EFFLUENT						
		TEMP °F	RAIN FALL 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 1/180 days
SUN	1	35	0.31	16.3	2.1520	98	1759			17.2	309							0.0
MON	2	36	0.10	16.0	1.4320	138	1648			16.6	198							0.0
TUE	3	31	0.76	15.6	1.2100	136	1372	59	591	11.2	113	3.00			30	18.0		0.0
WED	4	29	0.04	15.4	1.0890	174	1580			12.2	111							0.0
THU	5	30	0.00	15.7	1.0500	168	1471			10.0	88							0.0
FRI	6	33	0.96	16.7	2.8300													0.0
SAT	7	36	0.61	17.9	3.2520													0.0
SUN	8	33	0.45	18.9	1.5540	104	1348			10.2	132							0.0
MON	9	31	0.27	19.4	1.3820	170	1959			12.4	143							0.0
TUE	10	30	0.09	19.4	1.3120	146	1598			8.2	90							0.0
WED	11	28	0.00	18.8	1.1500	164	1573			8.5	84					2.0		0.0
THU	12	19	0.00	18.7	1.2300	198	2031			10.0	103							0.0
FRI	13	16	0.00	18.3	1.0070					8.1	6.6	3.8						0.0
SAT	14	16	0.00	17.5	1.0260													0.0
SUN	15	21	0.00	16.4	0.9800	53	433			3.6	29							0.0
MON	16	29	0.00	15.2	0.9410	204	1601			6.8	53							0.0
TUE	17	30	0.00	14.0	0.8830	206	1517			6.0	44							0.0
WED	18	29	0.00	13.2	0.9290	220	1705			10.4	79					1		0.0
THU	19	28	0.00	13.2	0.8930	210	1564			8.4	83							0.0
FRI	20	31	0.00	13.9	0.8050					8.6	6.4	3.6						0.0
SAT	21	32	0.00	14.8	0.8650													0.0
SUN	22	32	0.00	15.7	0.9870	212	1745			4.4	36							0.0
MON	23	31	0.00	16.5	0.9910	234	1934			11.0	60	4.4						0.0
TUE	24	29	0.00	17.0	0.9460	214	1688			9.9	60	3.8						0.0
WED	25	22	0.00	17.2	0.8440	260	1830			8.4	60	3.8				1		0.0
THU	26	26	0.09	17.1	1.0250	234	2000			8.8	6.4	3.8						0.0
FRI	27	30	0.00	17.5	0.9260					8.4	6.4	3.7						0.0
SAT	28	24	0.00	17.6	0.9370													0.0
TOTAL			3.68		34.6280													
MAXIMUM		36	0.96	19.4	3.2520	260	2031	59	591	11.0	6.7	5.6	17.2	309	3	30	18	N/A
MINIMUM		16	0.00	13.2	0.8050	53	433	59	591	7.8	6.0	2.9	3.6	29	3	30	1	N/A
AVERAGE		28	0.131	16.6	1.2367	177	1618	59	591	9.0	6.5	3.6	9.3	95	3	30	2	N/A

Weekly TSS/BOD			Weekly Coliform		
Aver.	TSS	BOD	Coliform	Geo. Mean	
mg/l	lbs	mg/l	lbs		
WEEK1	13	3	164	30	18
WEEK2	10		110		2
WEEK3	8		58		1
WEEK4	6		49		1
MAX	13	3	164	30	18

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

% REMOVAL	
B.O.D.	S.S.
95	95

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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 DIRECTOR

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009
FROM	TO

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

Scott Jeffers, Deputy P.W. Director

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOE MYERS, Supervisor

TYPED/OR PRINTED

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 907-586-0313

DATE
 3/9/09

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

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

001B
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801
 MAJOR \$
 (SUBR 01)
 COMBINED SEWER OVERFLOW
 External Outfall

MONITORING PERIOD
 FROM 02/01/2009 TO 02/28/2009

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Duration of discharge	*****		*****	*****	*****	*****			
81381 R 0	*****	min	*****	*****	*****	*****	When Discharging	CALCTD	
See Comments									

Scott Jeffers, Deputy P.W. Director

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
~~JOE BUCKS~~
 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 a system designed to assure that 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 that I am submitting to the best of my knowledge and belief is true, accurate, and complete. I understand 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


TELEPHONE NUMBER
 907-586-0393

DATE
 3/9/09
 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