

DMR Mailing ZIP CODE 99801  
 MAJOR (SUB 01)

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:**  
 Joe Myers, WW Utilities Superintendent

**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  
 External Outfall  
 \*\*\* NO DISCHARGE

001 A DISCHARGE NUMBER

MONITORING PERIOD		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
YR	MO	DAY	YEAR	MO	DAY
2009	4	1	2009	4	30

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	****	12.5	deg.C	0		
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	REPORT DAILY MAX		0	WEEKDAYS	GRAB
	SAMPLE MEASUREMENT	*****	****	3.0		0		
'00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	2	mg/L	0	WEEKLY	GRAB
	SAMPLE MEASUREMENT	*****	****	DAILY MIN.		0		
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	****	23.0		0		
	SAMPLE MEASUREMENT	*****	****	60	mg/L	0	MONTHLY	COMP24
00310 10 Effluent Gross	PERMIT REQUIREMENT	*****	****	30		0		
	SAMPLE MEASUREMENT	*****	****	MO AVG		0		
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	****	80.0		0		
	SAMPLE MEASUREMENT	*****	****	Req. Mon. MO AVG	mg/L	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	2.5		0		
	SAMPLE MEASUREMENT	*****	****	*****		0		
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	****	45		0		
	SAMPLE MEASUREMENT	*****	****	WKLY AVG	mg/L	2	MONTHLY	COMP24
00310 W 0 See Comments	PERMIT REQUIREMENT	*****	****	5.7		2		
	SAMPLE MEASUREMENT	*****	****	*****		2		
pH	PERMIT REQUIREMENT	*****	****	6.0	SU	1	WEEKDAYS	GRAB
	SAMPLE MEASUREMENT	*****	****	MINIMUM		1		
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	****	18		1		
	SAMPLE MEASUREMENT	*****	****	76		1		
Solids, Total suspended	PERMIT REQUIREMENT	*****	****	30	mg/L	0	MONTHLY	COMP24
	SAMPLE MEASUREMENT	*****	****	MO AVG		0		
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	****	60		0		
	SAMPLE MEASUREMENT	*****	****	DAILY MAX		0		

*Catherine S. Carlson*  
 in lieu of Joe Meyers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE  
 586-0393 TELEPHONE  
 DATE

2009 YEAR  
 5 MO  
 6 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.

The reporting period was from **03/29/2009** through **05/02/2009**.  
 (Please see attached noncompliance notification letters date April 10, 2009 and May 5, 2009.)

MAJOR POLLUTANT DISCHARGE ELIMINATION SYSTEM (MDES)  
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:** Joe Myers, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	4	1	
YR	MO	DAY	TO
2009	4	30	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS						
Solids, Total suspended	*****	*****	*****	*****	*****	*****	0					
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24			
Solids, Total suspended	402.8	*****	*****	*****	*****	*****	0					
00530 W 0	1035	lb/d	*****	*****	*****	*****	0	Monthly	COMP24			
See Comments	*****	*****	*****	*****	*****	*****	0					
Nitrogen, ammonia total (as N)	N/A	*****	*****	*****	*****	*****	0	Monthly	COMP24			
00610 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24			
Colliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0					
31616 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB			
Colliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	0					
31616 W 0	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB			
See Comments	*****	*****	*****	*****	*****	*****	0					
Flow, in conduit or through treatment plant	1.1977	Mgal/d	1.8470	*****	*****	*****	0					
50050 1 0 Effluent Gross	2.76	Mgal/d	6.0	*****	*****	*****	0	Continuous	RCORDR			
BOD, 5-day, percent removal	*****	*****	*****	*****	*****	*****	0					
81010 K 0	*****	*****	*****	*****	*****	*****	0	Monthly	CALCTD			
Percent Removal	*****	*****	*****	*****	*****	*****	0					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Catherine E. Carlson in lieu of Joe Myers											
Joe Myers W/W Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
	907	AREA CODE	586-0393	907	AREA CODE	586-0393	2009	YEAR	5	MO	6	DAY
		PHONE NUMBER			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  
**The reporting period was from 03/29/2009 through 05/02/2009.**

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

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

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

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:** Joe Myers, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE

MONITORING PERIOD		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
YR	MO	DAY	YEAR	MO	DAY
2009	4	1	2009	4	30
FROM		TO			

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Solids, Total suspended, percent removal	*****	*****	*****	89.7	*****	*****		0		
81011 K 0 0	*****	*****	*****	85	*****	*****	%			
Percent Removal	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Myers 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.		TELEPHONE AREA CODE PHONE NUMBER DATE
	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Catherine E. Carlson</i> in lieu of Joe Myers		907 AREA CODE
COMMENT AND EXPLANATION OF ANY VIOLATIONS	The reporting period was from 03/29/2009 through 05/02/2009.		2009 YEAR
	(Please see attached noncompliance notification letters date April 10, 2009 and May 5, 2009.)		5 MO
			6 DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM COMPLIANCE  
 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

MONITORING PERIOD  
 YR: 2009 MO: 4 DAY: 1 TO YR: 2009 MO: 4 DAY: 30

PARAMETER	QUANTITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE				
Coliform, fecal MF, broth 44.5 C	*****	*****	1.0		0	Monthly	GRAB
31616 10 Effluent Gross	*****	*****	Req. Mon. #/ DAILY MAX	ML100			

*Catherine E. Carlson*  
 in lieu of Joe Myers  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 Joe Myers  
 W/W Utilities Superintendent

TYPED OR PRINTED

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.

TELEPHONE AREA CODE: 907  
 PHONE NUMBER: 586-0393

YEAR: 2009  
 MO: 5  
 DAY: 6

(Please see attached noncompliance notification letters date April 10, 2009 and May 5, 2009.)

The reporting period was from 03/29/2009 through 05/02/2009.

JUNE AULOUGEAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

APRIL 2003

EPA REPORT

DAY	DATE	WEATHER			INFLUENT				EFFLUENT				FECAL COLIFORMS /100 ml	AMMONIA /as N mg/l /190 days	AMMONIA /as N lbs/day /190 days	
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	FT. EFFL. MGD	S.S. mg/L	S.S. LBS	BOD <sub>5</sub> mg/L	BOD <sub>5</sub> LBS	PH	TEMP °F	S.S. mg/L				S.S. LBS
SUN	29	33	0.38	18.4	1.8470	132	2033			13.4	206					
MON	30	35	0.27	18.0	1.3210	118	1300			3.6	150					
TUE	31	33	0.08	17.3	1.0850	176	1593	80	724	3.3	71	2.54	23			
WED	1	34	0.03	16.2	1.2370	175	1805			4.7	70			3.0		
THU	2	32	0.00	14.9	1.0400	196	1700			3.4	73					
FRI	3	31	0.00	14.1	0.9050					3.0						
SAT	4	35	0.46	14.2	1.6630											
SUN	5	37	0.42	15.4	1.8280	60	915			42.8	653					
MON	6	37	0.13	15.8	1.6590	149	2062			4.0	100					
TUE	7	36	0.30	16.7	1.7310	176	2541			3.0	1097					
WED	8	37	0.20	17.7	1.6990	156	2197			3.9	107			20.0		
THU	9	36	0.02	18.3	1.1160	132	1229			5.2	58					
FRI	10	36	0.27	18.5	1.6510					4.0						
SAT	11	38	0.18	18.2	1.2210											
SUN	12	40	0.01	17.7	1.1310	126	1189			8.0	75					
MON	13	41	0.00	16.8	0.9950	158	1311			4.1	81					
TUE	14	38	0.00	15.8	0.9040	151	1138			3.1	57					
WED	15	39	0.00	14.6	1.0540	214	1881			3.2	81			13.0		
THU	16	41	0.00	13.4	1.0810	211	1902			3.3	130					
FRI	17	41	0.09	12.4	1.0050					3.0						
SAT	18	39	0.41	11.9	1.1880											
SUN	19	41	0.03	12.9	1.0820	63	567			45.0	406					
MON	20	40	0.04	14.1	1.0590	192	1696			3.6	97					
TUE	21	38	0.28	15.3	1.2060	183	1841			3.1	137					
WED	22	39	0.00	14.6	1.1040	172	1584			4.9	118			14		
THU	23	40	0.00	16.5	1.0140	281	2376			3.4	115					
FRI	24	40	0.04	17.5	1.1080					5.1						
SAT	25	40	0.06	18.3	1.0450											
SUN	26	42	0.00	18.7	1.0520	160	1404			23.4	205					
MON	27	43	0.00	18.7	0.9850	226	1857			4.3	128					
TUE	28	46	0.00	18.3	0.8710	270	1961			5.6	128					
WED	29	46	0.00	17.3	1.0430	243	2114			4.6	125			14		
THU	30	47	0.00	16.1	0.9320	148	1150			5.1	276					
FRI	1	47	0.00	14.7	0.8980					3.5						
SAT	2	52	0.00	13.9	1.1710											
TOTAL			3.70		41.9210											
MAXIMUM		52	0.46	18.7	1.8470	281	2541	80	724	6.7	1097	2.5	23.0	20	N/A	N/A
MINIMUM		31	0.00	11.9	0.8710	60	567	80	724	3.0	57	2.5	23.0	3	N/A	N/A
AVERAGE		37	0.132	15.9	1.1977	171	1654	80	724	6.3	190	2.5	23.0	13	N/A	N/A

Weekly TSS			Weekly BOD			Weekly Coliform		
Aver.	mg/l	lbs	Aver.	mg/l	lbs	Geo. Mean	Geo. Mean	Geo. Mean
WEEK1	10	114	3	3	23	3	3	3
WEEK2	28	403				20	20	20
WEEK3	10	85				13	13	13
WEEK4	19	175				14	14	14
WEEK5	21	173				14	14	14
MAX.	28	403	3	3	23	20	20	20

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

% REMOVAL	
B.O.D.	97
S.S.	80

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

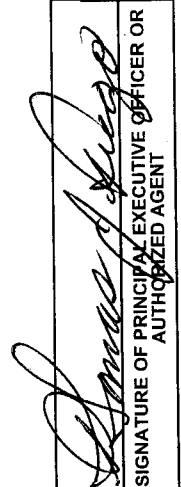
AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2009	TO 04/30/2009

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

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
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	*****		When Discharging	GRAB
BOD, 5-day, 20 deg. C	*****		*****	*****					
00310 Q 0 See Comments	*****		Req. Mon. DAILY MX	*****	lb/d	*****		When Discharging	GRAB
BOD, 5-day, 20 deg. C	*****		*****	*****					
00310 R 0 See Comments	*****		Req. Mon. DAILY MX	*****	lb/d	*****		When Discharging	GRAB
Solids, total suspended	*****		*****	*****					
00530 P 0 See Comments	*****		Req. Mon. DAILY MX	*****	lb/d	*****		When Discharging	GRAB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NUMBER  
 907-586-0323

DATE  
 5/4/09

AREA Code  
 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

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

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2009	TO 04/30/2009

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

No Discharge

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

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. 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. 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. DAILY MX	#/100mL	When Discharging	GRAB	
Duration of discharge									
81381 P 0 See Comments		min	Req. Mon. EVNT TOT				When Discharging	CALCTD	
Duration of discharge									
81381 Q 0 See Comments		min	Req. Mon. EVNT TOT				When Discharging	CALCTD	

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

907-586-0393  
 TELEPHONE NUMBER

5/4/09  
 DATE

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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am not providing this information or penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 TYPED OR PRINTED  
 JOE MYERS W/W SUPER

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

P = N-11Q = N-11, 2R = N-15, 1 RECORD 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	001B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009
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	VALUE	UNITS	VALUE	VALUE	UNITS			
Duration of discharge	*****	*****	*****	*****	*****	*****			
81381 R 0	*****	Req. Mon. EVNT TOT	min	*****	*****	*****		When Discharging	CALCTD
See Comments									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by a person who is duly qualified to 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  
 TYPED OR PRINTED  
 JOE MYERS WJWSUPER

*James A. Deigo*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 907-586-0573  
 AREA Code NUMBER

DATE  
 5/14/09  
 MM/DD/YYYY

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

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



# 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)269-4604

E-mail address: [dec-wqreporting@alaska.gov](mailto:dec-wqreporting@alaska.gov)



## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b>
<b>Applicant Company:</b>	City & Borough of Juneau, Alaska	<b>Facility Name:</b>
<b>Person Reporting:</b>	Jeff Axmann	<b>Facility Location:</b>
<b>Date/Time Event was Noticed</b>	04/08/2009	1540 Thane Road, Juneau, Alaska 99807
<b>Person Reporting:</b>	Jeff Axmann	<b>Permit No. AK-002321-3</b>
<b>Phone Numbers of Person Reporting</b>	(907)586-5329	<b>Facility Name:</b>
<b>Reported How? (e.g. by phone)</b>	By phone-03/27/2009	Juneau-Douglas Wastewater Treatment Plant
<b>Name of DEC Staff Contacted</b>	Left Message 04/08/2009 @12:45p.m.	<b>Permit# (if any):</b>
<b>Date/Time Reported</b>	04/08/2009	

**VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)**

**INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)**

**Estimated Quantity involved (volume or weight)**

283 lbs under our permissive limit.

**Cause of the event (be specific)**

On 04/07/2009 and attempt was made to take a clarifier off line to bring the level down enough to have a contractor install a device to reinforce the seal. Due to poor settling conditions caused by filaments, the solids came up and over the weirs of the other clarifier.

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

<b>Parameter (e.g. BOD pH)</b>	Eff. T.S.S. Daily Max Limit
<b>Permit Limit</b>	Eff. T.S.S. Daily Max limit of 60mg/l
<b>Exceedance (sample result)</b>	Eff. T.S.S. Daily Max = 76mg/l
<b>Sample Date</b>	04/08/2009

**Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)** Staff placed the second clarifier back on line and the effluent immediately improved. The next days effluent composite sample was 6.2mg/l and 7.2 mg/l. Staff have continued adjusting the F/M ratio to help reduce the system's SVI.

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

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

The Eff. T.S.S. discharged was 76mg/l and discharged 1097lbs. Our permit limit is 1380lbs/day daily max.

**Actions taken to reduce or eliminate 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)**

**Actions taken to reduce potential impact are listed above under "corrective actions taken"**

**COMMENTS** If you have any questions or concerns please do not hesitate to call me at (907)586-5329.

CERTIFIED MAIL NO. 7004 0550 0001 2334 2945

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.


**Name:** Catherine E. Carlson

**Signature:** *Catherine E. Carlson*

**Date:** April 10, 2009

**FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.**

## NONCOMPLIANCE NOTIFICATION

<p style="text-align: center;"><b>Alaska Department of Environmental Conservation</b>          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)269-4604          E-mail address: dec-wqreporting@alaska.gov</p>	
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<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b>
<b>Applicant Company:</b>	City & Borough of Juneau, Alaska	Facility Name
<b>Person Reporting:</b>	Jeff Axmann	Facility Name
<b>Date/Time Event was Noticed</b>	4/30/2009 5/1/2009 & 5/5/2009	Permit No. AK-002321-3
<b>Date/Time Reported</b>	5/1/2009 & 5/5/2009	1540 Thane Road, Juneau, Alaska 99801
<b>Name of DEC Staff Contacted</b>		<b>Facility Location:</b>
Left Message 05/01/2009 @ 1530 concerning the pH violation and on 5/5/2009 for the T.S.S violation.		
<b>Reported How? (e.g. by phone)</b>	by phone-5/1/2009 & 5/5/2009 By fax - 5/5/2009	
<b>Phone Numbers of Person Reporting</b>	(907)586-5329	
<b>Person Reporting:</b>	Jeff Axmann	

**VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)**

**INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)**

Estimated Quantity involved (volume or weight)  
 .29 under our permissive limit of 6.0pH on 4/30/2009 and .20 under on 5/1/2009.

Cause of the event (be specific)  
 Starting back on April 24, 2009 J-D plant staff had noted that the plant had been receiving septic loads of sludge through the headworks and that is was affecting the plants effluent. From last Thursday 4/30 through the weekend the conditions worsened. The SVI dropped, the sludge darkened and the foam increased through out the plant.

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

<b>Parameter (e.g. BOD pH)</b>	Eff. pH	Permit Limit	Eff. Ph must not be less than 6.0 nor greater than 8.5.
<b>Eff. T.S.S. Daily Max Limit</b>	Eff. T.S.S. Daily Max	limit of 60mg/l	
<b>Exceedance (sample result)</b>	Effluent Daily pH = 5.71		
<b>Sample Date</b>	4/30/2009		
	5/1/2009		
	5/5/2009		
	Eff. T.S.S. Daily Max = 60mg/l		

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 local septage haulers were contacted and notified that the dumps were detrimentally affecting the Juneau-Douglas Plant's effluent. We asked that they temporarily dump further upstream or at another facility for at least the next couple of weeks until we are able to stabilize the plant.

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

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

The ph readings were below our limit for two days. The Eff. T.S.S. discharged was 60mg/l. The flows were low and we were within our pounds discharged daily limit.

Actions taken to reduce or eliminate 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) Actions taken to reduce potential impact are listed above under "corrective actions taken".

COMMENTS If you have any questions or concerns please do not hesitate to call me at (907)586-5329.

CERTIFIED MAIL NO. 7004 0560 0001 2334 3812

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Catharine E. Carlson  
 Signature: *Catharine E. Carlson*  
 Date: May 5, 2009

**FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.**