

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

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

PERMITTEE NAME/ADDRESS/Include Facility name/location if different)

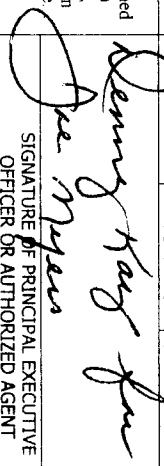
External Outfall  
\*\*\* NO DISCHARGE

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Joe Myers, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD				
FROM	TO	YEAR	MO	DAY
2009	2009	12	12	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Temperature, water deg. C	MEASUREMENT	*****	*****	*****	****	*****	*****	*****	0	11.5	
00010 10	PERMIT	*****	*****	*****	*****	*****	*****	*****	0	REPORT	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	deg.C
Oxygen, dissolved (DO)	SAMPLE	*****	*****	*****	****	*****	*****	*****	0	5.1	
00300 10	PERMIT	*****	*****	*****	*****	*****	*****	*****	0	17	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	2	DAILY MAX	mg/L
BOD, 5-day, 20 deg. C	SAMPLE	181.3	905.5	*****	*****	*****	*****	*****	2	141.0	
00310 10	PERMIT	690	1380	*****	lbs/d	*****	*****	*****	0	60	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY MAX	mg/L
BOD, 5-day, 20 deg. C	SAMPLE	*****	*****	*****	****	*****	*****	*****	0	*****	
00310 G 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0	*****	
Raw Sewage Influent	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	*****	
BOD, 5-day, 20 deg. C	SAMPLE	494.0	*****	*****	*****	*****	*****	*****	0	77.0	
00310 W 0	PERMIT	1035	*****	*****	lbs/d	*****	*****	*****	0	45	
See Comments	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	*****	
pH	SAMPLE	*****	*****	*****	****	*****	*****	*****	1	6.9	
00400 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	1	6.6	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1	6.0	
Solids, Total suspended	SAMPLE	248.9	1207.3	*****	*****	*****	*****	*****	4	188.0	
00530 1 0	PERMIT	690	1380	*****	lbs/d	*****	*****	*****	4	32.0	
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	4	32.0	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	4	188.0	
Joe Myers W/W Utilities Superintendent	PERMIT	*****	*****	*****	*****	*****	*****	*****	4	188.0	
TYPED OR PRINTED	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	4	188.0	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	4	188.0	
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  Joe Myers	
										TELEPHONE AREA CODE 907 586-0393 PHONE NUMBER DATE 2010 1 10	

The reporting period was from 11/29/2009 through 01/02/2010. (Reference all attachments here)

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

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

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

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

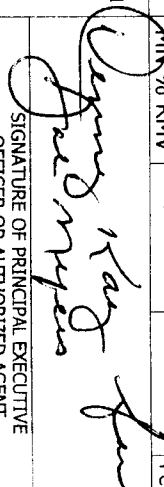
NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801

AK-002321-3  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

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

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2009	2009	12	31

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	1	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00530 W 0 See Comments	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****		Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	2.76	6.0	Mgal/d	*****	*****	*****	1	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Joe Meyers W/W Utilities Superintendent										
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TYPED OR PRINTED										
COMMENT AND EXPLANATION OF ANY VIOLATIONS										
The reporting period was from 11/29/2009 through 01/02/2010. (Reference all attachments here)										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
										
AREA CODE: 907 TELEPHONE: 586-0393 PHONE NUMBER: _____ DATE: _____ YEAR: 2010 MO: 1 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:** Joe Myers, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD		
FROM	TO	NO. EX
2009	2009	1

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	PERCENT	VALUE	UNITS	PERCENT			
Solids, Total suspended, percent removal	84.5	PERCENT	85	PERCENT	85	PERCENT	1	MONTHLY	CALCTD
81011 K 0 0	*****	PERCENT	*****	PERCENT	*****	PERCENT			
Percent Removal	*****	PERCENT	*****	PERCENT	*****	PERCENT			

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Joe Myers  
WW Utilities Superintendent

TYPED OR PRINTED

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

907  
AREA CODE  
2010  
YEAR

586-0393  
TELEPHONE  
PHONE NUMBER  
1  
MO  
10  
DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
The reporting period was from 11/29/2009 through 01/02/2010.  
(Reference all attachments here)

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

**AK-002321-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

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

MONITORING PERIOD		
FROM	TO	DAY
2009	2009	31

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

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Joe Myers  
WW Utilities Superintendent

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

**907** AREA CODE  
**586-0393** TELEPHONE  
**2010** YEAR  
**1** MO  
**10** DAY

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

The reporting period was from 11/29/2009 through 01/02/2010.



# 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) 269-4604 E-mail address: [wgreporting@alaska.gov](mailto:wgreporting@alaska.gov)

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		PERMIT# (if any): AK-0022321-3	
Owner or Operator: City and Borough of Juneau, AK	Facility Name: Juneau-Douglas Wastewater Treatment Plant	Facility Location: 1540 Thane Road, Juneau, AK 99801	
Person Reporting: Denny Kay	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone; email	
Date/Time Event was Noticed: December 22, 2009@0900 hours	Date/Time Reported: December 22, 2009@0915 hours	Name of DEC Staff Contacted: Left message on hotline	
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): 12/15/2009	End Date/Time (exact): 12/17/2009	
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): Pounds of total BOD discharged on sample date (12/15/2009) were below permit daily maximum limit of 1,380.			
Description of the noncompliance and its cause (be specific): Poor settling of activated sludge in clarifiers caused release of BOD in concentration in excess of permit limit.			
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) See corrective actions below.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Biochemical Oxygen Demand (BOD)	Daily: 60 mg/l Average Weekly: 45 mg/l	141 mg/l	12/15/2009
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) To increase sludge age, reduced waste sludge rate. To improve clarifier settling, reduced clarifier underflow rates. To reduce biomass filaments, placed second aeration basin in service for return sludge aeration purposes only; cycling upstream aerator in each basin off for several hours each day to create anoxic zone in each basin. Effluent TSS concentration returned to compliance (23 mg/l) on 12/17/2009.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown; pounds of BOD discharged were below permit daily maximum limit of 1,380.			
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 aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Joe Myers	Title: Superintendent	Signature:	Date: 12/24/2009

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

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## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		PERMIT# (if any): AK-002321-3
Owner or Operator: City and Borough of Juneau, AK	Facility Name: Juneau-Douglas Wastewater Treatment Plant	Facility Location: 1540 Thane Road, Juneau, AK 99801
Person Reporting: Denny Kay	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone; email
Date/Time Event was Noticed: <small>12/14/09@1030 hours; 12/15/09@1030 hours; 12/17/09@1030 hours</small>	Date/Time Reported: <small>12/14/09@1510 hours; 12/15/09@1300 hours; 12/17/09@1430 hours</small>	Name of DEC Staff Contacted: Left messages on hotline

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): 12/13/2009	End Date/Time (exact): 12/17/2009
-------------------------	-------------------------------------	-----------------------------------

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):

Pounds of total suspended solids discharged each day (12/13-12/17/09) were below permit daily maximum limit of 1,380.

Description of the noncompliance and its cause (be specific):

Poor settling of activated sludge in clarifiers caused release of total suspended solids in concentrations in excess of permit limit on each of four days (12/13-12/16/2009).

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)

See Corrective Actions below.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Total Suspended Solids Concentration	Daily: 60 mg/l  Average Weekly: 45 mg/l	82	12/13/2009
		113	12/14/2009
		177	12/15/2009
		83	12/16/2009
		96	12/13-12/17/2009

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

To increase sludge age, reduced waste sludge rate. To improve clarifier settling, reduced clarifier underflow rates. To reduce biomass filaments, placed #1 Aeration Basin in service for return sludge aeration purposes only; cycling upstream aerator in each basin off for several hours each day to create anoxic zone in each basin. Effluent TSS concentration returned to compliance (23 mg/l) on 12/17/2009.

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

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

Unknown; pounds of TSS discharged each day (12/13-12/17/09) were below permit daily maximum limit of 1,380.

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Name: Joe Myers

Title: Superintendent

Signature:

Date: 12/19/2009

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

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

December 2009

DAY	DATE	WEATHER			INFLUENT				EFFLUENT											
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	J-D TTTL 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 /180 days	Ammonia as N lbs/day /180 days	
SUN	29	37	0.18	16.8	1.6130	116	1560			11.5	6.7	4.0	8	70						
MON	30	34	0.08	17.8	1.0560	134	1180			10.3	6.7	3.5	9	100			149			
TUE	1	36	0.15	18.6	1.2700	172	1822	166	1758	10.3	6.7	3.6	59	934			1.0			
WED	2	38	0.72	19.2	1.8990	124	1964			9.4	6.7	3.6	4	42						
THU	3	35	0.03	19.4	1.1370	150	1422			10.4	6.6	4.0								
FRI	4	30	0.00	19.1	0.9480															
SAT	5	27	0.00	18.4	0.8330															
SUN	6	23	0.00	17.2	0.8650	188	1356			10.7	6.7	3.7	8	56						
MON	7	27	0.00	15.7	0.7780	249	1616			11.3	6.7	3.2	7	42			9	51		
TUE	8	27	0.00	15.6	0.7150	228	1360	206	1228	10.1	6.7	3.8	10	59					4.0	
WED	9	28	0.00	15.7	0.7040	266	1562			11.2	6.9	2.9	5	30						
THU	10	30	0.00	15.9	0.6910	242	1395			10.6	6.9	2.8								
FRI	11	30	0.00	16.3	0.6470															
SAT	12	23	0.00	16.8	0.6780															
SUN	13	24	0.00	17.2	0.7620	208	1322	282	1792	10.8	6.9	3.4	50	315			13	63		
MON	14	25	0.00	17.5	0.7280	202	1226			10.0	6.9	3.2	113	686						
TUE	15	22	0.01	17.6	0.7700	248	1593	202	1297	10.8	6.8	3.2	188	1207			141	905		
WED	16	29	0.12	17.6	0.7520	284	1781			9.5	6.7	4.0	83	521					146	
THU	17	36	0.25	17.5	1.3780	166	1908			9.4	6.6	5.1	23	264						
FRI	18	33	0.47	17.2	0.7990															
SAT	19	29	0.02	16.6	0.7220															
SUN	20	22	0.00	15.8	0.7290	200	1216													
MON	21	18	0.00	14.9	0.6530	213	1160			10.0	6.8	4.3	11	66						
TUE	22	22	0.00	14.3	0.6240	214	1114	202	1051	9.3	6.7	4.0	15	74			23	120	19	
WED	23	31	0.15	14.1	0.6090	250	1270	307	1559	9.3	6.8	3.7	14	71			7	36		
THU	24	34	0.53	14.1	1.9490					8.6	6.7	3.9								
FRI	25	38	0.44	14.3	1.5470					10.8	6.7	4.7								
SAT	26	38	0.40	14.7	0.9980															
SUN	27	36	0.06	15.4	0.8410															
MON	28	35	0.00	16.4	0.8140	256	1738													
TUE	29	30	0.00	17.4	0.8630	250	1799	172	1238	10.5	6.7	3.3	11	79			8	54	1	
WED	30	27	0.00	18.5	0.7320	186	1136	212	1294	9.2	6.8	3.6	13	76			9	53		
THU	31	20	0.00	19.3	0.8600					9.0	6.8	3.5								
FRI	1	20	0.00	19.9	0.8090					10.2	6.8	3.8								
SAT	2	18	0.00	19.8	0.9090															
TOTAL			3.61		32.6820															
MINIMUM		38	0.72	19.9	1.9490	284	1964	307	1792	11.5	6.9	5.1	188	1207	141	905	146	N/A	N/A	
MAXIMUM		18	0.00	14.1	0.6090	116	1114	166	1051	8.6	6.6	2.8	4	30	7	36	1	N/A	N/A	
AVERAGE		29	0.103	16.9	0.9338	207	1477	219	1402	10.1	6.8	3.7	32	249	28	181	34	N/A	N/A	

% REMOVAL	
B.O.D.	87
S.S.	85

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

Weekly	TSS		BOD		Weekly Coliform Geo Mean
	Aver	MAX	mg/l	lbs	
WEEK1	25	7	350	14	149
WEEK2	7	45	9	51	4
WEEK3	91	599	77	494	146
WEEK4	13	73	15	78	19
WEEK5	11	73	8	53	1
MAX	91	599	77	494	146

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

AK0023213  
PERMIT NUMBER

001B  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801

MAJOR \$

(SUBR 01)

COMBINED SEWER OVERFLOW

External Outfall

No Discharge

FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
12/01/2009 TO 12/30/2009

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
JOE MYERS W/le SUPER  
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 furnished the information, I believe the information 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
[Signature]

TELEPHONE NUMBER: 907-586-0398  
DATE: 1/7/10

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