

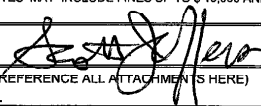
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

MINOR  
( SUBR 01)  
F - FINAL

PERMITTEE NAME/ADDRESS		AK0021407		001 A							
NAME: JUNEAU, CITY AND BOROUGH OF		PERMIT NUMBER		DISCHARGE NUMBER							
ADDRESS: 155 SOUTH SEWARD JUNEAU, ALASKA 99801		MONITORING PERIOD		YEAR MO DAY							
FACILITY: AUKU BAY TREATMENT FACILITY		FROM	YR MO DAY	TO	YEAR MO DAY						
LOCATION: JUNEAU, ALASKA			2004 07 01		2004 07 31						
				MAJOR (SUBR 01)							
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG, CENTIGRADE	SAMPLE MEASUREMENT	*****	*****		*****	17.3	17.9	(04)	0	5/7	
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX	DEG. C		DAILY	GRAB
BOD, 5-DAY ( °C)	SAMPLE MEASUREMENT	4.5	4.5	(26)	*****	11.4	11.4	(19)	0	1/MO	
00100 1 0 0	PERMIT REQUIREMENT	25 DAILY AVG	50 DAILY MAX	LBS/DAY	*****	30 DAILY AVG	60 DAILY MAX	MG/L		ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.1	*****	6.7	(12)	0	5/7	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MIN.	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.4	2.4	(26)	*****	6.0	6.0	(19)	0	1/MO	
00530 1 0 0	PERMIT REQUIREMENT	25 DAILY AVG	50 DAILY MAX	LBS/DAY	*****	30 DAILY AVG	60 DAILY MAX	MG/L		ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(25)	0	1/MO	
00545 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX	ML/L		DAILY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	7.0	7.0	(13)	0	1/MO	
00545 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30-DAY GEO	400 7-DAY GEO	# / 100 ML		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0709	*****	(03)	*****	*****	*****		0	7/7	CONT.
00550 1 0 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		DAILY	
<p>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$ 10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS.)</p>											
NAME/TITLE PRINCIPAL EXEC. OFFICER		TELEPHONE		DATE							
SCOTT JEFFERS, WW UTILITY SUPERINTENDENT		907	586	0393	2004 08 10						
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)											

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DISCHARGE MONITORING REPORT (DMR)**

MINOR  
( SUBR 01)  
F - FINAL

PERMITTEE NAME/ADDRESS				AK0021407				001 A			
NAME: JUNEAU, CITY AND BOROUGH OF				PERMIT NUMBER				DISCHARGE NUMBER			
ADDRESS: 155 SOUTH SEWARD						MONITORING PERIOD					
JUNEAU, ALASKA 99801				YEAR	MONTH	DAY	YEAR	MONTH	DAY		
FACILITY: AUKU BAY TREATMENT FACILITY				2004	07	01	2004	07	31		
LOCATION: JUNEAU, ALASKA				FROM		TO		MAJOR (SUBR 01)			
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MIN.	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.61	0.90	( 19)	1		
60060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.6	1.0			THREE/WEEK	GRAB
EFFLUENT GROSS VALUE						MONTHLY AVG.	MONTHLY MAX				
DISCHARGED OXYGEN	SAMPLE MEASUREMENT	*****	*****		1.5				3		
MINIMUM LEVEL EFFLUENT	PERMIT REQUIREMENT	*****	*****		2					ONCE/MONTH	GRAB
					MONTHLY MIN.						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXEC. OFFICER		SCOTT JEFFERS, WW UTILITY SUPERINTENDENT		TELEPHONE			DATE				
				907	586	0393	2004	08	10		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)										PG 2 OF 2	
CONCERNING VIOLATIONS PLEASE SEE ATTACHED.											