

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (If Different))
JUNEAU, CITY & BOROUGH OF
ADDRESS 155 S. SEWARD STREET
JUNEAU AK 99801

FACILITY NAME/ADDRESS (Include Facility Name/Location (If Different))
JUNEAU, CITY & BOROUGH OF
LOCATION JUNEAU AK 99801
ATTN: SCOTT JEFFERS, WWTP SUPT

AK0003312
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD
FROM 02 10 01 TO 02 10 31
YEAR MO DAY YEAR MO DAY

MAJOR (SUBR 01)
F - FINAL

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. CENTIGRADE	*****	*****	*****	*****	*****	*****	0	5/7	WEEK-DAYS
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	*****	*****	0	1/7	WEEKLY GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	1/7	WEEKLY GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	1/7	WEEKLY GRAB
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	1/30	ONCE/MONTH
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	1/30	ONCE/MONTH
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	1/30	ONCE/MONTH
EFFLUENT GROSS VALUE PH	*****	*****	*****	*****	*****	*****	0	5/7	WEEK-DAYS
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	0	5/7	WEEK-DAYS
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	0	5/7	WEEK-DAYS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers
TELEPHONE
DATE

907-89-9919 02 11 08
AREA NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
0 = SPECIFY ON DMR WHICH SPECIES TESTED (MUST TEST BOTH A BIVALVE SPECIES & AN ECHINODERM EACH QUARTER)
P = SPECIFY ON DMR WHICH SPECIES TESTED (MUST TEST BOTH A BIVALVE SPECIES & AN ECHINODERM EACH QUARTER)

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Differnet))
NAME JUNEAU, CITY & BOROUGH OF
ADDRESS 155 S. SEWARD STREET
JUNEAU AK 99801

FACILITY JUNEAU, CITY & BOROUGH OF
LOCATION JUNEAU AK 99801
ATTN: SCOTT JEFFERS, WWTP SUPT

AK0023213
PERMIT NUMBER

001A
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
02 10 01 TO 02 10 31

*** NO DISCHARGE ***
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PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	644	*****	(26)	*****	25	*****	(19)	0 5/7	ONCE / MONTH
00530 W 0 0	1035	*****	BS/DY	*****	45	*****	MG/L	0 5/7	ONCE / MONTH
SEE COMMENTS BELOW	340	2059	(26)	*****	15	48	(19)	2 5/7	ONCE / MONTH
SOLIDS, TOTAL SUSPENDED	340	2059	BS/DY	*****	15	48	MG/L	2 5/7	ONCE / MONTH
00530 I 0 0	1380	*****	BS/DY	*****	30	60	MG/L	0 1/80	SEMI-ANNUA
EFFLUENT GROSS VALUE	N/A	N/A	(26)	*****	N/A	N/A	(19)	0 1/80	SEMI-ANNUA
NITROGEN, AMMONIA TOTAL (AS N)	REPORT	REPORT	BS/DY	*****	REPORT	REPORT	MG/L	0 1/7	WEEKLY GRAB
00610 I 0 0	*****	*****	BS/DY	*****	25	*****	(13)	0 1/7	WEEKLY GRAB
EFFLUENT GROSS VALUE	*****	*****	BS/DY	*****	25	*****	(13)	0 1/7	WEEKLY GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	*****	*****	BS/DY	*****	800	*****	100ML	0 1/7	WEEKLY GRAB
31616 W 0 0	*****	*****	BS/DY	*****	5	50	(13)	0 1/7	WEEKLY GRAB
SEE COMMENTS BELOW	*****	*****	BS/DY	*****	5	50	(13)	0 1/7	WEEKLY GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	*****	*****	BS/DY	*****	5	50	(13)	0 1/7	WEEKLY GRAB
31616 I 0 0	*****	*****	BS/DY	*****	400	1200	100ML	0 CONT.	CONTINUOUS
EFFLUENT GROSS VALUE	1.936	5.745	(03)	*****	1.936	5.745	(23)	0 1/30	ONCE / MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	2.76	6.0	MGD	*****	2.76	6.0	MGD	0 1/30	ONCE / MONTH
50050 I 0 0	*****	*****	MGD	*****	91.7	*****	(23)	0 1/30	ONCE / MONTH
EFFLUENT GROSS VALUE	*****	*****	MGD	*****	91.7	*****	(23)	0 1/30	ONCE / MONTH
BOD, 5-DAY PERCENT REMOVAL	*****	*****	PERCENT	*****	*****	*****	PERCENT	0 1/30	ONCE / MONTH
81010 K 0 0	*****	*****	PERCENT	*****	*****	*****	PERCENT	0 1/30	ONCE / MONTH
PERCENTREMOVAL	*****	*****	PERCENT	*****	*****	*****	PERCENT	0 1/30	ONCE / MONTH

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/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utility Supt
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE
907-789-9919
AREA CODE NUMBER
02 11 08
DATE
YEAR MO DAY

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

0 = SPECIFY ON DMR WHICH SPECIES TESTED (MUST TEST BOTH A BIVALVE SPECIES & AN ECHINODERM EACH QUARTER)
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))
NAME JUNEAU, CITY & BOROUGH OF
ADDRESS 55 S. SEWARD STREET
JUNEAU AK 99801

AK0022212
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 02 10 01 TO 02 10 31

FACILITY JUNEAU, CITY & BOROUGH OF
LOCATION JUNEAU AK 99801
ATTN: SCOTT JEFFERS, WWTP SUPT

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PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	UNITS			
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	90.2	*****	*****	(23)	0	1/30		
PERCENT REMOVAL	*****	*****	85	*****	*****	PERCENT		ONCE / MONTH		CALC'D
PERCENT REMOVAL	*****	*****	AN Z RMV	*****	*****					
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