

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

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

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

ATTN: SCOTT JEFFERS, WWTP SUPT

MAJOR (SUBR 01)
F - FINAL

001
DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	DAY
02	12	01	31

*** 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	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
DEG. CENTIGRADE	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
00010 1 0 0	*****	*****	*****	*****	*****	*****	0	1/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
00300 1 0 0	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
00310 6 0 0	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
00310 W 0 0	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
00310 1 0 0	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
PH	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
00400 1 0 0	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
00530 6 0 0	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	GRAB

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 ensure 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
 Alaska Water Utility Supt.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]
 TELEPHONE NUMBER
 AREA CODE NUMBER
 DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 O = 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 if Different)
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, MWTP SUPT

PERMIT NUMBER
AK0023213

DISCHARGE NUMBER
001 B

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
02	12	01	TO	02	12	31

MAJOR (SUFR 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			
SOLIDS, TOTAL SUSPENDED	8.5	*****	(19)	*****	*****	*****	0	5/17	MONTHLY
PERMIT REQUIREMENT	45	*****	BS/DY	*****	*****	*****			MONTHLY
SEE COMMENTS BELOW									
SOLIDS, TOTAL SUSPENDED	6.6	*****	(19)	*****	11.0	*****	0	8/17	MONTHLY
PERMIT REQUIREMENT	30	*****	BS/DY	*****	60	*****			MONTHLY
SEE COMMENTS BELOW									
NITROGEN, AMMONIA TOTAL (AS N)	N/A	*****	(19)	*****	N/A	*****	0	1/180	WEEKLY
PERMIT REQUIREMENT	REPORT	*****	BS/DY	*****	REPORT	*****			WEEKLY
SEE COMMENTS BELOW									
COPPER	N/A	*****	(19)	*****	N/A	*****	0	1/190	WEEKLY
PERMIT REQUIREMENT	REPORT	*****	BS/DY	*****	REPORT	*****			WEEKLY
SEE COMMENTS BELOW									
TOTAL RECOVERABLE	29	*****	(13)	*****	*****	*****	0	1/17	WEEKLY
PERMIT REQUIREMENT	400	*****	BS/DY	*****	400	*****			WEEKLY
SEE COMMENTS BELOW									
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	29	*****	(13)	*****	130	*****	0	1/17	WEEKLY
PERMIT REQUIREMENT	400	*****	BS/DY	*****	400	*****			WEEKLY
SEE COMMENTS BELOW									
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	1.625	*****	(03)	*****	3.1040	*****	0	7/17	WEEKLY
PERMIT REQUIREMENT	6.0	*****	BS/DY	*****	6.0	*****			WEEKLY
SEE COMMENTS BELOW									
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	(03)	*****	*****	*****	0	7/17	WEEKLY
PERMIT REQUIREMENT	*****	*****	BS/DY	*****	*****	*****			WEEKLY
SEE COMMENTS BELOW									
50050 1 0 0	*****	*****	(03)	*****	*****	*****	0	7/17	WEEKLY
PERMIT REQUIREMENT	*****	*****	BS/DY	*****	*****	*****			WEEKLY
SEE COMMENTS BELOW									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SCOTT JEFFERS			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
	Typed or Printed			TELEPHONE			AREA CODE NUMBER		
	00018/020524-1033			001			566-0393		
	00018/020524-1033			001			566-0393		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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

MAJOR (SUBR 01)
F - FINAL

001
DISCHARGE NUMBER

AK99801
PERMIT NUMBER

MONITORING PERIOD

FROM 02 12 01 TO 02 12 31
YEAR MO DAY YEAR MO DAY

Y JUNEAU, CITY & BOROUGH OF
ON JUNEAU AK 99801
SCOTT JEFFERS, WWTP SUPT

*** 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			
5-DAY PERCENT VAL	*****	*****		96%	*****	(23)	0	1/7	
0 K 0 0 ENTREMOVAL REQUIREMENT	*****	*****	***	95 MIN 2 RMV	*****	PER- CENT	0	ONCE/ MONTH	CALCID
DS, SUSPENDED ENTREMOVAL REQUIREMENT	*****	*****	***	97%	*****	(23)	0	5/7	
1 K 0 0 ENTREMOVAL REQUIREMENT	*****	*****	***	95 MIN 2 RMV	*****	PER- CENT	0	ONCE/ MONTH	CALCID
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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TITLE PRINCIPAL EXECUTIVE OFFICER
S. Jeffers
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
S. Jeffers

AREA CODE NUMBER
07 586-1373

TELEPHONE DATE
YEAR MO DAY
03 01 07

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