

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: 1540 THANE ROAD
JUNEAU, AK 99801

FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: CATHERINE CARLSON, SUPERVISOR

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
COMBINED SEWER OVERFLOW
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****		When Discharging	CALCTD	
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 Q 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****		When Discharging	CALCTD	
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 R 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****		When Discharging	RCORPDR	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****		When Discharging	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 Q 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****		When Discharging	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 R 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****		When Discharging	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00350 P 0 See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****		When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
TYPED OR PRINTED

I certify, under penalty of law that the treatment and all discharges were prepared under my direction or supervision in person or with a specialist to assure that the permittee is in compliance with the permit and all applicable laws, 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
Scott Jeffers

TELEPHONE
AREA CODE: 907-586-0733 NUMBER: 07 YEAR: 11 MO: 08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING

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MAJOR \$
(SUBR01)
COMBINED SEWER OVERFLOW
External Outfall

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Solids, total suspended										
00530 Q 0		Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB
See Comments										
Solids, total suspended										
00530 R 0		Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB
See Comments										
Coliform, fecal MF, MFC broth, 44.5 C										
31616 P 0		*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB
See Comments										
Coliform, fecal MF, MFC broth, 44.5 C										
31616 Q 0		*****	*****		*****	Req. Mon. WKL Y AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB
See Comments										
Coliform, fecal MF, MFC broth, 44.5 C										
31616 R 0		*****	*****		*****	Req. Mon. WKL Y AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB
See Comments										
Duration of discharge										
81381 P 0		*****	*****	Req. Mon. EVENT TOT	*****	*****	*****	*****	When Discharging	CALCTD
See Comments										
Duration of discharge										
81381 Q 0		*****	*****	Req. Mon. EVENT TOT	*****	*****	*****	*****	When Discharging	CALCTD
See Comments										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that the 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.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
SCOTT JEFFERS	WILSON		<i>Scott Jeffers</i>	907-586-0393	07 11 08
TYPED OR PRINTED				AREA CODE	NUMBER
					YEAR
					MO
					DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING

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No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	When Discharging	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. EVENT	VALUE	UNITS	REQ. MON. EVENT				
Duration of discharge		*****			*****						
81381 R 0		*****			*****						
See Comments		*****			*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 of those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I understand it may be subject to audit and review for penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
SCOTT JEFFERS WILSON TYPED OR PRINTED				907-5866313	07 11 08
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	P = N-1/Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING			AREA CODE	NUMBER
					YEAR
					MO
					DAY