

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

Form Approved. OMB No. 2040-0004
MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

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: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2007	11	1
YR	MO	DAY
2007	11	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS					
TEMPERATURE WATER DEG. CENTIGRADE 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C) 00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP-24
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP-24
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP-24
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP-24
RAW SEW/INFLUENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	0	1/30	COMP-24

Scott Jeffers
Wastewater Utilities Superintendent

Scott Jeffers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
2007 YEAR
12 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 11/04/2007 through 12/01/2007.
(Reference all attachments here)
EPA Form 3320-1 (03-99) Previous editions may be used.
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
00434/981209 1904
PAGE 1 OF 3

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

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OMB No. 2040-0004

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ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			YEAR	MO	DAY	YEAR	MO	DAY
FROM	2007	11	1	TO	2007	11	30	

PARAMETER

QUANTITY OR LOADING

QUALITY OR CONCENTRATION

NO. EX

FREQUENCY OF ANALYSIS

SAMPLE TYPE

PARAMETER	QUANTITY OR LOADING	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	(26)	*****	8.3	*****	(19)	0	5/7	GRAB
00530 W 0 0	PERMIT REQUIREMENT		*****	45	*****			ONCE/MONTH	GRAB
SEE COMMENTS BELOW	WPLY AVG	LBS/DAY	*****	7.8	*****	(19)	0	5/7	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	(26)	*****	30	60	(19)	0	ONCE/MONTH	GRAB
00530 1 0 0	PERMIT REQUIREMENT		*****	N/A	N/A			1/180	COMP-24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	(26)	*****	N/A	N/A	(19)	0	1/90	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT		*****	14	*****	(13)	0	ONCE/QUARTER	GRAB
00610 1 0 0	PERMIT REQUIREMENT		*****	800	*****	#/ML100		ONCE/WEEK	COMP-24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	(19)	*****	11	14	(13)	0	ONCE/WEEK	COMP-24
COPPER	PERMIT REQUIREMENT		*****	400	1200	#/ML100		ONCE/WEEK	COMP-24
01119 1 0 0	PERMIT REQUIREMENT		*****	2.76	6.0	MGD		7/7	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	(03)	*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
COLIFORM, FECAL MF	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
31616 W 0 0	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
COLIFORM, FECAL MF	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
M-F-C BROTH, 44.5 C	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
31616 1 0 0	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
50050 1 0 0	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		*****	1.0602	1.3420	(03)	0	CONTINUOUS	GRAB
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 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.								
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
907	TELEPHONE								
586-0393	PHONE NUMBER								
2007	DATE								
12	MO								
10	DAY								

The reporting period was from 11/04/2007 through 12/01/2007.

(Reference all attachments here)

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

Form Approved,
OMB No. 2040-0004

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
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2007	11	1
TO	YEAR	MO
2007	2007	11
		DAY
		30

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
COLIFORM, FECAL MF M-F-C BROTH, 44.5 C 31616 1 0 0	MEASUREMENT	*****	*****	(26)	*****	*****	4.0	(13)	0	1/30	ONCE/MO MAY-OCT
	PERMIT REQUIREMENT	*****	*****	LBS/DAY	*****	*****	REPORT DAILY MAX	#/ML100		2 TIMES NOV-APR AND 1/180	GRAB
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
SAMPLE	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
Scott Jeffers Wastewater Utilities Superintendent	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
COMMENT AND EXPLANATION OF ANY VIOLATIONS	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
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.											
TYPED OR PRINTED										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
The reporting period was from 11/04/2007 through 12/01/2007.										Reference all attachments here)	
EPA Form 3320-1 (03-99) Previous editions may be used.										REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.	
907										TELEPHONE	
2007										586-0393	
12										PHONE NUMBER	
10										DATE	
10										YEAR	

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

November 2007

DAY	DATE	WEATHER			INFILTRANT						EFFLUENT								
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TITL 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	FECL Coliform /100 ml	Ammonia as N mg/l /180 days	Ammonia as N lbs/day /180 days
SUN	4	36	0.40	14.9	1.1550	172	1657			12.1	6.8	3.3	5.2	50					
MON	5	34	0.11	15.7	1.0980	164	1502			11.4	6.9	3.0	4.4	43					
TUE	6	33	0.00	16.4	1.1810	262	2581	177	1743	13.6	7.0	3.4	13.0	119					
WED	7	33	0.01	17.0	1.1020	222	2040			12.7	7.0	3.9	8.0	73					12.0
THU	8	32	0.00	17.3	1.0980	233	2116			12.7	6.9	3.6							
FRI	9	36	0.05	17.5	1.0150														
SAT	10	36	0.30	17.5	1.2640														
SUN	11	38	0.02	17.3	1.0510	140	1227			11.9	6.9	2.6	7.0	61					
MON	12	35	0.03	17.0	1.0730	194	1736			12.1	6.9	3.7	8.4	75					
TUE	13	38	0.14	16.4	1.0750	180	1614			12.8	6.9	3.4	9.0	68					14.0
WED	14	39	0.12	15.7	0.9630	222	1783			12.9	6.9	3.1	6.0	64					
THU	15	41	0.10	14.9	1.2690	224	2371			13.1	6.8	3.1							
FRI	16	42	0.46	14.0	1.1670														
SAT	17	35	0.00	13.3	0.8610														
SUN	18	34	0.06	13.7	0.9250	205	1581						8.0	62					
MON	19	37	0.06	14.8	0.8950	198	1478			13.1	6.9	3.5	7.6	57					
TUE	20	37	0.00	16.1	0.9310	224	1739			13.0	6.9	3.4	11.6	90					
WED	21	39	0.02	17.5	0.8890	206	1527			13.3	7.0	3.3	8.2	61					10
THU	22	38	0.00	18.8	0.8920	202	1503			14.4	7.0	3.6	4.8	36					
FRI	23	39	0.37	19.8	1.3250					13.1	6.8	3.4							
SAT	24	38	0.19	20.4	1.1760														
SUN	25	38	0.08	20.4	1.3420	190	2127						10.4	116					
MON	26	38	0.38	19.9	1.2950	193	2084			12.2	6.8	3.4	9.2	99					
TUE	27	37	0.04	18.9	1.1190	202	1885			12.2	6.8	3.4	8.0	75					
WED	28	35	0.05	17.5	0.9770	200	1630			12.7	6.8	3.5	7.8	64					10
THU	29	28	0.00	16.0	0.8760	227	1658			12.0	6.8	3.2	6.0	44					
FRI	30	30	0.00	14.7	0.8410					11.8	6.8	3.3							
SAT	1	26	0.00	14.5	0.8390														
TOTAL			2.99		29.6850														
MAXIMUM		42	0.46	20.4	1.3420	262	2581	177	1743	14.4	7.0	3.9	13.0	119					14
MINIMUM		26	0.00	13.3	0.8390	140	1227	177	1743	11.4	6.8	2.6	4.4	36					10
AVERAGE		36	0.107	16.7	1.0602	203	1792	177	1743	12.7	6.9	3.4	7.8	69					11

% REMOVAL	
B.O.D.	98
S.S.	96

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

Weeklv	SS/BOD		BOD		Weeklv	Coliform	
	Aver	mg/l	mg/l	lbs		Geo. Mean	Geo. Mean
WEEK1	7	68	3	34	12		
WEEK2	8	68			14		
WEEK3	8	61			10		
WEEK4	8	80			10		
MAX	8	80	3	34	14		

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

AK0029213	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	30
FROM			TO		

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

No Discharge

PARAMETER	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	*****		*****		*****			When Discharging	CALCTD
00056 P 0	PERMIT REQUIREMENT	*****		*****		*****			When Discharging	CALCTD
See Comments										
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****			When Discharging	RCORDR
00056 Q 0	PERMIT REQUIREMENT	*****		*****		*****			When Discharging	RCORDR
See Comments										
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
00056 R 0	PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
See Comments										
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
00310 P 0	PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
See Comments										
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
00310 Q 0	PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
See Comments										
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
00310 R 0	PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
See Comments										
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
00530 P 0	PERMIT REQUIREMENT	*****		*****		*****			When Discharging	GRAB
See Comments										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SCOTT JEFFERS WJWSM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			907-586-0313	07 12 03

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

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	11	01	07	11	30

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SCOTT JEFFERS WILSON

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 persons who manage the reporting entity's information submitted to the public. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 907-586-0393
AREA CODE: 907
NUMBER: 586-0393
DATE: 07/12/03
YEAR: 07
MO: 12
DAY: 03

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

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	11	01	07	11	30

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			
Duration of discharge 81381 R 0 See Comments		*****		*****		*****				CALCTD
									When Discharging	

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 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 AREA CODE	TELEPHONE NUMBER	YEAR	MO	DAY
SCOTT JEFFERS WILSON TYPED OR PRINTED				907	586-0373	07	12	03

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