

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: 5433 SHAUNE DRIVE
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	05	01	08	05	31

FROM

No Discharge

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

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 <i>Sarah J. Haffers</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	

TELEPHONE	DATE
707-586-0393	08 06 4
AREA Code NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
P = N-11Q = N-11, 2R = N-15, 1 RECORD 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: 5438 SHAUNE DRIVE
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801
ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)

COMBINED SEWER OVERFLOW
External Outfall

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
08	05	01	08	05	31

FROM TO

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	*****		*****	*****	*****				
00056 P 0 See Comments	*****	Req. Mon. EVNT TOT	*****	*****	*****		When Discharging	CALCTD	
Flow rate	*****		*****	*****	*****				
00056 Q 0 See Comments	*****	Req. Mon. EVNT TOT	*****	*****	*****		When Discharging	CALCTD	
Flow rate	*****		*****	*****	*****				
00056 R 0 See Comments	*****	Req. Mon. DAILY MX	*****	*****	*****		When Discharging	RCORDR	
BOD, 5-day, 20 deg. C	*****		*****	*****	*****				
00310 P 0 See Comments	*****	Req. Mon. DAILY MX	*****	*****	*****	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	*****		*****	*****	*****				
00310 Q 0 See Comments	*****	Req. Mon. DAILY MX	*****	*****	*****	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	*****		*****	*****	*****				
00310 R 0 See Comments	*****	Req. Mon. DAILY MX	*****	*****	*****	mg/L	When Discharging	GRAB	
Solids, total suspended	*****		*****	*****	*****				
00530 P 0 See Comments	*****	Req. Mon. DAILY MX	*****	*****	*****	mg/L	When Discharging	GRAB	

NAME/TITLE <i>Scott Jeffers</i> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE 907-586-0343	DATE 08 06 04
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING		AREA Code	NUMBER
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the act, and that I am a duly licensed professional engineer and duly registered professional geologist in the State of Alaska, and I am the only person who has authorized the information submitted 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.			

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: 5433 SHAUNE DRIVE
JUNEAU, AK 99801

FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)

COMBINED SEWER OVERFLOW
External Outfall

MONITORING PERIOD					
FROM		TO			
YEAR	MO	DAY	YEAR	MO	DAY
08	05	01	08	05	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Duration of discharge		*****		*****	*****	*****				
81381 R 0		*****	Req. Mon. EVNT TOT	*****	*****	*****			When Discharging	CALCTD
See Comments			min							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of Alaska, and I am not providing false or misleading information. Based on my inquiry of the person or persons who designed, evaluated, 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 <i>Scott Jeffers</i>	TELEPHONE		DATE	
	907-586-0393	08 6 4	AREA Code	YEAR MO DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>		NUMBER		

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

P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING

AK-002321-3 PERMIT NUMBER
 001 A DISCHARGE NUMBER

MONITORING PERIOD
 YR 2008 MO 5 DAY 1 TO 2008 MO 5 DAY 31

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
 JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
 FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
 LOCATION: JUNEAU, ALASKA 99801
 ATT: Scott Jeffers WW Utilities Superintendent

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM		MINIMUM	AVERAGE			
TEMPERATURE, WATER	*****	*****	****	*****	16.8	0	5/7	GRAB
DEG. CENTIGRADE	*****	*****	*****	*****	REPORT DAILY MAX	0	WEEK DAYS	GRAB
00010 1 0 0	*****	*****	*****	*****	4.3	0	1/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	17.0	0	ONCE/ WEEK	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	DAILY MAX	0	ONCE/ MONTH	COMP 24
00300 1 0 0	*****	*****	*****	*****	104.0	0	1/30	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT MO AVG	0	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	3.1	0	1/30	COMP 24
00310 G 0 0	*****	*****	*****	*****	45	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	*****	WKLY AVG	0	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	(26)	*****	3.1	0	1/30	COMP 24
00310 W 0 0	*****	*****	LBS/DAY	*****	3.1	0	ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW	*****	*****	(26)	*****	60	0	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	LBS/DAY	*****	DAILY MAX	0	ONCE/ MONTH	COMP 24
00310 1 0 0	*****	*****	LBS/DAY	*****	6.9	0	5/7	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	6.0	0	WEEK DAYS	GRAB
pH	*****	*****	*****	*****	8.5	0	1/30	COMP 24
00400 1 0 0	*****	*****	*****	*****	MIN.	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT MO AVG	0	ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	244	0	1/30	COMP 24
00530 G 0 0	*****	*****	*****	*****	REPORT MO AVG	0	ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Scott Jeffers
 Wastewater Utilities Superintendent

907 AREA CODE 586-0393 TELEPHONE
 2008 YEAR 6 MO 5 DAY
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 The reporting period was from 05/04/2008 through 05/31/2008.
 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
 (Reference all attachments here)
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR 2008
 MO 5
 DAY 1
 TO 2008
 MO 5
 DAY 31

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)
 JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
SOLIDS, TOTAL SUSPENDED	280.4	*****	*****	(26)	20.3	*****	*****	0	5/7	ONCE/MONTH
00530 W 0 0	1035	*****	*****	LBS/DAY	45	*****	*****	0	5/7	ONCE/MONTH
SEE COMMENTS BELOW	180.7	617.1	*****	(26)	15.7	29.2	*****	0	5/7	ONCE/MONTH
SOLIDS, TOTAL SUSPENDED	690	1380	*****	LBS/DAY	30	60	*****	0	1/180	ONCE/MONTH
00530 1 0 0	N/A	N/A	*****	(26)	N/A	N/A	*****	0	1/90	ONCE/QUARTER
EFFLUENT GROSS VALUE	REPORT	REPORT	*****	LBS/DAY	REPORT	REPORT	*****	0	1/7	ONCE/WEEK
00610 1 0 0	MO AVG	DAILY MAX	*****	LBS/DAY	MO AVG	DAILY MAX	*****	0	1/7	ONCE/WEEK
EFFLUENT GROSS VALUE	*****	*****	*****	(03)	129	*****	*****	0	7/7	CONTINUOUS
COPPER	*****	*****	*****	MGD	18	129	*****	0	7/7	CONTINUOUS
TOTAL RECOVERABLE	*****	*****	*****	MG/L	800	*****	*****	0	7/7	CONTINUOUS
01119 1 0 0	*****	*****	*****	MG/L	129	*****	*****	0	7/7	CONTINUOUS
EFFLUENT GROSS VALUE	*****	*****	*****	(13)	*****	*****	*****	0	7/7	CONTINUOUS
COLIFORM, FECAL MF	*****	*****	*****	#/ML100	*****	*****	*****	0	7/7	CONTINUOUS
M-FC BROTH, 44.5 C	*****	*****	*****	(13)	*****	*****	*****	0	7/7	CONTINUOUS
31616 W 0 0	*****	*****	*****	MG/L	*****	*****	*****	0	7/7	CONTINUOUS
SEE COMMENTS BELOW	*****	*****	*****	MG/L	*****	*****	*****	0	7/7	CONTINUOUS
COLIFORM, FECAL MF	*****	*****	*****	MG/L	*****	*****	*****	0	7/7	CONTINUOUS
M-FC BROTH, 44.5 C	*****	*****	*****	(13)	*****	*****	*****	0	7/7	CONTINUOUS
31616 1 0 0	*****	*****	*****	MG/L	*****	*****	*****	0	7/7	CONTINUOUS
EFFLUENT GROSS VALUE	1.2857	3.4080	*****	(03)	*****	*****	*****	0	7/7	CONTINUOUS
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	2.76	6.0	*****	MGD	*****	*****	*****	0	7/7	CONTINUOUS
50050 1 0 0	MO AVG	DAILY MAX	*****	MGD	*****	*****	*****	0	7/7	CONTINUOUS
EFFLUENT GROSS VALUE	*****	*****	*****	MGD	*****	*****	*****	0	7/7	CONTINUOUS
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									
TYPED OR PRINTED	TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE 2008 YEAR 6 MO 5 DAY									
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here) The reporting period was from 05/04/2008 through 05/31/2008.									

