

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 DIRECTOR

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	06	01	08	06	30
FROM			TO		

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	PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	CALCTD	
Flow rate	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 R 0 See Comments	PERMIT REQUIREMENT	*****	Mgal/d	*****		*****		When Discharging	RCORDR	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 P 0 See Comments	PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 Q 0 See Comments	PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00310 R 0 See Comments	PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	lb/d	*****		*****	Req. Mon. DAILY MX	When Discharging	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE	
SCOTT JONES w/w Supt.	586-6393	08	07	09
TYPED OR PRINTED	AREA Code	NUMBER	YEAR	MO DAY
	586	6393	08	07 09
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
<i>Scott Jones</i>				

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)
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 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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	06	01	08	06	30

FROM

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

No Discharge ~~X~~

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JAMES W. SPT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott James W. SPT</i>	TELEPHONE	DATE
		AREA Code NUMBER	YEAR MO DAY
		27-566 0313	08 07 09

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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ADDRESS: 5433 SHAUNE DRIVE
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FACILITY: JUNEAU, CITY AND BOROUGH OF
LOCATION: 1540 THANE ROAD
JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

001B
DISCHARGE NUMBER

AK0029213
PERMIT NUMBER

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

COMBINED SEWER OVERFLOW
External Outfall

No Discharge

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	06	01	08	06	30
FROM			TO		

PARAMETER	SAMPLE MEASUREMENT PERMIT 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 See Comments		*****		*****	*****	*****			When Discharging	CALCTD
		*****	Req. Mon. EVNT TOT	*****	*****	*****				
			min							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Scott Jeffers w/w Supt</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE	DATE
TYPED OR PRINTED		AREA Code NUMBER	YEAR MO DAY
		07-586-0343	08 07 09

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 furnished the information, I am aware that there are significant violations. I am aware that there are significant violations. I am aware that there are significant violations.

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