


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, Acting WW Utilities Superintendent

AK-002321-3 PERMIT NUMBER  
 001 A DISCHARGE NUMBER  
 MONITORING PERIOD  
 YR 2008 MO 11 DAY 1 TO 2008 MO 11 DAY 30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. CENTIGRADE	*****	*****	****	*****	*****	(04)	0	5/7 WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DEG. C	0	1/7 WEEK	GRAB
OXYGEN, DISSOLVED (DO)	*****	*****	*****	3.3	*****	(19)	0	1/30 ONCE/ WEEK	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	2.0	*****	Mg/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	DAILY MIN.	78.4	(19)	0	1/30 ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	*****	REPORT MO AVG	Mg/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	30.4	*****	(26)	*****	3.8	(19)	0	1/30 ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW	1035	*****	LBS/DAY	*****	45	Mg/L	0	1/30 ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	30.4	30.4	(26)	*****	3.8	(19)	0	1/30 ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	690	1380	LBS/DAY	*****	30	Mg/L	0	1/30 ONCE/ MONTH	COMP 24
pH	*****	*****	*****	6.0	*****	(12)	0	5/7 WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	6.0	*****	SU	0	1/30 ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	8.5	(19)	0	1/30 ONCE/ MONTH	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	*****	206	Mg/L	0	1/30 ONCE/ MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Scott Jeffers Acting WW Utilities Superintendent  
 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.  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
  
 2008 YEAR 12 MO 10 DAY  
 907 AREA CODE 586-0393 TELEPHONE  
 PHONE NUMBER DATE

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, Acting WW Utilities Superintendent

**AK-002321-3**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

**NOTE: Read instructions before completing this form.**

**MONITORING PERIOD**  
 YR: 2008 MO: 11 DAY: 1  
 TO: 2008 YEAR: 2008 MO: 11 DAY: 30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	225.6	*****	(26)	*****	14.2	(19)	0		
00530 W 0 0	1035	*****	LBS/DAY	*****	45	MG/L	0	5/7	ONCE/ MONTH
SEE COMMENTS BELOW	139.6	*****	(26)	*****	12.4	(19)	0	5/7	ONCE/ MONTH
SOLIDS, TOTAL SUSPENDED	690	1380	LBS/DAY	*****	30	MG/L	0	5/7	ONCE/ MONTH
00530 1 0 0	N/A	N/A	(26)	*****	N/A	(19)	0	1/180	SEMI- ANNUAL
EFFLUENT GROSS VALUE	REPORT	REPORT	LBS/DAY	*****	REPORT	MG/L	0	1/7	ONCE/ WEEK
NITROGEN, AMMONIA TOTAL (AS N)	MO AVG	DAILY MAX	(03)	*****	35	(13)	0		COMP 24
00610 1 0 0	*****	*****	****	*****	800	#/ ML100	0		COMP 24
EFFLUENT GROSS VALUE	*****	*****	****	*****	7	(13)	0	1/7	ONCE/ WEEK
COLIFORM, FECAL MF	*****	*****	****	*****	400	#/ ML100	0	7/7	CONTINUOUS
M-FC BROTH, 44.5 C	*****	*****	****	*****	MO GEO	PERCENT	0	1/30	ONCE/ MONTH
31616 W 0 0	*****	*****	****	*****	95.2	(23)	0		COMP 24
SEE COMMENTS BELOW	*****	*****	****	*****	85 MIN. % REMOVAL				COMP 24
COLIFORM, FECAL MF	1.4008	3.0410	(03)	*****	*****				
M-FC BROTH, 44.5 C	2.76	6.0	MGD	*****	*****				
31616 1 0 0	MO AVG	DAILY MAX	****	*****	*****				
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****				
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	*****	*****	****	*****	*****				
50050 1 0 0	*****	*****	****	*****	*****				
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****				
BOD, 5-DAY PERCENT REMOVAL	*****	*****	****	*****	*****				
81010 K 0 0	*****	*****	****	*****	*****				
PERCENT REMOVAL	*****	*****	****	*****	*****				

*Scott Jeffers*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TYPED OR PRINTED**  
 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
 Acting WW Utilities Superintendent

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
 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.

(Reference all attachments here)  
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

**The reporting period was from 11/02/2008 through 11/29/2008.**







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: 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	11	01	08	11	30

FROM

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	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 P 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	*****		*****		When Discharging	CALCTD	
Flow rate	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 Q 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	*****		*****		When Discharging	CALCTD	
Flow rate	MEASUREMENT PERMIT REQUIREMENT	*****		*****		*****				
00056 R 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****		When Discharging	RCORDR	
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****				
00310 P 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****				
00310 Q 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****	mg/L	When Discharging	GRAB	
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****				
00310 R 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****	mg/L	When Discharging	GRAB	
Solids, total suspended	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****				
00530 P 0 See Comments	MEASUREMENT PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		*****	mg/L	When Discharging	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 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 that I have reviewed and this report is true, accurate, and complete. I declare that there are no significant omissions or misstatements of material information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**SCOTT JEFFERS** w/w 54PER.  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Scott Jeffers*

TELEPHONE		DATE	
907-586-0313	08 12 08	YEAR	MO DAY
AREA Code	NUMBER		

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: 5433 SHAUNE DRIVE  
JUNEAU, AK 99801

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

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

FROM 08 11 01 TO 08 11 30

MONITORING PERIOD			
YEAR	MO	DAY	TO
08	11	01	30

No Discharge

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE	DATE
TYPED OR PRINTED		907-586-0393	08 12 08
		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

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	11	01	TO	08	11	30

FROM

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS w/w/Signer</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE	DATE
		907-586-0593	08 12 08
TYPED OR PRINTED		AREA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P = N-11Q = N-11, 2R = N-15, 1 RECORD REASONING FOR EACH OPENING			YEAR MO DAY

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 true, accurate, and complete. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including the possibility of fines and imprisonment for knowing violations).