

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

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
YR	MO	DAY	TO	YR	MO	DAY	YR	MO	DAY				
2009	1	1	1	2009	1	1	2009	1	31	0	5/7	WEEK DAYS	GRAB
2009	1	1	1	2009	1	1	2009	1	31	0	1/7	ONCE/ WEEK	GRAB
2009	1	1	1	2009	1	1	2009	1	31	0	1/30	ONCE/ MONTH	COMP 24
2009	1	1	1	2009	1	1	2009	1	31	0	1/30	ONCE/ MONTH	COMP 24
2009	1	1	1	2009	1	1	2009	1	31	0	1/30	ONCE/ MONTH	COMP 24

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	PERMIT		MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	*****	*****	*****	****	*****	11.0	(04)	0		
DEG, CENTIGRADE	*****	*****	*****	****	*****	REPORT DAILY MAX	DEG. C			
00010 1 0 0	*****	*****	*****	****	*****	5.8	(19)	0		
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	17.0	MG/L			
OXYGEN, DISSOLVED (DO)	*****	*****	*****	****	*****	69.7	(19)	0		
00300 1 0 0	*****	*****	*****	****	*****	REPORT MO AVG	MG/L			
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	3.0	(19)	0		
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	*****	45	MG/L			
00310 G 0 0	*****	*****	*****	****	*****	3.0	(19)	0		
RAW SEW/INFLUENT	*****	*****	*****	****	*****	WPKLY AVG	MG/L			
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	*****	3.0	(19)	0		
00310 W 0 0	*****	*****	*****	****	*****	3.0	(19)	0		
SEE COMMENTS BELOW	*****	*****	*****	****	*****	30	MG/L			
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	****	*****	6.3	(12)	0		
00310 1 0 0	*****	*****	*****	****	*****	6.0	SU			
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	167	(19)	0		
pH	*****	*****	*****	****	*****	REPORT MO AVG	MG/L			
00400 1 0 0	*****	*****	*****	****	*****	8.5	SU			
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	MAXIMUM	(19)	0		
SOLIDS, TOTAL	*****	*****	*****	****	*****	*****	MG/L			
SUSPENDED	*****	*****	*****	****	*****	*****	MG/L			
00530 G 0 0	*****	*****	*****	****	*****	*****	MG/L			
RAW SEW/INFLUENT	*****	*****	*****	****	*****	*****	MG/L			

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


907 AREA CODE
 586-0393 TELEPHONE
 2009 YEAR
 2 MO
 9 DAY

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.

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, Acting WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	1	1	
YR	MO	DAY	TO
2009	1	1	

QUANTITY OR LOADING		QUANTITY OR CONCENTRATION	
AVERAGE	MAXIMUM	MINIMUM	MAXIMUM
3336.5	*****	103.4	*****
1035	*****	45	*****
1154.7	11595.6	39.6	329.0
690	1380	30	60
N/A	N/A	N/A	N/A
REPORT MO AVG	REPORT DAILY MAX	REPORT MO AVG	REPORT DAILY MAX
*****	*****	197	*****
*****	*****	800	*****
*****	*****	32	1500
*****	*****	400	1200
1.6003	4.9290	MO GEO	DAILY MAX
2.76	6.0	*****	*****
*****	*****	*****	*****
*****	*****	95.7	(23)
*****	*****	85 MIN. %	REMOVAL
*****	*****	*****	*****

PARAMETER	SAMPLE MEASUREMENT	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
						AVERAGE	MAXIMUM	MINIMUM	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	(26)	3	ONCE/MONTH	GRAB	3336.5	*****	103.4	*****	3	ONCE/MONTH	GRAB
00530 W 0 0	PERMIT REQUIREMENT	LBS/DAY	6	ONCE/MONTH	GRAB	1035	*****	45	*****	6	ONCE/MONTH	GRAB
SEE COMMENTS BELOW		(26)				1154.7	11595.6	39.6	329.0			
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	LBS/DAY	0	ONCE/MONTH	GRAB	690	1380	30	60	0	ONCE/MONTH	GRAB
00530 1 0 0	PERMIT REQUIREMENT	LBS/DAY				N/A	N/A	N/A	N/A			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	LBS/DAY				REPORT MO AVG	REPORT DAILY MAX	REPORT MO AVG	REPORT DAILY MAX		SEMI-ANNUAL	COMP 24
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	LBS/DAY				*****	*****	197	*****		1/180	COMP 24
00610 1 0 0	PERMIT REQUIREMENT	LBS/DAY				*****	*****	*****	*****		1/7	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	LBS/DAY				*****	*****	*****	*****		ONCE/WEEK	COMP 24
COLIFORM, FECAL MF	PERMIT REQUIREMENT	****				*****	*****	800	*****		ONCE/WEEK	COMP 24
M-FC BROTH, 44.5 C	PERMIT REQUIREMENT	****				*****	*****	WPKY GEO	*****		ONCE/WEEK	COMP 24
31616 W 0 0	PERMIT REQUIREMENT	****				*****	*****	*****	*****		ONCE/WEEK	COMP 24
SEE COMMENTS BELOW		****				*****	*****	32	1500	1	ONCE/WEEK	COMP 24
COLIFORM, FECAL MF	PERMIT REQUIREMENT	****				*****	*****	*****	*****		ONCE/WEEK	COMP 24
M-FC BROTH, 44.5 C	PERMIT REQUIREMENT	****				*****	*****	400	1200		ONCE/WEEK	COMP 24
31616 1 0 0	PERMIT REQUIREMENT	****				*****	*****	MO GEO	DAILY MAX	0	ONCE/WEEK	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	(03)				*****	*****	*****	*****		CONTINUOUS	GRAB
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	MGD				1.6003	4.9290	*****	*****		CONTINUOUS	GRAB
50050 1 0 0	PERMIT REQUIREMENT	MGD				2.76	6.0	*****	*****	0	1/30	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MGD				*****	*****	*****	*****		ONCE/MONTH	COMP 24
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	****				*****	*****	*****	*****		ONCE/MONTH	COMP 24
81010 K 0 0	PERMIT REQUIREMENT	****				*****	*****	*****	*****		ONCE/MONTH	COMP 24
PERCENT REMOVAL	PERMIT REQUIREMENT	****				*****	*****	*****	*****		ONCE/MONTH	COMP 24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 586-0393
 AREA CODE: 907
 PHONE NUMBER: 586-0393
 DATE: 2009
 MO: 2
 DAY: 9

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
 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	MO	DAY	TO
2009	1	1	
YR	MO	DAY	TO
2009	1	31	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, SUSPENDED	*****	*****	****	76.4	*****	(23)	1	1/30	
PERCENT REMOVAL	*****	*****	****	85 MIN. %	REPORT	%		ONCE/	GRAB
81011 K 0 0	*****	*****	****	REMOVAL	DAILY MAX	PERCENT		MONTH	
PERCENT REMOVAL									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
 Acting W/W Utilities Superintendent

TYPED OR PRINTED

Signature: *[Handwritten Signature]*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE, 586-0393 TELEPHONE

2009 YEAR, 7 MO, 9 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 01/04/2009 through 01/31/2009.

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 authorizing 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). 00434/981209 1904

EPA Form 3320-1 (03-98) Previous editions may be used. PAGE 3 OF 3

MAJOR (SUB 01) OMB No. 2040-0004
 F - FINAL
 Form Approved.

DISCHARGE NUMBER REC-1

AK-002321-3
 PERMIT NUMBER

MONITORING PERIOD

YR 2009 MO 1 DAY 1
 YEAR 2009 MO 1 DAY 31

FROM TO

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
COLIFORM, FECAL MF	*****	*****	*****	*****	*****	*****	0			
M-FC BROTH, 44.5 C	*****	*****	*****	*****	*****	*****		Monthly	GRAB	
31616 1 0 0	*****	LBS/DAY	*****	*****	*****	*****		MAY-OCT AND 1/180		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****		2 TIMES		
	*****	*****	*****	*****	*****	*****		NOV- APR		

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 W/W Utilities Superintendent

TELEPHONE

AREA CODE 907
 PHONE NUMBER 586-0393

DATE 2009 YEAR 2 MO 2 DAY 9

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 01/04/2009 through 01/31/2009.

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

Previous editions may be used.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

January 2009

Juneau, Alaska

EPA REPORT

DAY	DATE	WEATHER			INFLUENT					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	FECAL Coliform /100 ml	Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days	
SUN	4	23	0.26	15.1	1.0340	172	1483			9.8	6.7	3.7	12.2	105						
MON	5	18	0.06	15.3	0.9210	266	2043			10.8	6.5	3.2	11.2	90	3.00	24				
TUE	6	9	0.00	15.8	0.9630	254	2040		560	10.3	6.5	3.3	20.8	174		8.0				
WED	7	-1	0.00	16.6	1.0040	224	1876			10.4	6.5	3.3	10.6	94						
THU	8	9	0.38	17.6	1.0610	194	1717			10.3	6.5	3.4								
FRI	9	22	0.25	18.6	1.0450															
SAT	10	25	0.42	19.5	1.0880															
SUN	11	35	0.22	20.0	1.6570	224	3096			9.6	6.4	3.7	53.2	1200						
MON	12	36	1.37	19.9	2.7040	130	2932			8.4	6.4	5.0	328.0	11596		1500				
TUE	13	37	0.71	19.2	4.2260	135	4758			11.0	6.3	4.8	17.8	355						
WED	14	41	0.23	18.0	2.3900	70	1395			9.1	6.4	4.9	13.6	196		26.0				
THU	15	37	0.13	17.7	1.7270	104	1498			9.9	6.4	4.0								
FRI	16	35	0.00	17.0	1.6260															
SAT	17	39	0.31	16.2	1.4680															
SUN	18	46	0.00	15.4	1.3440	102	1143			9.9	6.4	3.6							15	
MON	19	44	0.03	14.7	1.4620	144	1756			10.7	6.5	3.4	28.2	474						
TUE	20	37	0.38	14.3	2.0170	180	3028			10.2	6.6	4.3	14.8	148		235				
WED	21	34	0.14	14.4	1.1980	166	1659			8.4	6.7	4.6	8.8	80						
THU	22	23	0.00	14.9	1.0950	138	1260			7.8	6.6	5.8								
FRI	23	17	0.00	15.6	1.0420															
SAT	24	19	0.00	16.3	1.0300															
SUN	25	17	0.00	16.8	1.1030	152	1398			9.4	6.5	3.6	8.0	76						
MON	26	25	0.47	17.2	1.1330	192	1814			8.5	6.5	3.4	10.2	93					1	
TUE	27	28	0.18	17.2	1.0970	190	1738			9.4	6.5	3.6	10.0	138						
WED	28	33	0.55	17.0	1.6600	198	2741			9.0	6.6	3.5	163.0	6701						
THU	29	37	1.50	16.4	4.9290	114	4686													
FRI	30	34	1.24	16.5	1.5220															
SAT	31	31	0.28	16.5	1.2610															
TOTAL			9.11		44.8070															
MAXIMUM		46	1.50	20.0	4.9290	266	4758		70	560	11.0	6.7	5.8	329.0	11596	3	24	1500		
MINIMUM		-1	0.00	14.3	0.9210	70	1143		70	560	7.8	6.3	3.2	8.0	71	3	24	1		
AVERAGE		28	0.325	16.8	1.6003	167	2203		70	560	9.6	6.5	4.0	39.6	1155	3	24	32		

Weekly TSS, BOD		TSS		BOD		Weekly Coliform	
Aver.	WEEK	mg/l	lbs	mg/l	lbs	Geo. Mean	
	WEEK1	13	107	3	24	8	
	WEEK2	103	3336			197	
	WEEK3	15	195			59	
	WEEK4	40	1417	3	24	1	
MAX		103	3336	3	24	197	

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

% REMOVAL	
B.O.D.	96
S.S.	76

Effluent Sampler malfunction for 1/11/09 sample.

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

FAXED & MAILED
Fax: 1-907-269-4604

February 5, 2009

Attn: Chris Foley, Compliance & Enforcement Program Manager
Alaska Department of Environmental Conservation
Division of Water
555 Cordova Street
Anchorage, AK 99501

Reference: NPDES Permit No. AK-002321-3
CERTIFIED MAIL: 7004 0550 0001 2334 3904

Dear Mr. Foley,

This letter will reiterate our calls made to the noncompliance hotline on 1/14, 1/16, and on 1/30/2009 between approximately 10:20a.m. and 2:50 p.m., Alaska Daylight Time regarding the exceedences of our effluent limits, which are outlined in section I.A.1. of our permit.

On January 13, 2009, we had 329 mg/l effluent T.S.S our permit limit is 60mg/l/daily max.

On January 13, 2009 the pounds discharged were 11596lbs. our permit limit is 1380lbs/day.

On January 14, 2009, our effluent had 1500/100ml fecal coliform, our permit limit is 1200/100ml daily max.

On January 29, 2009, we had 163 mg/l effluent T.S.S our permit limit is 60mg/l/daily max.

On January 29, 2009, the effluent lbs discharged was 6701lbs/day and our permit limit is 1380 lbs/day.

For the week of January 11th-17th 2009 we had an average of 103mg/l T.S.S., our permit limit is 45mg/l for a weekly average. Our calculated weekly average effluent lbs. discharged was 3336 lbs/day and our permit limit is 1035 lbs/day.

For the week of January 25th-31st 2009 Our calculated weekly average effluent lbs. discharged was 1417 lbs/day and our permit limit is 1035 lbs/day for a weekly average.

The monthly average effluent was 39.6mg/l T.S.S., our permit limit is 30mg/l for a maximum monthly average.

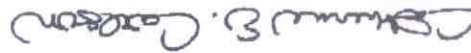
The monthly effluent average pounds discharged was 1155lbs, and our permit limit is 690lbs for a monthly average.

The monthly average percent removal for T.S.S. was 76%, our permit requires at least 85% removal.

I do believe, that the staff took corrective actions in reducing the hydraulic overload that the plant had experienced caused by heavy rainfalls combined with the rapid snowmelt. On January 13, 2009 the total flow was 4.22MG and then again on January 29, 2009 the flow was 4.929MG with peak flows ranging between 6.5-9.5MG. During the extreme peak flow conditions aeration basin aerators were secured, and the return and waste rates were adjusted by the staff to limit solids washout. The plant has since returned to producing a quality effluent.

"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."

If you have any questions or concerns, please contact me at (907) 586-5329.



Catharine E. Carlson, Supervisor
Juneau-Douglas Treatment Plant

cc: Joe Buck, CBJ-Director of Public Works
Scott Jeffers, Acting CBJ-Wastewater Utility Superintendent
DMR copy
NPDES Plant File- Permit AK-002321-3

DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801

MAJOR (SUBR.01) \$
 COMBINED SEWER OVERFLOW
 External Outfall

No Discharge

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009
FROM	TO

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS w/w signed</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE 907-586-0393	DATE 2/3/09
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

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

DMR Mailing ZIP CODE: 99801
 MAJOR \$
 (SUBR 01)
 COMBINED SEWER OVERFLOW
 External Outfall

No Discharge

001B
 DISCHARGE NUMBER

AK0023213
 PERMIT NUMBER

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 01/01/2009 TO 01/31/2009

FROM

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 JUNEAU, CITY AND BOROUGH OF
 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

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

907-586-0393
 TELEPHONE NUMBER
 2/3/09
 DATE
 MM/DD/YYYY

Scott Jeffers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 certified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who managed the information system, or those persons who have 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
 TYPED OR PRINTED
 SCOTT JEFFERS W/WSUPER

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

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
 FROM 01/01/2009 TO 01/31/2009

DMR Mailing ZIP CODE: 99801
 MAJOR \$
 (SUBR 01)
 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	VALUE	UNITS	VALUE	VALUE	UNITS			
Duration of discharge		*****			*****					
81361 R 0 See Comments		*****	Req. Mon. EVNT TOT	min	*****	*****			When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS w/WS signed	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 qualified person to assume 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 <i>Scott Jeffers</i>	TELEPHONE	DATE
			907-586-0393	2/3/09
TYPED OR PRINTED			AREA Code	NUMBER
			MM/DD/YYYY	MM/DD/YYYY

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

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