

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

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)
External Outfall
*** NO DISCHARGE ***

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

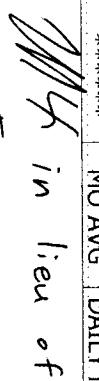
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU ALASKA 99801

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|------|
| YR | MO | DAY | TO |
| 2009 | 7 | 1 | 2009 |
| YEAR | MO | NO | DAY |
| 2009 | 7 | 7 | 31 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | UNITS | VALUE | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|-------|-------|-------|------------------|--------------------------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | VALUE | | | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | 19.9 | deg.C |
| 00010 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | REPORT DAILY MAX | deg.C |
| Oxygen, dissolved (DO) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.1 | ***** | ***** | ***** | 0 | 4.4 | DAILY MAX |
| 00300 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 | ***** | ***** | ***** | 0 | DAILY MIN. | mg/L |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 55.6 | 55.6 | ***** | ***** | 8.1 | ***** | ***** | ***** | 0 | 8.1 | DAILY MAX |
| 00310 10 Effluent Gross | PERMIT REQUIREMENT | 690 | 1380 | ***** | ***** | 30 | ***** | ***** | ***** | 0 | 60 | DAILY MAX |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 244.0 | ***** | ***** | ***** | 0 | ***** | mg/L |
| 00310 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | ***** | ***** | 0 | ***** | mg/L |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 55.6 | ***** | ***** | ***** | 8.1 | ***** | ***** | ***** | 0 | ***** | mg/L |
| 00310 W 0 See Comments | PERMIT REQUIREMENT | 1035 | ***** | ***** | ***** | 45 | ***** | ***** | ***** | 0 | ***** | mg/L |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.0 | ***** | ***** | ***** | 0 | 6.7 | WEEKDAYS |
| 00400 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.0 | ***** | ***** | ***** | 0 | 8.5 | SU |
| Solids, Total suspended | SAMPLE MEASUREMENT | 142 | 306 | ***** | ***** | 18 | ***** | ***** | ***** | 0 | 34 | GRAB |
| 00530 10 Effluent Gross | PERMIT REQUIREMENT | 690 | 1380 | ***** | ***** | 30 | ***** | ***** | ***** | 0 | 60 | MONTHLY |
| 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. | | | | | | | | | | | |
| Joe Myers W/W Utilities Superintendent |  in lieu of Joe Myers SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | | | | |
| 907 AREA CODE | 586-0393 TELEPHONE | | | | | | | | | | | |
| 2009 YEAR | 8 MO | 10 DAY | | | | | | | | | | |

(Reference all attachments here)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 06/28/2009 through 08/01/2009.
EPA Form 3320-1 (Rev 01/06) Previous editions may be used

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

DMR Mailing ZIP CODE: 99801
MAJOR (SUB 01)
External Outfall
*** NO DISCHARGE ***

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: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|------|
| YR | MO | DAY | TO |
| 2009 | 7 | 1 | |
| | | | 2009 |
| | | | 7 |
| | | | 31 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | UNITS | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|--|---|---------------------|-------|--------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|-------------|--------|
| | | VALUE | VALUE | VALUE | | VALUE | VALUE | VALUE | VALUE | | | | UNITS | |
| Solids, Total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00530 G 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | Monthly | COMP24 |
| Raw Sewage Influent | SAMPLE MEASUREMENT | 223.0 | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00530 W 0 | PERMIT REQUIREMENT | 1035 | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | Monthly | COMP24 |
| See Comments | SAMPLE MEASUREMENT | WPLY AVG | N/A | N/A | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| Nitrogen, ammonia total (as N) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | Semi-annual | COMP24 |
| 00610 1 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 00610 1 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | Weekly | GRAB |
| Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| Coliform, fecal MF, broth 44.5 C | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | Weekly | GRAB |
| 31616 W 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | Weekly | GRAB |
| See Comments | SAMPLE MEASUREMENT | 0.9195 | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | Continuous | RCORDR |
| Flow, in conduit or through treatment plant | PERMIT REQUIREMENT | 2.76 | 6.0 | Mgal/d | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 50050 1 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| BOD, 5-day, percent removal | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 81010 K 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 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. | | | | | | | | | | | | | |
| Joe Meyers W/W Utilities Superintendent | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | | | | | | |
| TYPED OR PRINTED | MCM in lieu of Joe Meyers | | | | | | | | | | | | | |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS | (Reference all attachments here) | | | | | | | | | | | | | |
| The reporting period was from 06/28/2009 through 08/01/2009. | | | | | | | | | | | | | | |
| EPA Form 3320-1 (Rev 01/06) Previous editions may be used. | 907 AREA CODE 586-0393 TELEPHONE 2009 YEAR 8 MO 10 DAY PHONE NUMBER DATE | | | | | | | | | | | | | |

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

DMR Mailing ZIP CODE: 99801
MADOR (SUB 01)
\$

External Outfall
*** NO DISCHARGE

001 A

DISCHARGE NUMBER

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: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

MONITORING PERIOD

| YR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 2009 | 7 | 1 | | 2009 | 7 | 31 |

| PARAMETER | SAMPLE MEASUREMENT PERMIT REQUIREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------------------|---------------------|-------|-------|--------------------------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | UNITS | VALUE | UNITS | VALUE | UNITS | | | |
| Solids, Total suspended, percent removal | 81011 K 0 0 | ***** | ***** | ***** | ***** | ***** | 0 | | | |
| Percent Removal | | ***** | ***** | ***** | ***** | ***** | | | | MONTHLY |
| | | | | | | | | | | CALCTD |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
W/W Utilities Superintendent

TELEPHONE
907 AREA CODE 586-0393
PHONE NUMBER
2009 YEAR 8 MO 10 DAY

DATE

PERIOD

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.

Joe Myers
in lieu of
Joe Myers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(Reference all attachments here)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 06/28/2009 through 08/01/2009.

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: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801
MAJOR (SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
*** NO DISCHARGE ***

| MONITORING PERIOD | | | YEAR | MO | DAY |
|-------------------|------|---|------|----|------|
| FROM | 2009 | 7 | 1 | TO | 2009 |
| | | | | | 31 |

| PARAMETER | SAMPLE MEASUREMENT PERMIT REQUIREMENT | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|---------------------------------------|---------------------|-------|-------|--------------------------|----------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | | VALUE | VALUE | UNITS | | | |
| Coliform, fecal MF, broth 44.5 C | | ***** | ***** | | 1.0 | | 0 | | Monthly | GRAB |
| 31616 10 Effluent Gross | | ***** | ***** | | Req. Mon. DAILY MAX | #/ ML100 | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
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.

Joe Myers in lieu of
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2009 YEAR
8 MO DATE
10 DAY

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

The reporting period was from 06/28/2009 through 08/01/2009.

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

July 2009

| DAY | DATE | TEMP °F | WEATHER | | | INFLUENT | | | | EFFLUENT | | | | FECAL Coliform /100 ml | Ammonia 5S N mg/l /180 days | Ammonia 5S N lbs/day /180 days | |
|---------|------|---------|-------------|----------------|------------------|-----------|----------|-------------|------------|----------|-----|-----------|-----------|------------------------|-----------------------------|--------------------------------|----------|
| | | | RAIN INCHES | HIGH TIDE FEET | J-D TTL 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 |
| SUN | 28 | 51 | 0.21 | 16.0 | 1.0650 | 176 | 1563 | | 15.9 | 6.3 | 4.4 | 34.4 | 306 | | | | |
| MON | 29 | 49 | 0.42 | 15.6 | 0.8820 | 218 | 1604 | | 16.7 | 6.1 | 3.2 | 19.6 | 131 | | | | |
| TUE | 30 | 50 | 0.09 | 15.3 | 0.8040 | | | | 16.6 | 6.2 | 2.6 | 16.0 | 101 | | | 18.0 | |
| WED | 1 | 52 | 0.03 | 15.2 | 0.7560 | 258 | 1627 | | 17.1 | 6.3 | 3.1 | 20.0 | 123 | | | | |
| THU | 2 | 57 | 0.00 | 15.2 | 0.7360 | 295 | 1811 | | 16.8 | 6.2 | 2.9 | | | | | | |
| FRI | 3 | 62 | 0.00 | 15.4 | 0.7920 | | | | | | | | | | | | |
| SAT | 4 | 66 | 0.00 | 12.9 | 0.7840 | | | | | | | | | | | | |
| SUN | 5 | 67 | 0.00 | 15.7 | 0.8140 | 240 | 1629 | | | | | 14.4 | 98 | | | | |
| MON | 6 | 70 | 0.00 | 16.1 | 0.8060 | 218 | 1465 | | 18.5 | 6.5 | 3.4 | 15.2 | 102 | | | | |
| TUE | 7 | 69 | 0.00 | 16.3 | 0.8250 | 643 | 4424 | 244 | 18.5 | 6.3 | 2.1 | 12.0 | 83 | 8.08 | | 56 | |
| WED | 8 | 65 | 0.00 | 16.5 | 0.8970 | 186 | 1391 | | 19.1 | 6.4 | 2.1 | 20.4 | 153 | | | | |
| THU | 9 | 64 | 0.00 | 16.4 | 0.8780 | 237 | 1735 | | 19.4 | 6.5 | 2.9 | 17.6 | 129 | | | | |
| FRI | 10 | 62 | 0.00 | 16.1 | 0.6750 | | | | 19.9 | 6.7 | 3.2 | | | | | | |
| SAT | 11 | 61 | 0.00 | 15.5 | 0.7120 | | | | | | | | | | | | |
| SUN | 12 | 63 | 0.00 | 14.8 | 0.7560 | 248 | 1564 | | | | | 16.4 | 103 | | | | |
| MON | 13 | 68 | 0.00 | 14.8 | 0.7230 | 268 | 1616 | | 18.6 | 6.3 | 2.9 | 23.2 | 140 | | | | |
| TUE | 14 | 63 | 0.00 | 14.8 | 0.7270 | 177 | 1073 | | 19.0 | 6.3 | 3.2 | 22.4 | 136 | | | | |
| WED | 15 | 57 | 0.13 | 14.8 | 0.7520 | 168 | 1054 | | 19.3 | 6.3 | 2.8 | 15.8 | 99 | | | 14.0 | |
| THU | 16 | 58 | 0.00 | 15.0 | 0.7470 | 275 | 1713 | | 18.3 | 6.3 | 2.7 | 16.8 | 105 | | | | |
| FRI | 17 | 56 | 0.26 | 15.5 | 0.8850 | | | | 18.2 | 6.3 | 2.4 | | | | | | |
| SAT | 18 | 57 | 0.18 | 16.3 | 0.8160 | | | | | | | | | | | | |
| SUN | 19 | 57 | 0.36 | 17.4 | 1.2710 | 140 | 1484 | | | | | 21.4 | 227 | | | | |
| MON | 20 | 56 | 0.41 | 14.5 | 1.3880 | 218 | 2524 | | 17.4 | 6.3 | 3.2 | 20.5 | 237 | | | | |
| TUE | 21 | 54 | 0.32 | 18.5 | 1.1950 | 456 | 4545 | | 16.7 | 6.3 | 3.0 | 18.0 | 179 | | | | |
| WED | 22 | 52 | 0.80 | 19.2 | 1.8410 | 179 | 2748 | | 16.7 | 6.5 | 3.1 | 18.5 | 284 | | | 104 | |
| THU | 23 | 55 | 0.47 | 19.4 | 1.3390 | 136 | 1519 | | 16.6 | 6.5 | 2.8 | 16.8 | 188 | | | | |
| FRI | 24 | 53 | 0.01 | 19.1 | 0.9890 | | | | 16.9 | 6.4 | 2.9 | | | | | | |
| SAT | 25 | 56 | 0.00 | 18.1 | 0.8900 | | | | | | | | | | | | |
| SUN | 26 | 59 | 0.00 | 17.4 | 0.8390 | 176 | 1232 | | | | | 12.2 | 85 | | | | |
| MON | 27 | 61 | 0.02 | 16.6 | 0.8870 | 243 | 1798 | | 17.0 | 6.2 | 3.5 | 15.2 | 112 | | | | |
| TUE | 28 | 66 | 0.01 | 15.7 | 0.8020 | 32 | 214 | | 17.8 | 6.2 | 3.6 | 14.4 | 96 | | | | |
| WED | 29 | 68 | 0.00 | 14.8 | 0.8900 | 240 | 1781 | | 18.1 | 6.0 | 2.5 | 12.8 | 95 | | | 17 | |
| THU | 30 | 68 | 0.00 | 14.2 | 0.7890 | 215 | 1415 | | 19.1 | 6.3 | 2.7 | 13.6 | 89 | | | | |
| FRI | 31 | 67 | 0.00 | 14.0 | 0.6620 | | | | 19.1 | 6.4 | 2.6 | | | | | | |
| SAT | 1 | 62 | 0.00 | 14.4 | 0.6720 | | | | | | | | | | | | |
| TOTAL | | | | | 31.2860 | | | | | | | | | | | | |
| MAXIMUM | | 70 | 0.80 | 19.4 | 1.8410 | 643 | 4545 | 244 | 1679 | 19.9 | 6.7 | 34.4 | 306 | 8 | 56 | 104 | |
| MINIMUM | | 49 | 0.00 | 12.9 | 0.6620 | 32 | 214 | 244 | 1679 | 15.9 | 6.0 | 12.0 | 83 | 8 | 56 | 4 | |
| AVERAGE | | 59 | 0.132 | 16.1 | 0.9195 | 235 | 1814 | 244 | 1799 | 17.9 | 6.3 | 3.0 | 17.9 | 142 | 8 | 56 | 31 |

No ltr Sample on 6-30-09 because of a hard suction hose

| % REMOVAL | |
|-----------|----|
| BOD | 97 |
| S.S. | 92 |

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

| Weekly | TSS/BOD | | TSS | | BOD | | Weekly Coliform | Geo. Mean |
|--------|---------|------|-----|------|-----|----|-----------------|-----------|
| | Aver. | mg/l | lbs | mg/l | lbs | | | |
| WEEK1 | 22 | 163 | 113 | 8 | 56 | 18 | 4 | |
| WEEK2 | 16 | 113 | 8 | 56 | 14 | 14 | 14 | |
| WEEK3 | 19 | 117 | 223 | 104 | 17 | 17 | 17 | |
| WEEK4 | 19 | 223 | | | | | | |
| WEEK5 | 14 | 96 | | | | | | |
| MAX | 22 | 223 | 9 | 56 | 104 | | | |

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

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

| | |
|---------------|------------------|
| AK0023213 | 001B |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2008 | 07/31/2008 |
| FROM | TO |

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

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

No Discharge

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

| | | | | |
|--|---|--|------------------|------------|
| 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 | DATE |
| Joe Meyers | | <i>Joe Meyers</i> | 907-586-0393 | 8/5/09 |
| TYPED OR PRINTED | | | AREA CODE NUMBER | MM/DD/YYYY |
| | | | | |

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
PERMIT NUMBER

001B
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801

MAJOR \$
(SUBR 01)

COMBINED SEWER OVERFLOW
External Outfall

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2008 TO 07/31/2008

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Meyers
TYPED OR PRINTED *W/W SUPER*

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Joe Meyers

TELEPHONE NUMBER
907-586-0393

DATE
8/5/09

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

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
PERMIT NUMBER

001B
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2008 TO 07/31/2008

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

DMR Mailing ZIP CODE: 99801
MAJOR \$
(SUBR 01)
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 | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Duration of discharge | | ***** | | | ***** | ***** | ***** | ***** | | | |
| 81381 R 0 | | ***** | Reg. Mon. EVNIT TOT | min | ***** | ***** | ***** | ***** | | When Discharging | CALCTD |
| See Comments | | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Meyers
TYPED OR PRINTED

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