

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

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

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

External Outfall  
\*\*\* NO DISCHARGE  \*\*\*

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** JUNEAU-DOUGLAS TREATMENT PLANT  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2010	5	1		2010	5	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	20.8		0	7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C		WEEKDAYS	GRAB			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	4.5	*****	6.7		0	7				
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2 DAILY MIN.	*****	17 DAILY MAX	mg/L		WEEKLY	GRAB			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	29.7	38.8		*****	4.0	5.0		0	3				
00310 10 Effluent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX	mg/L		MONTHLY	COMP24			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	201.3	*****		0	3				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		MONTHLY	COMP24			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35.9	*****		*****	5.0	*****		0	3				
00310 W 0 See Comments	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lbs/d	*****	45 WKLY AVG	*****	mg/L		MONTHLY	COMP24			
pH	SAMPLE MEASUREMENT	*****	*****	****	5.8	*****	6.7		2	27				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKDAYS	GRAB			
Solids, Total suspended	SAMPLE MEASUREMENT	82	122.0		*****	12	19		0	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	lbs/d	*****	30 MO AVG	60 DAILY MAX	mg/L		MONTHLY	COMP24			
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.				<p style="text-align: center;"><i>Nathan D. McCombs</i></p> <p style="text-align: center;">In Lieu of Tom Trego</p>				TELEPHONE					
Tom Trego W/W Utilities Superintendent									907		586-0393			
									AREA CODE		PHONE NUMBER			
TYPED OR PRINTED									DATE		DATE			
	2010		6		10				YEAR		MO		DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
The reporting period was from **05/01/2010** through **05/31/2010**. pH Non-compliance form included.

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

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

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:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2010	5	1		2010	5	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended 00530 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	259.6	*****		0	8	
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	*****	mg/L		Monthly	COMP24
Solids, Total suspended 00530 W 0 See Comments	SAMPLE MEASUREMENT	90.0	*****	*****	*****	14.0	*****		0	8	
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	COMP24
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	*****	*****	N/A	N/A		0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MAX	lb/d	*****	Req. Mon, MO AVG	Req. Mon, DAILY MAX	mg/L		Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C 31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	15		0	2	
	PERMIT REQUIREMENT	*****	*****	*****	*****	400 MO GEO	1200 DAILY MAX	#100/ml		Weekly	GRAB
Coliform, fecal MF, broth 44.5 C 31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	*****		0	2	
	PERMIT REQUIREMENT	*****	*****	*****	*****	800 WKLY GEO	*****	#100/ml		Weekly	GRAB
Flow, in conduit or through treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.7917	1.1270	*****	*****	*****	*****	****	0	27	
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	Mgal/d	*****	*****	*****			Continuous	RCORDR
BOD, 5-day, percent removal 81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	98.0	*****	****	0	1	
	PERMIT REQUIREMENT	*****	*****	*****	*****	85 MN % RMV	*****	% Percent		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Trego W/W 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.				<i>Nathan D. McCombs</i> In Lieu of Tom Trego			TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE			
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			2010 YEAR 6 MO 10 DAY			

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

The reporting period was from 05/01/2010 through 05/31/2010.

pH Non-compliance form included.

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

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

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:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER


**001 A**  
DISCHARGE NUMBER

External Outfall  
\*\*\* NO DISCHARGE

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2010	5	1		2010	5	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal 81011 K 0 0 Percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.4	*****	*****		0	1	
	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	% PERCENT		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Trego W/W 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.	 In Lieu of Tom Trego	TELEPHONE		
			907 AREA CODE	586-0393 PHONE NUMBER	
TYPED OR PRINTED			2010 YEAR	6 MO	10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*  
**The reporting period was from 05/01/2010 through 05/31/2010.** pH Non-compliance form included.

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

DMR Mailing ZIP CODE: 99801  
 MAJOR \$  
 (SUB 01)  
 UPSTREAM RECEIVING WATER  
 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:** Tom Trego, WW Utilities Superintendent

**AK-002321-3**  
 PERMIT NUMBER

**REC-1**  
 DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2010	5	1		2010	5	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0		0	1	
31616 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MAX	#/ ML100		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Trego W/W 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.	 In Lieu of Tom Trego	TELEPHONE		
			907 AREA CODE	586-0393	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2010 YEAR	6 MO	10 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) <b>The reporting period was from 05/01/2010 through 05/31/2010.</b>					

pH Non-compliance form included.

# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

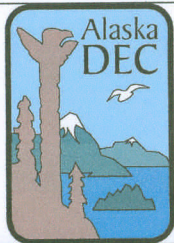
May 2010

		WEATHER			INFLUENT					EFFLUENT									
DAY	DATE	TEMP °F	RAIN FALL 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	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	2	39	0.20	16.8	0.8380					10.1	6.6	6.7							
MON	3	42	0.00	15.5	0.6710					12.6	6.6	6.1							
TUE	4	46	0.00	14.1	0.6400					14.4	6.4	6.0							
WED	5	46	0.00	12.9	0.6180					16.5	6.2	5.2					6.0		
THU	6	47	0.02	12.2	0.5760					15.1	6.0	6.0					1.0		
FRI	7	47	0.05	12.9	0.5860					15.3	5.8	5.9							
SAT	8	47	0.00	13.8	0.6690					15.1	5.8	5.8							
SUN	9	46	0.01	14.7	0.6440					14.7	6.3	4.8							
MON	10	47	0.38	15.6	0.7580					16.1	6.6	5.4							
TUE	11	47	0.00	13.9	0.7460					11.1	6.6	6.3					2.0		
WED	12	45	0.37	16.4	0.9840					15.7	6.5	4.9							
THU	13	45	0.02	17.1	0.7890					15.6	6.5	4.6					1.4		
FRI	14	48	0.00	17.6	0.8910					14.9	6.5	6.2							
SAT	15	46	0.67	17.9	1.1060					9.0	6.2	5.7							
SUN	16	46	0.00	17.8	0.8480					10.2	6.4	6.4							
MON	17	51	0.00	17.4	0.8100	170	1148			8.6	6.6	6.6	10.0	68					
TUE	18	54	0.03	16.6	0.8300					13.1	6.0	5.8							
WED	19	53	0.07	15.6	0.7700	281	1805			15.6	6.2	5.3	19.0	122			15		
THU	20	56	0.07	14.4	0.8600	240	1721	253	1815	15.6	6.2	5.3	12.0	86	5.00	36	6		
FRI	21	50	0.07	14.8	0.7220	338	2035			18.3	6.2	5.6	14.0	84					
SAT	22	54	0.00	15.6	0.7210	296	1780			17.3	6.3	5.5	15.0	90					
SUN	23	51	0.00	16.5	1.1270	252	2369			18.7	6.5	5.6	9.0	85					
MON	24	57	0.00	17.3	0.9600					16.8	6.4	5.8							
TUE	25	58	0.00	14.5	0.9300	142	1101	127	985	16.5	6.4	4.8	10.0	78	5.00	39	1		
WED	26	59	0.00	17.8	0.8250					17.9	6.4	4.9					12		
THU	27	65	0.00	18.1	0.8640	358	2580	224	1614	17.2	6.3	4.5	6.0	43	2.00	14			
FRI	28	61	0.00	18.1	0.7040					20.8	6.6	5.5							
SAT	29	60	0.00	17.7	0.6800					20.5	6.7	5.7							
<b>TOTAL</b>			1.96		22.1670														
<b>MAXIMUM</b>		65	0.67	18.1	1.1270	358	2580	253	1815	20.8	6.7	6.7	19.0	122	5	39	15	N/A	N/A
<b>MINIMUM</b>		39	0.00	12.2	0.5760	142	1101	127	985	8.6	5.8	4.5	6.0	43	2	14	1	N/A	N/A
<b>AVERAGE</b>		50	0.070	15.8	0.7917	260	1817	201	1471	15.1	6.3	5.6	11.9	82	4	30	3	N/A	N/A

% REMOVAL	
B.O.D.	98
S.S.	95

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

Weekly TSS,BOD Aver.	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
WEEK1					2
WEEK2					2
WEEK3	14	90	5	36	9
WEEK4	8	68	4	27	3
MAX	14	90	5	36	9



# Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4114 E-mail address: [wqreporting@alaska.gov](mailto:wqreporting@alaska.gov).

## NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):
<b>Owner or Operator:</b> CBJ	<b>Facility Name:</b> Juneau-Douglas WWTP	<b>Facility Location:</b> Thane Rd., Juneau, AK
<b>Person Reporting:</b> Nathan McCombs	<b>Phone Numbers of Person Reporting:</b> 586-0393	<b>Reported How? (e.g. by phone):</b> Phone
<b>Date/Time Event was Noticed:</b> 5/7/10, 1100 and 5/8/10, 1100	<b>Date/Time Reported:</b> 5/8/10 0740	<b>Name of DEC Staff Contacted:</b> Phone

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

### INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

<b>Period of Noncompliance</b>	<b>Start Date/Time (exact):</b> 5/7/10 1100	<b>End Date/Time (exact):</b> 5/9/10 0600
--------------------------------	---	---

If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:  
The pH is now over 6.0.

**Estimated Quantity involved (volume or weight):**  
n/a

**Description of the noncompliance and its cause (be specific):**  
The low effluent pH was due to excessive solids in the plant.

**Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)**

Sodium Bicarbonate is being added to the aerators and the high solids inventory is being wasted aggressively to the digester.

**Permit Condition Deviation (Identify each permit condition exceeded during the event.)**

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
<u>Effluent pH</u>	<u>6.0 – 8.8</u>	<u>5.8</u>	<u>5/7/10 and 5/8/10</u>

**Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)**

The excess solids will be wasted to the digester and Sodium Bicarbonate is added to the aerators.

**Environmental Damage: (if yes, provide details below)**  Yes  No  Unknown

**Actual /Potential Impact on Environment/Public Health (describe in detail)**

n/a

Based on information and belief formed after reasonable inquire, I certify and sign in accordance with 18 AAC 83.385 that the statements and information in and attached in this document are true, accurate, and complete.

**Name:** Nathan D. McCombs **Title:** QA/QC Manager **Signature:** *Nathan D. McCombs* **Date:** 5-13-10

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

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

AK0023213  
PERMIT NUMBER

001-B  
DISCHARGE NUMBER

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

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
05/01/2010 TO 05/31/2010

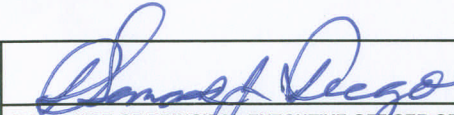
ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

FROM

TO

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>TOM TREGO/w/w supv</i> TYPED OR PRINTED	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
			586-0893	6/3/10	AREA Code

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)

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  
PERMIT NUMBER

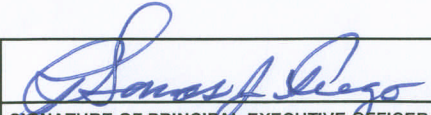
001-B  
DISCHARGE NUMBER

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

**MONITORING PERIOD**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
05/01/2010 TO 05/31/2010

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	Req. Mon. DAILY MX	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	Req. Mon. DAILY MX	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	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 Q 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Duration of discharge 81381 P 0 See Comments	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	min	*****	*****	*****	*****		When Discharging	CALCTD
Duration of discharge 81381 Q 0 See Comments	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	min	*****	*****	*****	*****		When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>TOM TREGO/w/m SURV.</i> TYPED OR PRINTED	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.		TELEPHONE		DATE
			586-0323	6/3/10	AREA Code
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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)

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  
 PERMIT NUMBER

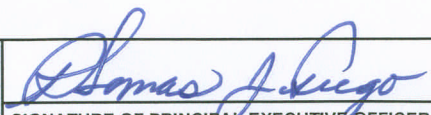
001-B  
 DISCHARGE NUMBER

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 05/01/2010 TO 05/31/2010

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Tom TRIGO w/w supr.</i> TYPED OR PRINTED	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.		TELEPHONE		DATE
			586-0393	6/3/10	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			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