

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

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

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

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

**AK-002321-3**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	9	26	
2010	10	30	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Temperature, water deg. C									
00010 10 Effluent Gross	MEASUREMENT	*****	*****	*****	*****	15.2	0		
00030 10 Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	*****	*****	REPORT DAILY MAX	0	WEEKDAYS	GRAB
00300 10 Effluent Gross	MEASUREMENT	*****	*****	*****	*****	7.5	0		
BOD, 5-day, 20 deg. C	MEASUREMENT	*****	*****	*****	*****	DAILY MIN, 2			
00310 10 Effluent Gross	MEASUREMENT	*****	*****	*****	*****	9.2	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	MEASUREMENT	*****	*****	*****	*****	130.0	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	MEASUREMENT	*****	*****	*****	*****	Req. Mon. MO AVG			
BOD, 5-day, 20 deg. C	MEASUREMENT	*****	*****	*****	*****	9.2		MONTHLY	COMP24
00310 W 0 See Comments	MEASUREMENT	*****	*****	*****	*****	45	0	MONTHLY	COMP24
00400 10 Effluent Gross	MEASUREMENT	*****	*****	*****	*****	6.5	0	MONTHLY	COMP24
Solids, Total suspended	MEASUREMENT	*****	*****	*****	*****	6.9	0	WEEKDAYS	GRAB
00530 10 Effluent Gross	MEASUREMENT	*****	*****	*****	*****	11	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	690	1380	lbs/d	*****	30	50	MONTHLY	COMP24
Tom Trego	REQUIREMENT	*****	*****	*****	*****	*****	*****		
W/W Utilities Superintendent	REQUIREMENT	*****	*****	*****	*****	*****	*****		

**Nathan D. McCombs**  
 Digitally signed by Nathan D. McCombs  
 DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan\_mccombs@ci.juneau.ak.us, c=US  
 Date: 2010.11.08 12:52:21 -09'00

**Signature of Principal Executive Officer or Authorized Agent**  
 Nathan D. McCombs  
 907 AREA CODE  
 586-0393 PHONE NUMBER  
 DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS  
 The reporting period was from **09/26/2010** through **10/30/2010**.  
 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 \*\*\*

**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
2010	9	26	
YEAR	MO	DAY	
2010	10	30	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, Total suspended	PERMIT MEASUREMENT	*****	*****	*****	198.0	*****	*****	*****	0		
00530 G 0	PERMIT MEASUREMENT	*****	*****	*****	Req. Mon MO AVG	*****	*****	*****	0		
Raw Sewage Influent	SAMPLE MEASUREMENT	120.4	*****	*****	11.0	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	PERMIT MEASUREMENT	*****	*****	*****	45	*****	*****	*****	0	Monthly	COMP24
00530 W 0	PERMIT MEASUREMENT	1035	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
See Comments	SAMPLE MEASUREMENT	WPLY AVG	*****	*****	N/A	*****	*****	*****	0	Monthly	COMP24
Nitrogen, ammonia total (as N)	PERMIT MEASUREMENT	N/A	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
00610 1 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Effluent Gross	SAMPLE MEASUREMENT	Req. Mon. MO AVG	*****	*****	294	*****	*****	*****	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	PERMIT MEASUREMENT	*****	*****	*****	400	*****	*****	*****	0	Weekly	GRAB
31616 1 0	PERMIT MEASUREMENT	*****	*****	*****	1230	*****	*****	*****	0	Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	PERMIT MEASUREMENT	*****	*****	*****	800	*****	*****	*****	0	Weekly	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Flow, in conduit or through treatment plant	PERMIT MEASUREMENT	1.4314	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
50050 1 0	PERMIT MEASUREMENT	2.76	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	MO AVG	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
BOD, 5-day, percent removal	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
81010 K 0	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Percent Removal	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Tom Trego	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
W/W Utilities Superintendent	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
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 (Reference all attachments here)											
COMMENT AND EXPLANATION OF ANY VIOLATIONS #REF!											

**Nathan D. McCombs**  
Digitally signed by Nathan D. McCombs  
DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan\_mccombs@c.us, juneau.ak.us, c=US  
Date: 2010.11.08 13:08:38 -09'00

**907** AREA CODE  
**586-0393** TELEPHONE NUMBER  
PHONE NUMBER  
DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (Rev. 07/06) Previous editions may be used.

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

October 2010

DAY	DATE	TEMP °F	WEATHER			INFLUENT			EFFLUENT			FECAL Coliform /100 ml	Ammonia as N mg/l /1/180 days	Ammonia as N lbs/day /1/180 days							
			RAIN INCHES	WIND FEET	HIGH TIDE	J-D TITL EFFL MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	TEMP °C	pH				D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS		
SUN	26	51	0.09		17.1	1.0450															
MON	27	48	0.38		16.7	1.5350															
TUE	28	47	0.80		16.7	2.2260															
WED	29	50	0.20		15.2	1.1910															
THU	30	49	0.02		14.3	0.8330															
FRI	1	47	0.43		13.7	1.1040															
SAT	2	47	0.41		14.0	1.0270															
SUN	3	47	0.41		15.0	1.1250															
MON	4	44	0.19		16.2	1.5280															
TUE	5	46	1.05		17.1	1.7920															
WED	6	45	0.34		18.6	1.3120															
THU	7	42	0.32		19.7	1.5620	198	2167	130	1422	13.7	6.8	6.1	11.0	120	9.20	101	12.0	0.0	0.0	
FRI	8	45	0.19		20.2	1.5660					13.2	6.8	6.5								
SAT	9	47	0.81		20.1	1.8540					12.9	6.7	6.5								
SUN	10	45	0.55		19.4	1.8530															
MON	11	45	0.18		18.2	1.3400					12.7	6.8	6.9								
TUE	12	46	0.96		16.7	2.8800					14.0	6.5	5.7								
WED	13	46	0.46		15.0	1.8530															
THU	14	43	0.31		13.5	1.3260					14.4	6.8	6.5								
FRI	15	46	0.46		12.6	2.8030					13.1	6.8	5.9								
SAT	16	43	0.69		12.6	1.7580					13.5	6.7	5.6								
SUN	17	46	0.96		13.5	2.9070															
MON	18	44	1.03		14.4	2.4850					13.4	6.8	5.5								
TUE	19	43	0.03		15.3	1.2030					12.9	6.9	7.1								
WED	20	41	0.00		16.1	1.0740					13.2	6.9	7.0								
THU	21	39	0.00		16.8	0.9350					12.8	6.8	5.9								
FRI	22	43	0.00		17.3	0.8500					13.4	6.8	5.5								
SAT	23	43	0.02		17.7	0.9730															
SUN	24	51	0.00		18	0.9580															
MON	25	45	0.00		17.6	0.7940					13.2	6.9	6.0								
TUE	26	40	0.00		17	0.7750					14.6	7.1	5.4								
WED	27	38	0.00		17	0.7570					12.8	6.9	6.0								
THU	28	36	0.15		16	1.2640					13.3	7.1	5.8								
FRI	29	41	0.95		15	1.0040					13.3	7.1	5.2								
SAT	30	39	0.06		14	0.8060															
TOTAL			12.45			50.0980															
MAXIMUM		51	1.05		20.2	2.9070	198	2167	130	1422	15.2	6.9	7.5	11.0	120	9	101	12.0	N/A	N/A	0.0
MINIMUM		36	0.00		12.6	0.7570	198	2167	130	1422	12.7	6.5	4.6	11.0	120	9	101	12	N/A	N/A	0.0
AVERAGE		44	0.356		16.2	1.4314	198	2167	130	1422	14	7	6	11	120	9	101	294	N/A	N/A	0.0

% REMOVAL	
B.O.D.	93
S.S.	94

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

Weekly	TSS		BOD		Weekly Coliform Geo Mean
	mg/l	lbs	mg/l	lbs	
Aver.	11	120	9	101	116
WEEK1	11	120	9	101	12
WEEK2					54
WEEK3					58
WEEK4					1230
WEEK5					1230
MAX	11	120	9	101	1230

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

The reporting period was from **01/01/2005** thru **02/01/2005**.  
 EPA Form 3320-1 (03-99) Previous editions may be used.  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

DMR Mailing ZIP CODE: 99801  
 MAJOR  
 (SUB 01)

External Outfall  
 \*\*\* NO DISCHARGE  
 (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

YR	MO	DAY
2010	9	26

TO	YEAR	MO	DAY
	2010	10	30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	*****	*****		6.0			0		
Effluent Gross	*****	*****		Req. Mon. DAILY MAX	#/ML100			Monthly	GRAB

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**

Tom Trego  
 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.

**Nathan D. McCombs**  
 Digitally signed by Nathan D. McCombs  
 DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan.mccombs@cbljuneau.ak.us, c=US  
 Date: 2010.11.08 13:19:44 -09'00'

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

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**

#REF!

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

AREA CODE	PHONE NUMBER	
907	586-0393	
YEAR	MO	DAY
2010	11	10

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 YR MO DAY  
2010 9 26

**NO. EX** 0  
**FREQUENCY OF ANALYSIS** MONTHLY  
**SAMPLE TYPE** CALCTD

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	*****	94.4	*****	*****	0		
Percent Removal		*****	*****	*****	85	*****	*****			
					MN % RMV		PERCENT			

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Tom Trego  
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.  
*(Reference all attachments here)*

**NUMBER OF PRINTED #REFI**

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

**Nathan D. McCombs**  
Digitally signed by Nathan D. McCombs  
DN: cn=Nathan D. McCombs, o=CBJ, ou=CBJ Public Utilities, email=nathan\_mccombs@ci.juneau.ak.us, c=US  
Date: 2010.11.08 13:12:57 -09'00'

**907** TELEPHONE **586-0393**

**AREA CODE** **PHONE NUMBER**

**2010** **11** **10**  
YEAR MO DAY



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	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2010	TO 10/31/2010

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

Form Approved  
OMB No. 2040-0004

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Tom Pease w/for super</i>	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR SIGNATURE OF PRINCIPAL EXECUTIVE AGENT <i>Mark Thomas w/for super</i>	AREA Code NUMBER	MM/DD/YYYY

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  
FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801  
ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010
FROM	TO

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

Form Approved  
OMB No. 2040-0004

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Tom Bero w/AT SUPP</i>	907-586-0373	11/11/10
TYPED OR PRINTED	AREA CODE	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Tom Bero w/AT SUPP</i>		

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

P = N-110 = N-11, 2R = N-15, 1-RECORD REASONING FOR EACH OPENING

I certify under penalty of law that this document and all attachments were prepared under no duress or coercion of any person or entity, that I am a duly licensed and authorized representative of the permittee, and that the information submitted is true and accurate. I am aware that there are significant penalties for submitting this information, including the possibility of civil and criminal sanctions, and that I understand the importance of this information.



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	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010
FROM	TO

DMR Mailing ZIP CODE: 99801  
MAJOR S  
(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	UNITS	VALUE	VALUE	VALUE	VALUE	UNITS			
Duration of discharge		*****		*****	*****	*****	*****	*****			
81381 R 0		*****		*****	*****	*****	*****	*****			
See Comments			Reg. Mon. EVAL TOI	min	*****	*****	*****	*****			When Discharging CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I hereby certify that the data on this discharge and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer, geologist, chemist, physicist or environmental scientist or have the information submitted based on my inquiry of the person or persons who are licensed professionals in the field and I am a duly licensed professional in the field and I am aware that there are significant penalties for submitting false information, including the possibility of being held liable for perjury or other criminal offenses, and that I understand that this document will be made available to the public.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE
TOM REBE, aka SUPV TYPED OR PRINTED			Tom Rebe, aka SUPV	907	586-0393	11/1/10

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