

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

MAJOR  
(SUB 01)  
F - FINAL  
EFFLUENT

Form Approved.  
OMB No. 2040-0004

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

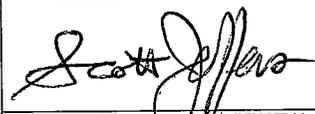
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

**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 WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	8	1	TO	2007	8	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG, CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	19.9	(04)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	2.7	*****	4.2	(19)	**	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/WEEK	
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	261.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	157.2	*****	(26)	*****	18.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	157.2	157.2	(26)	*****	18.0	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	
pH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.2	*****	6.9	(12)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	260	*****	(19)	0	1/30	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Scott Jeffers</b> Wastewater Utilities Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE <b>907 586-0393</b>		
TYPED OR PRINTED									AREA CODE <b>907</b>		PHONE NUMBER <b>586-0393</b>

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\*\*For the dates 7/30/07 through 8/3/07 there were no D.O. readings - meter died & we were awaiting the arrival of a new D.O. meter.

The reporting period was from **07/29/2007** through **09/01/2007**.

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

MAJOR  
(SUB 01)  
F - FINAL  
EFFLUENT

Form Approved.  
OMB No. 2040-0004

\*\*\* 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 WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	8	1		2007	8	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW		332.6	*****	(26)	*****	39.5	*****	(19)	0	5/7	GRAB
	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		155.2	462.8	(26)	*****	17.8	53.0	(19)	0	5/7	GRAB
	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE		N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	COMP 24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI-ANNUAL	COMP 24
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	N/A	N/A	(19)	0	1/90	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/QUARTER	GRAB
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 W 0 0 SEE COMMENTS BELOW		*****	*****	****	*****	90	*****	(13)	0	1/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/ ML100		ONCE/WEEK	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	9	90	(13)	0	1/7	COMP 24
	PERMIT REQUIREMENT	*****	*****	****	*****	400 MO GEO	1200 DAILY MAX	#/ ML100		ONCE/WEEK	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		1.0623	1.4590	(03)	*****	*****	*****	****	0	7/7	GRAB
	PERMIT REQUIREMENT	2.76 MO AVG	6.0 DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
Wastewater 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.

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

TELEPHONE  
**907**  
AREA CODE **586-0393**  
PHONE NUMBER  
DATE  
**2007**  
YEAR **9**  
MO **5**  
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**The reporting period was from 07/29/2007 through 09/01/2007.**



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

MAJOR  
(SUB 01)

Form Approved  
OMB No. 2040-0004

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\*\*\* NO DISCHARGE [ ] \*\*\*

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

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**ADDRESS:** 155 SOUTH SEWARD,  
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**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Scott Jeffers WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**REC-1**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	8	1		2007	8	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	4	(13)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	#/ML100		ONCE/MO MAY-OCT	GRAB
	MEASUREMENT	*****	*****	****	*****	*****	*****	****		AND 1/180	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		2 TIMES NOV- APR	
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
**Wastewater Utilities Superintendent**

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	
907 AREA CODE	586-0393 PHONE NUMBER
2007 YEAR	9 MO 5 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**The reporting period was from 07/29/2007 through 09/01/2007.**

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juneau, Alaska

August 2007

DAY	DATE	WEATHER			INFLUENT						EFFLUENT								
		TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	LD TTL EFFL MGD	S.S mg/L	SS LBS	BOD mg/L	B.O.D LBS	TEMP °C	pH	D.O mg/L	SS mg/L	SS LBS	B.O.D mg/L	B.O.D LBS	FECAL Coliform /100 ml	Ammonia as N mg/l /180 days	Ammonia as N lbs/day /180 days
SUN	29	59	0.04	16.8	1.1820	226	2228					13.2	130.1						
MON	30	53	0.34	17.5	1.1850	328	3242			17.8	6.6	13.2	130.5						
TUE	31	57	0.03	17.8	1.1180	178	1660			17.2	6.5	14.8	138.0						
WED	1	56	0.01	17.8	1.0920	262	2386			17.7	6.4	18.4	167.6			4			
THU	2	60	0.00	17.4	1.2100	296	2987			17.9	6.7	20.4	205.9						
FRI	3	56	0.00	17.4	0.9290					16.8	6.4								
SAT	4	57	0.00	17.0	0.8920														
SUN	5	56	0.02	16.4	0.9840	212	1740					21.5	176.4						
MON	6	55	0.24	15.7	1.0350	310	2676			17.9	6.5	4.2	48.0	414.3					
TUE	7	53	0.23	15.3	1.0470	528	4610	261	2279	18.1	6.6	2.9	53.0	462.8	18	157.2			
WED	8	55	0.00	15.4	0.9640	286	2299			17.7	6.9	2.7	37.0	297.5			90		
THU	9	58	0.02	16.1	0.9840	312	2560			17.8	6.7	2.8	38.0	311.8					
FRI	10	59	0.00	14.0	0.9580					16.9	6.9	2.7							
SAT	11	61	0.00	16.8	0.8810														
SUN	12	62	0.00	17.4	1.0650	258	2292					16.0	142.1						
MON	13	60	0.00	17.6	0.9730	184	1493			18.2	6.2	2.9	13.0	105.5					
TUE	14	59	0.00	17.5	0.9600	246	1970			17.9	6.4	3.1	18.0	144.1					
WED	15	59	0.00	16.9	1.0000	220	1835			18.2	6.5	3.1	10.5	87.6			4		
THU	16	62	0.00	16.4	0.9390	261	2044			19.5	6.6	2.9	20.0	156.6					
FRI	17	61	0.08	15.9	0.8790					19.9	6.5	2.8							
SAT	18	57	0.09	15.2	1.0710														
SUN	19	56	0.20	14.5	1.0700	222	1981					11.2	99.9						
MON	20	55	0.17	13.7	1.0200	386	3284			19.9	6.7	4.0	23.5	199.9					
TUE	21	55	0.11	13.1	1.1050	204	1860			19.0	6.7	3.5	7.3	66.8					
WED	22	55	0.08	12.9	0.8410	260	1824			18.7	6.8	3.2	7.0	49.1			6		
THU	23	51	0.11	13.4	1.1410	224	2132			18.2	6.7	3.4	5.2	49.5					
FRI	24	53	0.70	14.5	1.1890					17.6	6.6	3.5							
SAT	25	52	0.60	15.8	1.4590														
SUN	26	53	0.03	14.8	1.1420	162	1543					3.6	34.3						
MON	27	54	0.00	17.0	1.0950	226	2064			18.6	6.5	4.0	8.0	73.1					
TUE	28	54	0.00	17.9	1.1400	206	1959			17.8	6.9	3.5	8.0	76.1					
WED	29	56	0.08	18.4	1.1810	266	2620			18.3	6.6	3.5	8.4	82.7			8		
THU	30	55	0.05	18.8	1.0720	226	2021			18.4	6.7	3.5	8.8	78.7					
FRI	31	53	0.24	18.9	1.1010					17.1	6.5	3.4							
SAT	1	52	0.47	18.4	1.2750														
TOTAL			3.94		37.1790														
MAXIMUM		62	0.70	18.90	1.4590	528	4610	261	2279	19.9	6.9	4.2	53.0	462.8	18.0	157.2	90		
MINIMUM		51	0.00	12.90	0.8410	162	1493	261	2279	16.8	6.2	2.7	3.6	34.3	18.0	157.2	4		
AVERAGE		56	0.11	16.30	1.0623	260	2293	261	2279	18.1	6.6	3.3	17.8	155.2	18.0	157.2	9		

COMMENTS: No DO readings for 7/30/07-8/3/07 meter down.

% REMOVAL	
B.O.D.	93.1
S.S.	93.1

Tox. Tu <sub>c</sub>	N/A
----------------------	-----

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	16.0	154.4			4
WEEK2	39.5	332.6	18.0	157.2	90
WEEK3	15.5	127.2			4
WEEK4	10.8	93.1			6
WEEK5	7.4	69.0			8
MAX	39.5	332.6	18.0	157.2	90

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)

Page 12

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 1540 THANE ROAD  
JUNEAU, AK 99801  
FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801  
ATTN: CATHERINE CARLSON, SUPERVISOR

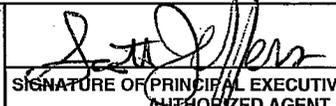
AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

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 <b>SCOTT JEFFERS W/W SUPER</b> 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		
			AREA Code	NUMBER	YEAR	MO	DAY
		907-586-0893		07	9	07	
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)  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801  
ATTN: CATHERINE CARLSON, SUPERVISOR

AK0023213  
PERMIT NUMBER

001B  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

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	SAMPLE MEASUREMENT				*****						
00530 Q 0 See Comments	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	SAMPLE MEASUREMENT				*****						
00530 R 0 See Comments	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	SAMPLE MEASUREMENT	*****	*****								
31616 P 0 See Comments	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	SAMPLE MEASUREMENT	*****	*****								
31616 Q 0 See Comments	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	SAMPLE MEASUREMENT	*****	*****								
31616 R 0 See Comments	PERMIT REQUIREMENT	*****	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Duration of discharge	SAMPLE MEASUREMENT	*****			*****	*****	*****				
81381 P 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	min	*****	*****	*****			When Discharging	CALCTD
Duration of discharge	SAMPLE MEASUREMENT	*****			*****	*****	*****				
81381 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	min	*****	*****	*****			When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS W/W SUPER</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 <i>Scott Jeffers</i>	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
			907-586-0393		07	9	07

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: 1540 THANE ROAD  
JUNEAU, AK 99801  
FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801  
ATTN: CATHERINE CARLSON, SUPERVISOR

AK0023213  
PERMIT NUMBER

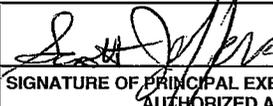
001B  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	08	01	TO	07	08	31

No Discharge ~~X~~

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 <b>SCOTT JEFFERS W/W SUPER</b> 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		
			AREA Code	NUMBER	YEAR	MO	DAY
			907-586-0393	07	9	07	

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