

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801

JUNEAU-DOUGLAS TREATMENT PLANT
 JUNEAU, ALASKA 99801

Scott Jeffers, Acting WW Utilities Superintendent


MONITORING PERIOD
 YR 2008 MO 9 DAY 1 TO 2008 MO 9 DAY 30

FROM

PARAMETER

QUANTITY OR LOADING

QUALITY OR CONCENTRATION

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	*****	*****	****	*****	*****	16.2	(04)	0	5/7	WEEK DAYS
DEG, CENTIGRADE	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C	0	1/7	ONCE/ WEEK
00010 1 0 0	*****	*****	****	*****	*****	4.8	(19)	0	1/30	ONCE/ MONTH
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	17.0	MG/L	0	1/30	ONCE/ MONTH
OXYGEN, DISSOLVED (DO)	*****	*****	****	*****	*****	DAILY MIN.	MG/L	0	5/7	WEEK DAYS
00300 1 0 0	*****	*****	****	*****	*****	59.2	(19)	0	1/30	ONCE/ MONTH
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	REPORT MO AVG	MG/L	0	1/30	ONCE/ MONTH
BOD, 5-DAY (20 DEG. C)	*****	*****	****	*****	*****	6.0	(19)	0	1/30	ONCE/ MONTH
00310 G 0 0	*****	*****	****	*****	*****	45	MG/L	0	1/30	ONCE/ MONTH
RAW SEW/INFLUENT	*****	*****	****	*****	*****	WPKLY AVG	MG/L	0	1/30	ONCE/ MONTH
BOD, 5-DAY (20 DEG. C)	*****	*****	****	*****	*****	6.0	(19)	0	5/7	WEEK DAYS
00310 W 0 0	*****	*****	****	*****	*****	6.0	(19)	0	1/30	ONCE/ MONTH
SEE COMMENTS BELOW	*****	*****	****	*****	*****	30	MG/L	0	1/30	ONCE/ MONTH
BOD, 5-DAY (20 DEG. C)	*****	*****	****	*****	*****	6.0	(12)	0	1/30	ONCE/ MONTH
00310 1 0 0	*****	*****	****	*****	*****	6.1	(12)	0	1/30	ONCE/ MONTH
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	6.0	(19)	0	1/30	ONCE/ MONTH
pH	*****	*****	****	*****	*****	6.0	(19)	0	1/30	ONCE/ MONTH
00400 1 0 0	*****	*****	****	*****	*****	166	SU	0	1/30	ONCE/ MONTH
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	8.5	SU	0	1/30	ONCE/ MONTH
SOLIDS, TOTAL SUSPENDED	*****	*****	****	*****	*****	REPORT MO AVG	MG/L	0	1/30	ONCE/ MONTH
00530 G 0 0	*****	*****	****	*****	*****	6.6	(12)	0	1/30	ONCE/ MONTH
RAW SEW/INFLUENT	*****	*****	****	*****	*****	6.0	(12)	0	1/30	ONCE/ MONTH
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.									
Scott Jeffers Acting WW Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED	907 AREA CODE 586-0393 TELEPHONE NUMBER 2008 YEAR 10 MO 9 DAY									
COMMENT AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here) The reporting period was from 08/31/2008 through 09/27/2008.									

*** NO DISCHARGE
NOTE: Read Instructions before completing this form.

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

PERMIT NUMBER: **AK-002321-3**
 DISCHARGE NUMBER: **001 A**


MONITORING PERIOD:
 YR: 2008 MO: 9 DAY: 1 TO YR: 2008 MO: 9 DAY: 30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
SOLIDS, TOTAL SUSPENDED	192.4	*****	(26)	*****	15.1	*****	(19)	0	5/7	GRAB
00530 W 0 0	1035	*****	LBS/DAY	*****	45	*****	MG/L	0	ONCE/MONTH	GRAB
SEE COMMENTS BELOW	165.1	478.1	(26)	*****	11.7	29.8	(19)	0	5/7	GRAB
SOLIDS, TOTAL SUSPENDED	690	1380	LBS/DAY	*****	30	60	MG/L	0	ONCE/MONTH	GRAB
00530 1 0 0	20.4	20.4	(26)	*****	2.2	DAILY MAX	(19)	0	1/180	COMP 24
EFFLUENT GROSS VALUE	REPORT	REPORT	LBS/DAY	*****	REPORT	REPORT	MG/L	0	SEMI-ANNUAL	COMP 24
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	****	*****	33	*****	(13)	0	1/7	COMP 24
00610 1 0 0	*****	*****	****	*****	800	*****	#/ML100	0	ONCE/WEEK	COMP 24
EFFLUENT GROSS VALUE	*****	*****	****	*****	WPKLY GEO	*****	(13)	0	1/7	COMP 24
COLIFORM, FECAL MF	*****	*****	****	*****	9	33	(13)	0	7/7	GRAB
M-FC BROTH, 44.5 C	*****	*****	****	*****	400	1200	#/ML100	0	CONTINUOUS	GRAB
31616 W 0 0	*****	*****	****	*****	MO GEO	DAILY MAX	(23)	0	1/30	COMP 24
SEE COMMENTS BELOW	1.5936	3.2320	(03)	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
COLIFORM, FECAL MF	2.76	6.0	MGD	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
M-FC BROTH, 44.5 C	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
31616 1 0 0	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
FLOW, IN CONDUIT, OR THRU TREATMENT PLANT	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
50050 1 0 0	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
BOD, 5-DAY PERCENT REMOVAL	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
81010 K 0 0	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
PERCENT REMOVAL	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24
85 MIN. % REMOVAL	*****	*****	****	*****	*****	*****	PERCENT	0	ONCE/MONTH	COMP 24

TELEPHONE: **907** ARCA CODE: **586-0393**

DATE: **2008** YEAR: **10** MO: **9** DAY: **9**

PHONE NUMBER: **586-0393**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers, Acting WW Utilities Superintendent

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

The reporting period was from 08/31/2008 through 09/27/2008.

NOTE: Read instructions before completing this form.

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

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD

YR MO DAY TO YR MO DAY

2008 9 1 2008 9 30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	****	93.0	*****	(23)	0	1/30	
81011 K 0 0	*****	*****	****	85 MIN. % REMOVAL	REPORT DAILY MAX	%		ONCE/MONTH	GRAB
PERCENT REMOVAL	*****	*****	****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Scott Jeffers
 Acting 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.

TELEPHONE
 907 AREA CODE 586-0393

PHONE NUMBER
 DATE

2008 YEAR 10 MO 9 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Scott Jeffers

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 08/31/2008 through 09/27/2008.
 (Reference all attachments here)

EPA Form 3320-1 (03-99) Previous editions may be used. 00434/981209 1904 PAGE 3 OF 3

NOTE: Read instructions before completing this form.

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

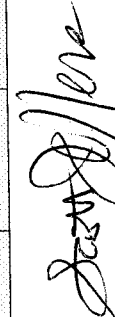
AK-002321-3
 PERMIT NUMBER

REC-1
 DISCHARGE NUMBER

MONITORING PERIOD
 YR 2008 MO 9 DAY 1
 TO YEAR 2008 MO 9 DAY 30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31616 1 0 0	MEASUREMENT	*****	(26)	*****	18.0	18.0	(13)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	LBS/DAY	*****	Req. Mon. MO. AVG	Req. Mon. DAILY MAX	#/ ML100		ONCE/MO MAY-OCT AND 1/180	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	****	*****	*****	*****	****		2 TIMES NOV- APR	
	PERMIT REQUIREMENT	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	****	*****	*****	*****	****			
	MEASUREMENT	*****	****	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	****	*****	*****	*****	****			

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 907 586-0393
 AREA CODE 907
 PHONE NUMBER 586-0393
 DATE 2008 10 9
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 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)

The reporting period was from 08/31/2008 through 09/27/2008.

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

September 2008

EPA REPORT

DAY	DATE	WEATHER				INFLUENT				EFFLUENT				Ammonia as N mg/l 1/180 days	Ammonia as N lbs/day 1/180 days					
		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	
SUN	31	48	0.00	18.2	1.0130	258	2180			16.2	6.5	3.2	29.8	84						
MON	1	50	0.63	18.0	1.7030	238	3380			15.3	6.6	3.0	10.8	423				2.2		
TUE	2	50	0.04	17.8	1.1110	183	1696	59	549	16.0	6.5	3.1	12.2	100	6.00	56	4.0			
WED	3	50	0.24	17.3	1.3610	186	2111			15.3	6.5	3.0	12.8	138						
THU	4	50	0.22	16.4	1.2190	203	2064			16.0	6.4	3.0		130						
FRI	5	52	0.04	15.4	0.8840															
SAT	6	51	0.00	14.3	0.8170															
SUN	7	51	1.05	13.2	2.2220	144	2669			14.2	6.4	3.5	10.8	478						
MON	8	50	0.23	12.5	1.3230					15.3	6.2	3.0	8.0	119						
TUE	9	50	0.04	12.7	1.6890	164	2310			15.1	6.2	3.3	5.2	107			8.0			
WED	10	50	1.22	13.6	2.4630	157	3225			14.5	6.2	4.0	7.8	115						
THU	11	50	0.64	14.7	1.7750	158	2339			14.8	6.2	3.8								
FRI	12	49	0.08	14.3	1.2160															
SAT	13	49	0.09	15.8	1.3700															
SUN	14	51	1.55	16.7	3.2320	104	2803			14.2	6.3	4.4	13.0	221						
MON	15	51	0.27	17.6	2.0420	104	1771			14.4	6.3	4.8	6.4	129						
TUE	16	52	0.52	18.3	2.4210	94	1898			14.3	6.3	4.1	14.3	240			5			
WED	17	53	0.54	18.7	2.0200	98	1651			15.0	6.3	4.4	6.8	102						
THU	18	49	0.17	18.6	1.7930	127	1899			14.0	6.2	4.2								
FRI	19	52	0.66	18.1	2.0200															
SAT	20	49	0.34	17.1	1.5240								7.2	78						
SUN	21	46	0.07	15.8	1.2950	156	1685			14.2	6.3	3.9	7.2	95						
MON	22	46	0.05	14.5	1.5820	181	2388			13.5	6.3	3.9	14.0	167						
TUE	23	46	0.61	14.3	1.4290	228	2717			13.7	6.1	4.7	10.4	107			33			
WED	24	44	0.00	14.9	1.2320	176	1808			13.9	6.2	4.5	11.6	85						
THU	25	43	0.00	15.8	0.8790	202	1481			14.9	6.3	3.8								
FRI	26	46	0.02	15.9	0.9360															
SAT	27	46	0.58	17.0	2.0510															
TOTAL			9.90		44.6220															
MAXIMUM			53	1.55	18.7	3.2320	258	3380	59	549	16.2	6.6	4.8	29.8	478	6	56	33	2	20
MINIMUM			43	0.00	12.5	0.8170	94	1481	59	549	13.5	6.1	3.0	5.2	78	6	56	4	2	20
AVERAGE			49	0.354	16.0	1.5936	166	2214	59	549	14.7	6.3	3.8	11.7	165	6	56	9	2	20

No Inf sample on 9/6/08, hole in the suction line.

% REMOVAL	
B.O.D.	90
S.S.	93

Copper	NH3	NH3	TSS		BOD		Weekly Coliform Geo Mean
			mg/l	lbs	mg/l	lbs	
WEEK1	15	175	6	56	4		
WEEK2	12	186			8		
WEEK3	10	192			5		
WEEK4	10	106			33		
MAX	15	192	6	56	33		

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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
 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
08	09	01		08	09	30

No Discharge

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

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 SCOTT JEFFERS W/JW/SJB
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 907-586-1913
 AREA Code NUMBER

DATE
 08 10 08
 YEAR MO DAY

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)

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	001B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30
FROM			TO		

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended			*****						
00530 Q 0 See Comments	Req. Mon. MO AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
Solids, total suspended			*****						
00530 R 0 See Comments	Req. Mon. MO AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C	*****		*****						
31616 P 0 See Comments	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C	*****		*****						
31616 Q 0 See Comments	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB	
Coliform, fecal MF, MFC broth, 44.5 C	*****		*****						
31616 R 0 See Comments	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL	When Discharging	GRAB	
Duration of discharge	*****		*****						
81381 P 0 See Comments	Req. Mon. EVNT TOT	min	*****	*****	*****		When Discharging	CALCTD	
Duration of discharge	*****		*****						
81381 Q 0 See Comments	Req. Mon. EVNT TOT	min	*****	*****	*****		When Discharging	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS w/w/SA</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE 907-586-0303	DATE 10 08
TYPED OR PRINTED		AREA Code NUMBER	YEAR MO DAY

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)

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	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30

FROM

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>SCOTT JEFFERS w/w SUPER</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>	TELEPHONE	DATE
		907-586-0323 AREA Code NUMBER	08 10 08 YEAR MO DAY

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