

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

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**PARAMETER**

QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD		
VALUE	UNITS	UNITS	VALUE	UNITS	UNITS	YEAR	MO	DAY
2009	9	1	2009	9	1	2009	9	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	VALUE	UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS				VALUE	UNITS	UNITS			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	17.9	deg.C	0	0	WEEKDAYS	GRAB
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C	0	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	7.3	mg/L	0	0	WEEKLY	GRAB
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MIN.	mg/L	0	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37.7	37.7	lbs/d	*****	*****	5.0	mg/L	0	0	WEEKLY	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	*****	30	mg/L	0	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	264.0	mg/L	0	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L	0	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37.7	37.7	lbs/d	*****	*****	5.0	mg/L	0	0	MONTHLY	COMP24
00310 W 0 See Comments	PERMIT REQUIREMENT	1035	*****	lbs/d	*****	*****	45	mg/L	0	0	MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	6.0	mg/L	0	0	MONTHLY	COMP24
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	6.0	SU	0	0	WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	151	445.5	lbs/d	*****	*****	13	SU	0	0	WEEKDAYS	GRAB
00630 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	*****	30	mg/L	0	0	MONTHLY	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER												
Joe Myers W/W Utilities Superintendent												
TYPED OR PRINTED												
COMMENT AND EXPLANATION OF ANY VIOLATIONS												
The reporting period was from 08/30/2009 through 10/03/2009. (Reference all attachments here)												
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.												

Signature of Joe Myers  
in lieu of Joe Myers

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

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:** Joe Myers, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2009	9	1
TO		
YEAR	MO	DAY
2009	9	30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	REQ. MON. MO AVG	VALUE	UNITS	REQ. MON. MO AVG			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00630 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	293.8	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00630 W 0 See Comments	SAMPLE MEASUREMENT	1035 WKLY AVG	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
31616 W 0 See Comments	SAMPLE MEASUREMENT	1.3035	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	2.76	*****	*****	*****	*****	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	85	*****	*****	*****	*****	0	Monthly	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

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.

*Edmund E. Carlson*  
in lieu of Joe Myers  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
**The reporting period was from 08/30/2009 through 10/03/2009.**

(Reference all attachments here)

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:** Joe Myers, WW Utilities Superintendent

**AK-002321-3**  
PERMIT NUMBER

External Outfall  
\*\*\* NO DISCHARGE

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2009	9	1
FROM		
TO		
YEAR	MO	DAY
2009	9	30

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 Percent Removal	*****	93.6	*****	*****	*****	*****	0	MONTHLY	CALCTD	
		85	*****	*****	*****	*****	*****			

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
Joe Myers  
WW Utilities Superintendent

*Esther E. Carlson*  
in lieu of Joe Myers

**TELEPHONE**  
907 586-0393  
**PHONE NUMBER**  
2009 10 9  
**AREA CODE**  
DATE  
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.

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

**The reporting period was from 08/30/2009 through 10/03/2009.**

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 \*\*\*

AK-002321-3  
PERMIT NUMBER

REC-1  
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  
ATTN: Joe Myers, WW Utilities Superintendent

FROM

MONITORING PERIOD			
YR	MO	DAY	TO
2009	9	1	

YEAR	MO	DAY
2009	9	30

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Coliform, fecal MF, broth 44.5 C		*****	*****		4.0			0			
Effluent Gross		*****	*****		Req. Mon. DAILY MAX	#/ ML100				Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joe Myers  
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.

*Esther E. Carlson*  
in lieu of *Joe Myers*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE	TELEPHONE	PHONE NUMBER	DATE
907	586-0393		
2009	10	9	

TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 08/30/2009 through 10/03/2009.

# JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

September 2009

## EPA REPORT

DAY	DATE	WEATHER				INFLUENT				EFFLUENT										
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	J-D TIDE 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	30	54	0.00	13.7	1.0730	142	1271			15.4	6.3	2.8	7.8	58						
MON	31	54	0.00	14.5	0.9180	215	1646			16.0	6.1	4.5	10.2	77					0.3	
TUE	1	52	0.00	13.8	0.9040	224	1699	264	1990	15.9	6.0	3.3	9.6	74					2.3	
WED	2	52	0.00	15.4	0.9290	348	2696			17.9	6.1	4.2	10.2	84						
THU	3	52	0.09	16.1	0.9830	226	1853			17.6	6.1	3.3								
FRI	4	52	0.09	16.5	0.9280															
SAT	5	60	0.00	16.8	0.9920															
SUN	6	56	0.02	17.2	0.9440	220	1732			16.2	6.2	3.0	16.8	132						
MON	7	53	0.00	17.3	0.8410	266	1866			16.1	6.3	3.6	16.0	112						
TUE	8	53	0.03	17.2	0.8330	243	1688			15.9	6.5	4.0	13.6	94					18.0	
WED	9	52	0.30	16.8	1.2400	226	2337			16.1	6.5	4.0	16.0	165						
THU	10	53	0.53	16.1	1.4010	202	2360			16.1	6.1	3.6	13.6	159						
FRI	11	52	0.22	15.2	0.8810					15.0	6.2	3.7								
SAT	12	47	0.67	14.5	1.8470	150	1380													
SUN	13	49	0.11	14.5	1.1030	238	1747			17.0	6.4	3.0	5.2	48						
MON	14	48	0.00	15.4	0.8800	223	1865			14.9	6.0	3.6	7.6	64						
TUE	15	49	0.02	16.6	1.0030	228	3177			15.0	7.0	4.5	15.8	220					3	
WED	16	53	0.35	16.2	1.6710	228	1936			17.1	6.3	3.7	13.2	145						
THU	17	51	0.27	17.6	1.3190	176	1936			14.2	6.4	4.7								
FRI	18	51	0.12	18.7	1.2440															
SAT	19	49	0.15	19.2	1.2510															
SUN	20	49	0.54	19.3	1.8530	133	2055													
MON	21	49	0.37	18.8	1.9910	102	1694			17.2	6.2	3.9	23.2	359						
TUE	22	47	0.57	17.9	1.8500	155	2391			13.0	6.2	3.9	17.6	292						
WED	23	49	0.80	16.6	2.4280	160	3240			13.1	6.4	4.3	15.2	235					89	
THU	24	48	0.31	15.2	1.7270	134	1930			13.8	6.4	4.5	22.0	445						
FRI	25	48	0.54	15.2	1.9080					13.9	6.6	7.3	9.6	136						
SAT	26	49	0.47	12.7	1.6560															
SUN	27	45	0.04	12.4	1.0610	139	1230													
MON	28	43	0.00	12.9	0.8570	180	1287			13.3	6.5	4.0	8.4	60						
TUE	29	41	0.01	13.8	1.1530	207	1991			13.2	6.3	3.8	4.4	42						
WED	30	43	1.03	14.7	1.9650	126	2065			13.2	6.2	6.3	11.6	190					6	
THU	1	45	0.19	15.3	1.2400	151	1562			12.9	6.5	7.0	10.4	108						
FRI	2	42	0.00	16.3	0.9470					13.1	6.3	4.2								
SAT	3	41	0.00	17.1	0.9040															
TOTAL			7.84			44.6250														2.34
MAXIMUM		60	1.03	19.3	2.4280	348	3240	264	1990	17.9	7.0	7.3	23.2	445					0.31	
MINIMUM		41	0.00	12.4	0.8280	102	1271	264	1990	13.0	6.0	2.8	4.4	41					0.31	
AVERAGE		51	0.235	16.2	1.3035	201	2028	264	1990	15.6	6.3	4.0	12.8	151					0.31	

% REMOVAL	
B.O.D.	88
S.S.	94

	mg/L	lbs
Copper	N/A	
NH3	0.31	
NH3	2.34	

Weekly TSS, BOD		TSS		BOD		Weekly Coliform	
Aver.	mg/l	lbs	mg/l	lbs	Geo Mean		
WEEK1	9	73	5	38	31	18	
WEEK2	15	133			3	3	
WEEK3	9	104			99	99	
WEEK4	18	294			6	6	
WEEK5	9	97					

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

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008
FROM	TO

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

No Discharge

PARAMETER	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. MO AVG	lb/d	*****				When Discharging	GRAB
See Comments										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
JOE MYERS W/D SUPER	907-586-0393	10/6/09
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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  
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	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008
FROM	TO

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Joe Myers* (Typed or Printed)

TELEPHONE: 907-586-0393 DATE: 10/6/09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
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 true to the best of my knowledge and belief, and I am not aware of any falsification or omission of information or any other information that would affect the accuracy of this information, including the possibility of fine and imprisonment for knowing provisions.

Signature of Principal Executive Officer or Authorized Agent: *Joe Myers*

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  
09/01/2008 TO 09/30/2008

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

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	UNITS	VALUE	UNITS	VALUE	UNITS			
Duration of discharge	*****		*****		*****				
81381 R 0	*****		*****		*****				
See Comments			Req. Mon. EVNT TOT	min	*****	*****		When Discharging	CALCTD

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.	
JOE MYERS TYPED OR PRINTED	WJWSUPER	
TELEPHONE	DATE	
907-586-0325	10/6/09	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	[Signature]	

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