

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

DMR Mailing ZIP CODE: 99801
\$
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
ATTN: Joe Myers, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001A
DISCHARGE NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|------|
| YR | MO | DAY | TO |
| 2009 | 11 | 1 | 2009 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | UNITS | VALUE | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|-------|-------|-------|--------------------------|---------|------------------|--------|-----------------------|-------------|
| | | VALUE | VALUE | | | MINIMUM | MAXIMUM | REPORT DAILY MAX | | | |
| Temperature, water deg. C | MEASUREMENT | ***** | ***** | **** | ***** | ***** | ***** | 13.1 | 0 | | |
| 00010 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | REPORT DAILY MAX | 0 | WEEKDAYS | GRAB |
| Oxygen, dissolved (DO) | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | ***** | 5.6 | 0 | | |
| 00300 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | DAILY MIN. | 2 | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 34.3 | 34.3 | ***** | ***** | ***** | ***** | DAILY MAX | 17 | mg/L | GRAB |
| 00310 10 Effluent Gross | PERMIT REQUIREMENT | 690 | 1380 | lbs/d | ***** | ***** | ***** | MO AVG | 30 | mg/L | COMP24 |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | ***** | DAILY MAX | 60 | mg/L | |
| 00310 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | MO AVG | 121.5 | mg/L | COMP24 |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 34.3 | 34.3 | ***** | ***** | ***** | ***** | DAILY MAX | 4.0 | mg/L | COMP24 |
| 00310 W 0 See Comments | PERMIT REQUIREMENT | 1035 | ***** | lbs/d | ***** | ***** | ***** | MO AVG | 4.0 | mg/L | COMP24 |
| PH | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | ***** | WEEKLY AVG | 45 | mg/L | COMP24 |
| 00400 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | WEEKLY AVG | 6.3 | mg/L | COMP24 |
| Solids, Total suspended | SAMPLE MEASUREMENT | 140 | 691.7 | ***** | ***** | ***** | ***** | DAILY MAX | 6.7 | mg/L | COMP24 |
| 00530 10 Effluent Gross | PERMIT REQUIREMENT | 690 | 1380 | lbs/d | ***** | ***** | ***** | DAILY MAX | 60 | mg/L | 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. | | | | | | | | | | |
| Joe Myers WW Utilities Superintendent | <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p><i>Extreme E. Carlson</i> in lieu of Joe Myers</p> <p>907 AREA CODE 586-0393 TELEPHONE NUMBER 12 MO DATE 2009 YEAR 4 DAY</p> | | | | | | | | | | |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS | | | | | | | | | | | |
| The reporting period was from 11/01/2009 through 11/28/2009. Please see attached non-compliance notification letter dated 11/17/2009. | | | | | | | | | | | |

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

External Outfall
*** NO DISCHARGE

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | |
|-------------------|----|-----|
| YR | MO | DAY |
| 2009 | 11 | 1 |
| TO | | |
| YR | MO | DAY |
| 2009 | 11 | 28 |

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|--------|-----------|--------------------------|-------|-------|--------|-----------------------|-------------|
| | VALUE | VALUE | UNITS | VALUE | VALUE | UNITS | | | |
| Solids, Total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| 00530 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 262.0 | ***** | ***** | 178.2 | ***** | 0 | mg/L | Monthly |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| 00530 W 0 See Comments | SAMPLE MEASUREMENT | 1035 | ***** | ***** | 19.8 | ***** | 0 | mg/L | Monthly |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | N/A | ***** | ***** | 45 | ***** | 0 | mg/L | Monthly |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| 00610 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1 | mg/L | Semi-annual |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| Coliform, fecal MF, broth 44.5 C | SAMPLE MEASUREMENT | ***** | ***** | ***** | 42 | ***** | 1 | #100/ml | Weekly |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| 31616 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1 | #100/ml | Weekly |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| Coliform, fecal MF, broth 44.5 C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1 | #100/ml | Weekly |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| 31616 W 0 See Comments | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | #100/ml | Weekly |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| Flow, in conduit or through treatment plant | SAMPLE MEASUREMENT | 1.3067 | ***** | ***** | ***** | ***** | 0 | ***** | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 2.76 | ***** | ***** | ***** | ***** | 0 | ***** | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| BOD, 5-day, percent removal | SAMPLE MEASUREMENT | MO AVG | DAILY MAX | ***** | ***** | ***** | 0 | ***** | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | ***** | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | | | |
| <p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: <i>Esther E. Carlson</i> W/W Utilities Superintendent SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>Joe Myers</i> TYPED OR PRINTED: _____ COMMENT AND EXPLANATION OF ANY VIOLATIONS: Please see attached non-compliance notification letter dated 11/17/2009.</p> | | | | | | | | | |
| <p>907 AREA CODE: 586-0393 TELEPHONE: 586-0393 2009 YEAR: 12 MO: 4 DAY</p> | | | | | | | | | |

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: Joe Myers, WW Utilities Superintendent

AK-002321-3
 PERMIT NUMBER

REC-1
 DISCHARGE NUMBER

| MONITORING PERIOD | | YEAR | MO | DAY |
|-------------------|----|------|----|-----|
| FROM | TO | 2009 | 11 | 28 |

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Joe Myers
 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.

Extreme E. Casanova
 in lieu of Joe Myers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE NUMBER
 2009 YEAR
 12 MO DATE
 4 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

Please see attached non-compliance notification letter dated 11/17/2009.

The reporting period was from 11/01/2009 through 11/28/2009.



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

NONCOMPLIANCE NOTIFICATION

| | | |
|--------------------------------|---|---|
| GENERAL INFORMATION | | PERMIT# (if any): AK-002321-3 |
| Owner or Operator: | Facility Name: | Facility Location: |
| City and Borough of Juneau, AK | Juneau-Douglas Wastewater Treatment Plant | 1540 Thane Road, Juneau, AK 99801 |
| Person Reporting: | Phone Numbers of Person Reporting: | Reported How? (e.g. by phone): |
| Denny Kay | 907-586-0393 | By Phone 11/16/2009; by e-mail 11/17/2009 |
| Date/Time Event was Noticed: | Date/Time Reported: | Name of DEC Staff Contacted: |
| 11/15/2009 1420 hours | 11/16/2009 1230 hours | Chris Foley |

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)

Period of Noncompliance: Start Date/Time (exact): 11/11/2009 End Date/Time (exact): 11/15/2009

Noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
Initial laboratory results did not become known until 11/13/2009. Additional sampling was conducted on 11/14 and 11/5/2009 to confirm return to compliance.

Estimated Quantity involved (volume or weight):

Description of the noncompliance and its cause (be specific):
 27 sample fecal coliform bacteria analyses for 11/11/2009 (900 # / 100ml reported by contract lab on 11/13/2009) and 11/14/2009 (1,300 # / 100ml reported on 11/15/2009) showed non-compliance levels (see below) indicating disinfection equipment under-performance

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)
 (1) disinfection equipment was cleaned on 11/15/2009. Subsequent grab sample fecal coliform bacteria analysis for 11/15/2009 showed compliance at 100 # / 100 ml

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

| Parameter (e.g. BOD pff) | Permit Limit | Exceedance (sample result) | Sample Date |
|--------------------------|-------------------------------|----------------------------|-------------------------|
| Fecal Coliform Bacteria | Daily Maximum 1,200 # / 100ml | 1,300 # / 100 ml | 11/14/2009 |
| Fecal Coliform Bacteria | Weekly Max 800 # / 100ml | 1,100 # / 100 ml | 11/11/2009 & 11/14/2009 |

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence)
 (1) disinfection equipment was cleaned on 11/15/2009. Cleaning schedule and techniques are being reviewed and modified to reduce probability of disinfection equipment under-performance

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

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

Based on information and belief formed after reasonable inquiry, 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: Joe Myers Title: Superintendent Signature: Date: 11/17/2009

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

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

November 2009

| DAY | DATE | WEATHER | | | INFLUENT | | | EFFLUENT | | | | | | | | | | | |
|---------|------|---------|------------------|----------------|------------------|-----------|----------|-------------|------------|---------|-----|-----------|-----------|----------|-------------|------------|------------------------|-------------------------------|----------------------|
| | | 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 |
| SUN | 1 | 39 | 0.24 | 17.7 | 1.4030 | 236 | 2761 | | 12.1 | 6.6 | 5.5 | 11.0 | 129 | | | | | | |
| MON | 2 | 38 | 0.23 | 18.4 | 1.2420 | | | | 13.0 | 6.4 | 2.9 | 9.4 | 81 | | | | | | |
| TUE | 3 | 39 | 0.24 | 18.8 | 1.0360 | 266 | 2298 | 122 | 1050 | 6.4 | 3.3 | 13.6 | 146 | | | | | | 2.0 |
| WED | 4 | 40 | 0.03 | 18.9 | 1.2900 | 101 | 1087 | | 11.6 | 6.4 | 3.3 | 45.2 | 692 | | | | | | |
| THU | 5 | 44 | 0.62 | 18.6 | 1.8350 | 406 | 6213 | | 12.0 | 6.3 | 3.9 | | | | | | | | |
| FRI | 6 | 41 | 0.51 | 17.8 | 1.6200 | | | | 11.4 | 6.4 | 4.3 | | | | | | | | |
| SAT | 7 | 40 | 0.32 | 16.7 | 1.4100 | | | | | | | | | | | | | | |
| SUN | 8 | 40 | 0.04 | 15.3 | 1.0560 | 74 | 652 | | 12.2 | 6.7 | 4.1 | 16.4 | 144 | | | | | | |
| MON | 9 | 34 | 0.02 | 14.2 | 0.8800 | 283 | 2077 | | 12.0 | 6.6 | 3.5 | 14.0 | 103 | | | | | | |
| TUE | 10 | 36 | 0.08 | 14.3 | 0.8440 | 104 | 732 | | 12.3 | 6.5 | 3.7 | 15.6 | 190 | | | | | | 960 |
| WED | 11 | 38 | 0.11 | 15.3 | 1.4600 | 133 | 1619 | | 11.0 | 6.6 | 3.8 | 14.0 | 191 | | | | | | |
| THU | 12 | 35 | 0.66 | 16.3 | 1.6370 | 152 | 2075 | | 10.6 | 6.5 | 3.7 | | | | | | | | |
| FRI | 13 | 33 | 0.47 | 17.3 | 3.1240 | | | | | | | | | | | | | | 1300 |
| SAT | 14 | 35 | 1.26 | 18.1 | 2.0240 | | | | | | | | | | | | | | 28 |
| SUN | 15 | 31 | 0.12 | 18.5 | 1.3010 | 102 | 1107 | | 9.6 | 6.5 | 4.6 | 7.2 | 78 | | | | | | |
| MON | 16 | 33 | 0.18 | 18.6 | 1.1440 | 150 | 1431 | | 9.7 | 6.5 | 3.3 | 8.8 | 84 | | | | | | |
| TUE | 17 | 31 | 0.08 | 18.4 | 1.0840 | 168 | 1519 | | 11.0 | 6.4 | 3.3 | 11.0 | 99 | | | | | | 4 |
| WED | 18 | 30 | 0.37 | 18.0 | 1.0100 | 170 | 1432 | | 10.8 | 6.5 | 3.2 | 8.4 | 71 | | | | | | |
| THU | 19 | 29 | 0.00 | 17.3 | 0.8710 | 192 | 1395 | | 11.4 | 6.4 | 5.6 | 5.0 | 36 | | | | | | |
| FRI | 20 | 28 | 0.00 | 16.4 | 0.8030 | | | | | | | | | | | | | | |
| SAT | 21 | 31 | 0.12 | 15.4 | 0.8140 | | | | | | | | | | | | | | |
| SUN | 22 | 31 | 0.00 | 14.2 | 0.8320 | 182 | 1263 | | 12.8 | 6.6 | 4.5 | 13.2 | 92 | | | | | | |
| MON | 23 | 34 | 0.24 | 13.1 | 1.0310 | 184 | 1582 | | 13.1 | 6.4 | 3.9 | 10.0 | 86 | | | | | | |
| TUE | 24 | 37 | 0.06 | 12.8 | 1.0940 | 150 | 1369 | | 11.3 | 6.6 | 3.6 | 9.6 | 88 | | | | | | 20 |
| WED | 25 | 37 | 0.49 | 13.1 | 2.0720 | | | | 10.9 | 6.6 | 3.1 | 8.0 | 80 | | | | | | |
| THU | 26 | 39 | 0.23 | 13.8 | 1.1940 | 155 | 1543 | | 11.3 | 6.7 | 3.1 | | | | | | | | |
| FRI | 27 | 37 | 0.18 | 14.7 | 1.1110 | | | | | | | | | | | | | | |
| SAT | 28 | 36 | 0.25 | 15.7 | 1.3650 | | | | | | | | | | | | | | |
| TOTAL | | | 7.15 | | 36.5870 | | | | | | | | | | | | | | |
| MAXIMUM | | 44 | 1.26 | 18.9 | 3.1240 | 406 | 6213 | 122 | 1050 | 13.1 | 6.7 | 45.2 | 692 | 4 | 4 | 34 | 1300 | N/A | N/A |
| MINIMUM | | 28 | 0.00 | 12.8 | 0.8030 | 74 | 652 | 122 | 1050 | 9.6 | 6.3 | 5.0 | 36 | 4 | 4 | 34 | 2 | N/A | N/A |
| AVERAGE | | 36 | 0.26 | 16.3 | 1.3067 | 178 | 1786 | 122 | 1050 | 11.5 | 6.5 | 13.3 | 140 | 4 | 4 | 34 | 42 | N/A | N/A |

| % REMOVAL | |
|-----------|----|
| B.O.D. | 97 |
| S.S. | 93 |

| | Copper | NH3 | NH3 |
|--|--------|------|-----|
| | N/A | N/A | N/A |
| | ug/l | mg/l | lbs |

| Weekly | TSS | | BOD | | Weekly Coliform |
|--------|------------|---------|------|-----|-----------------|
| | Aver. mg/l | TSS lbs | mg/l | lbs | |
| WEEK1 | 20 | 262 | 4 | 34 | 2 |
| WEEK2 | 16 | 152 | | | 1117 |
| WEEK3 | 8 | 74 | | | 11 |
| WEEK4 | 10 | 86 | | | 20 |
| MAX | 20 | 262 | 4 | 34 | 1117 |

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

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
11/01/2009 TO 11/30/2009

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 | REQ. MON. MO AVG | VALUE | UNITS | REQ. MON. MO AVG | | | |
| Flow rate | ***** | | | ***** | | | | | |
| 00056 P 0 See Comments | ***** | | | ***** | | | | | |
| Flow rate | ***** | | | ***** | | | | | |
| 00056 Q 0 See Comments | ***** | | | ***** | | | | | |
| Flow rate | ***** | | | ***** | | | | | |
| 00056 R 0 See Comments | ***** | | | ***** | | | | | |
| BOD, 5-day, 20 deg. C | ***** | | | ***** | | | | | |
| 00310 P 0 See Comments | ***** | | | ***** | | | | | |
| BOD, 5-day, 20 deg. C | ***** | | | ***** | | | | | |
| 00310 Q 0 See Comments | ***** | | | ***** | | | | | |
| BOD, 5-day, 20 deg. C | ***** | | | ***** | | | | | |
| 00310 R 0 See Comments | ***** | | | ***** | | | | | |
| Solids, total suspended | ***** | | | ***** | | | | | |
| 00530 P 0 See Comments | ***** | | | ***** | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
TYPED OR PRINTED
Joe Myers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Joe Myers

TELEPHONE
AREA CODE: 907-586-8993 NUMBER: 12/9/09 DATE: 12/9/09

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, I am aware that there are significant deficiencies in the submission of this information, including the possibility of false and misleading information.

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
11/01/2009 TO 11/30/2009

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 | VALUE | UNITS | VALUE | VALUE | VALUE | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | | | | | When Discharging |
| 00530 Q 0 | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | lb/d | | | | | When Discharging |
| 00530 R 0 | | | | | | | | | |
| Coliform, fecal MF, MFC, broth, 44.5 C | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | #/100ml | | | | | When Discharging |
| 31616 P 0 | | | | | | | | | |
| Coliform, fecal MF, MFC, broth, 44.5 C | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | #/100ml | | | | | When Discharging |
| 31616 Q 0 | | | | | | | | | |
| Coliform, fecal MF, MFC, broth, 44.5 C | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | #/100ml | | | | | When Discharging |
| 31616 R 0 | | | | | | | | | |
| Duration of discharge | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. EVNT TOT | Req. Mon. EVNT TOT | min | | | | | When Discharging |
| 81381 P 0 | | | | | | | | | |
| Duration of discharge | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. EVNT TOT | Req. Mon. EVNT TOT | min | | | | | When Discharging |
| 81381 Q 0 | | | | | | | | | |
| See Comments | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. EVNT TOT | Req. Mon. EVNT TOT | min | | | | | When Discharging |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Joe Myers
 TYPED OR PRINTED: Joe Myers
 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 the quality and integrity of the information submitted to the public. 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: Joe Myers
 TELEPHONE: 907-586-0393 DATE: 12/9/09
 AREA CODE: 907 NUMBER: 586-0393 MM/DD/YYYY: 12/9/09

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

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
11/01/2009 TO 11/30/2009

ATTN: JOE BUCK, PUBLIC WORKS DIRECTOR

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

| | | | |
|--|--|-----------|----------|
| 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 furnished the information, and on those persons' direct responsibility for gathering the information, I am aware that there are significant portions of the information submitted that are false or misleading. I am aware that there are significant portions of the information submitted that are false or misleading. I am aware that there are significant portions of the information submitted that are false or misleading. | | |
| JOE MYERS, Sr. SUPER | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| TELEPHONE | DATE | AREA CODE | NUMBER |
| 907-586-0398 | 12/19/09 | 907 | 586-0398 |

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