

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

F - FINAL

PERMITTEE NAME/ADDRESS		AK0021407		001 A	
NAME:		PERMIT NUMBER		DISCHARGE NUMBER	
ADDRESS:		MONITORING PERIOD			
FACILITY:		YR	MO	DAY	YR
LOCATION:		2000	10	01	2000
					10
					31
		MAJOR (SUBR.01)			

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE				
TEMPERATURE, WATER				14.9	16.0			
DEG. CENTIGRADE				REPORT DAILY AVG	REPORT DAILY MAX		0	5/7
00010 1 0 0								DAILY GRAB
EFFLUENT GROSS VALUE								
BOD, 5-DAY	4.6	4.6		7	7		0	1/MO
(20 DEG. C)								COMP 24 - ONCE/MONTH
00310 1 0 0				30	60		0	5/7
EFFLUENT GROSS VALUE				REPORT DAILY AVG	REPORT DAILY MAX			
pH			6.1		7.0			GRAB
00400 1 0 0				6.0 MIN.	9.0 MAXIMUM			DAILY GRAB
EFFLUENT GROSS VALUE								
SOLIDS, TOTAL	3.3	3.3		5	5		0	1/MO
SUSPENDED								COMP 24 - ONCE/MONTH
00530 1 0 0								
EFFLUENT GROSS VALUE				30	60		0	1/MO
SOLIDS, SETTLEABLE				REPORT DAILY AVG	REPORT DAILY MAX			
00545 1 0 0				0.00	0.00		0	1/MO
EFFLUENT GROSS VALUE								GRAB
COLIFORM, FECAL MF,								DAILY GRAB
M-FC BROTH, 44.5C								
31616 1 0 0				17	17		0	1/MO
EFFLUENT GROSS VALUE				REPORT DAILY AVG	REPORT DAILY MAX			
FLOW, IN CONDUIT OR								DAILY GRAB
THRU TREATMENT PLANT	0.078						0	7/7
50050 1 0 0				200	400			
EFFLUENT GROSS VALUE				30 DAY GEO	7 DAY GEO			DAILY GRAB
								CONT.
								DAILY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$ 10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS.)

NAME/TITLE PRINCIPAL EXEC. OFFICER	TELEPHONE	DATE
<i>Andrew W. Bronson</i>	907 789	11 08
ANDREW BRONSON- WASTEWATER UTILITIES SUPERINTENDENT	9919	2000

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)

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

F - FINAL

PERMITTEE NAME/ADDRESS JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD JUNEAU, ALASKA 99601		PERMIT NUMBER AK0021407		DISCHARGE NUMBER 001 A	
FACILITY: AJUKE BAY TREATMENT FACILITY		YEAR: 2000 MONTH: 10 DAY: 01		YEAR: 2000 MONTH: 10 DAY: 31	
LOCATION: JUNEAU, ALASKA		MONITORING PERIOD			

PARAMETER	QUANTITY OF LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MIN.	AVERAGE	MAXIMUM			
	UNITS		UNITS					
CHLORINE, TOTAL RESIDUAL				1.1	2.00		0 777	GRAB
60060 1 0 0 PERMIT REQUIREMENT				REPORT DAILY AVG	REPORT DAILY MAX			
EFFLUENT GROSS VALUE								

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$ 10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS.)

NAME/TITLE: **Andrew W. Bronson** PRINCIPAL EXEC. OFFICER  
 ANDREW BRONSON, WASTEWATER UTILITIES SUPERINTENDENT

TELEPHONE: 907 789 9919 DATE: 2000 11 08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)  
 CONCERNING VIOLATIONS PLEASE SEE ATTACHED.

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EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

October 2000

DAY	DATE	WEATHER			FLOWS				INFLUENT				EFFLUENT				MISCELLANEOUS				
		TEMP F	RAIN INCHES	FALL INCHES	INFLUENT MGD	WASTE SLUDGE MGD	TEMP C	PH	D.O. MG/L	S.S. LBS	B.O.D. MG/L	B.O.D. LBS	S.S. MG/L	D.O. MG/L	S.S. LBS	B.O.D. MG/L	B.O.D. LBS	FECAL COLIFORM /100 ML	CL <sub>2</sub> RESIDUAL MG/L	CL <sub>2</sub> USED LBS	EFFLUENT SETTLABLE SOLIDS
SUN	1	35	0.00	0.07515	0.00100	14.2	6.7	5.4											1.00	6.03	0.00
MON	2	33	0.24	0.07420	0.00150	14.3	7.0	5.7											2.00	7.37	0.00
TUE	3	36	0.03	0.07345	0.00150	13.2	6.9	6.0											1.56	4.02	0.00
WED	4	35	0.06	0.07441	0.00150	14.0	7.0	5.4	100	62	120	74	14.4	6.2	7	4	17	1.58	5.36	0.00	
THU	5	44	1.99	0.08960	0.00150	13.6	6.8	5.2											1.05	4.69	0.00
FRI	6	51	1.13	0.08285	0.00100	14.5	7.8	5.0											0.07	5.36	0.00
SAT	7	48	1.12	0.08489	0.00100	14.7	7.6	4.9											0.08	5.36	0.00
SUN	8	54	0.24	0.08412	0.00100	13.4	6.7	5.1											0.09	5.36	0.00
MON	9	46	0.19	0.06922	0.00150	12.7	7.0	4.6											1.50	4.69	0.00
TUE	10	45	1.15	0.08952	0.00150	13.8	7.1	5.2											0.08	5.36	0.00
WED	11	48	0.42	0.08101	0.00100	14.5	7.1	6.1											1.75	5.36	0.00
THU	12	51	0.88	0.10539	0.00150	14.6	7.3	4.4											2.00	5.36	0.00
FRI	13	46	0.11	0.06931	0.00150	14.2	7.0	5.0											1.75	5.36	0.00
SAT	14	46	0.54	0.07004	0.00100	14.0	6.8	5.2											2.00	5.36	0.00
SUN	15	46	0.10	0.08422	0.00100	13.8	6.9	5.4											1.75	5.36	0.00
MON	16	46	0.07	0.07623	0.00200	12.2	7.3	4.4											1.52	6.03	0.00
TUE	17	41	0.00	0.08199	0.00100	13.8	7.5	4.2											0.07	4.02	0.00
WED	18	40	0.14	0.07497	0.00150	12.8	8.1	5.1											1.28	4.02	0.00
THU	19	45	0.07	0.07592	0.00150	14.0	7.6	4.6											1.60	3.35	0.00
FRI	20	40	0.32	0.07535	0.00150	14.6	7.4	5.4											0.08	4.02	0.00
SAT	21	43	0.41	0.07162	0.00100	14.4	7.2	5.3											0.80	5.36	0.00
SUN	22	46	0.33	0.07725	0.00100	13.7	7.5	6.2											0.80	4.02	0.00
MON	23	44	0.24	0.06220	0.00200	14.4	7.3	4.8											1.10	6.03	0.00
TUE	24	41	0.06	0.07063	0.00100	12.1	7.4	5.7											1.62	5.36	0.00
WED	25	41	0.08	0.08083	0.00150	14.3	7.4	4.5											1.46	4.02	0.00
THU	26	37	0.00	0.07873	0.00150	14.0	7.2	4.8											1.36	5.36	0.00
FRI	27	38	0.00	0.06753	0.00250	15.2	7.4	4.2											1.08	5.36	0.00
SAT	28	36	0.00	0.06692	0.00150	14.9	7.2	4.6											1.00	4.69	0.00
SUN																					
MON																					
TUE																					
WED																					
THU																					
FRI																					
SAT																					
TOTAL			9.94	2.19465	0.03850							74								142.71	
MAXIMUM		54	1.99	0.10539	0.00250	15.2	8.1	6.2	100	62	120	74	16.0	7.0	3.4	7	4	17	2.00	7.37	0.00
MINIMUM		33	0.00	0.06220	0.00100	12.1	6.7	4.2	100	62	120	74	14.1	6.1	2.0	5	3	7	0.07	3.35	0.00
AVERAGE		42.96429	0.36	0.07638	0.00138	13.9	7.2	5.1	100	62	120	74	14.9	6.5	2.4	5	3	7	1.08	5.10	0.00

% REMOVAL	
B.O.D.	94
S.S.	97

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM	
	BOD MG/L	TSS MG/L	CHLORINE LBS	CHLORINE MG/L	DEC. MEAN	DEC. MEAN
01-07	7.0	4.3	3.1	1.0486	5.5	17.0
08-14				1.0713	5.4	
15-21				1.0144	4.6	
22-28				1.2043	5.0	
MAX	7.0	4.34	3	1.2043	5	17

COMMENTS:  
\*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES