

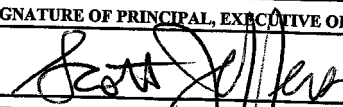
Permit #: AKG-57-1000-013	Expires: 7/20/09	ADEC File number: 1513.45.009
Submit this report to: ADEC and EPA to the addresses on Part D 11 of the NPDES general permit. 11 of the NPDES general permit.		
Applicant Name: City and Borough of Juneau	Responsible party: Scott Jeffers/WW Utilities Superintendent	
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393	
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Rico Tempel	
Location: Auke Bay, Juneau	Phone: (907)586-0393	

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay					Sample Period			
						From: 8/1/2004	To: 8/31/2004		
Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method

Discharge 1

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method	
Flow Rate (effluent or influent)	Estimate d/Measure	0.0639		0.0796	26	0	mgd	Daily 5/week	Measured/recorded	
	Permit Limits	N/A	report	N/A	0.16	report	report			
BOD Influent	Value	177	177	177	1	0	mg/l	1/month	Grab or Composite	
	Permit Limits	N/A	report	report	report	report	report			
BOD Effluent	Value	19.5	19.5	19.5	1	0	mg/l	1/month	Grab or Composite	
	Permit Limits	N/A	30	45	60	report	report			
BOD Effluent	Value	7.8	7.8	7.8	1	0	lbs/day	1/month	Grab or Composite	
	Permit Limits	N/A	40	60	80.1	report	report			
BOD % removal	Value	89				0				
	Permit Limits	85%	N/A	N/A	N/A	report	report	%	1/month	Calculated
TSS Influent	Value	76.8	76.8	76.8	1	0	mg/l	1/month	Grab or Composite	
	Permit Limits	N/A	report	report	report	report	report			
TSS Effluent	Value	14.5	14.5	14.5	1	0	mg/l	1/month	Grab or Composite	
	Permit Limits	N/A	30	45	60	report	report			
TSS Effluent	Value	5.8	5.8	5.8	1	0	lbs/day	1/month	Grab or Composite	
	Permit Limits	N/A	40	60	80.1	report	report			
TSS % removal	Value	92				0				
	Permit Limits	85%	N/A	N/A	N/A	report	report	%	1/month	Calculated
Fecal Coliform Bacteria	Value	2	2	2	1	0	#/100 ml	1/month	Grab	
	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Value	1.6			3	1	mg/l	1/month	Grab	
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Value	6.5		6.8	12	0				
	Permit Limits	6	N/A	N/A	9	report	report	Std. Units	3/week	Grab
Total Residual Chlorine	Value	0.58		1.12	13	2	mg/l	3/week	Grab	
	Permit Limits	N/A	0.5	N/A	1	report	report			

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.

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Scott Jeffers, Wastewater Utility Superintendent		9/10/2004	907-586-0393
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)		DATE	TELEPHONE

CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD

Permit #: AKG-57-1000-013	Expires: July 20, 2009	Submit this report to:
ADEC File number: 1513.45.009		

Applicant Name: City and Borough of Juneau	Responsible party: Scott Jeffers/WW Utilities Superintendent
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Rico Tempel
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 8/1/2004	To: 8/31/2004

Mixing Zone *N/A* *(Signature)*

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method
Fecal Coliform	Value								
Fecal Coliform	Permit Limits	N/A	14	N/A	43	report	#/100 ml	twice per year - 2/year	Grab
Dissolved Oxygen	Value								
Dissolved Oxygen	Permit Limits	N/A	NA	N/A	NA	report	#/100 ml	twice per year - 2/year	Grab
pH	Value								
pH	Permit Limits	6	N/A	N/A	17	report	mg/l	request by ADEC Upon	Grab
Total Chlorine (if	Value								
Total Chlorine (if	Permit Limits	6.5	N/A	N/A	8.5	report	Std. Units	request by ADEC Upon	Grab
	Value								
	Permit Limits	N/A	N/A	N/A	0.0075	report	mg/l	twice per year - 2/year	Grab

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NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	9/10/2004	907-586-0393
	DATE	TELEPHONE

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

CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD