Discharge Monitoring Report (DMR) - PAGE 1 of 2

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Permit number: AKG-57-1000-013		Expires: July 20, 2009			Submit this report to:		ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.			
ADEC File number: 1513.45.009		†		-	Ii		11 of the N	PDES gei	ierai permit	
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Applicant Name: City ar	nd Borough of Juneau			T	Par	nonsible nortu	Spott Inffar	0/11/11/ T Is	ilidiae Como	
Address: 155 South Seward, Juneau, AK 99801					Responsible party: Scott Jeffers/WW Utilities Superintendent Phone / email: (907)586-0393					intendent
Facility: Auke Bay Was	tewater Treatment Fac	ility				Phone / email: Onsite Contact:		····		
Location: Auke Bay, Jur							(907)586-0			
					<u> </u>	I none.	(307)380-0		la Davia d	
Required Reporting F	requency Monthly	Discharge: Secondary treated wast			tewater discharged into		Sample Period			
•		Auke Bay					From: To:	 		7
		·					10:	10g-	30 - 0	» 4
<u> </u>		1						T	<u> </u>	
			30 day Average	7 day Average		Number of Analyses	N 1 0			
Param	<u>neter</u>	Min. Value			Max. Value		Number of Violations		Frequency of Analysis	<u>Sample</u> <u>Method</u>
Discharge 1									1 4444 7 013	<u>intention</u>
Flow Rate (effluent or	Estmt'd/ Measure		0.07716			30	0			Measured/ recorded
influent)	Permit Limits	N/A	report	N/A	0.16	report	report	mgd	Daily 5/week	
Biochemical Oxygen	Analytical Results		147	147	147	1	0			Grab or Composite
Demand (influent)	Permit Limits	N/A	report	report	report	report	report	mg/l	1/month	
Biochemical Oxygen	Analytical Results		76.2	76.2	76.2	i	.3			Grab or
Demand (effluent)	Permit Limits	N/A	30	45	60	report	report	mg/l	1/month	Composite
Biochemical Oxygen	Analytical Results		48.7	48.7	487	ı	1			Grab or
Demand (effluent)	Permit Limits	N/A	40	60	80.1	report	report	lbs/day	1/month	Composite
Biochemical Oxygen	Analytical Results	40.2				i	1	%	i/month	Calculated
Demand % removal	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids	Analytical Results		121	121	121	j	0	mg/l	1/month	Grab or
(influent)	Permit Limits	N/A	report	report	report	report	report			Composite
•	Analytical Results		26.1	26.1	26.1		0	mg/l		Grab or
(effluent)	Permit Limits	N/A	30	45	60	report	report		1/month	Composite
•	Analytical Results		16.7	16.7	16.7		0	11-74-	1 /	Grab or Composite
(effluent)	Permit Limits	N/A	40 '	60 ′	80.1	report	report	lbs/day	1/month	
Total Suspended Solids		86.2					O	%	1/month	Calculated
% removal	Permit Limits	85%	N/A	N/A	N/A	report	report	70		
Fecal Coliform Bacteria			65	65	65			#/100 ml	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report	#7 TOO IAI		
Dissolved Oxygen	Analytical Results	2.4				_3	0	mg/l	1/month	Grab
,	Permit Limits	2	N/A	N/A	N/A	report	report			
OH (effluent)	Analytical Results	6.3			6.0	16	0	Std. Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Total Residual Chlorine effluent)		27/4	0.16		0.82	16	0	mg/l	3/week	Grab
CERTIFY UNDER PENALT	Permit Limits Y OF LAW THAT THIS DO	N/A OCUMENT A	ND ALL ATTA	N/A	l	report	report			
THE TOTAL STATE OF THE PROPERTY.	J IO ASSURE INAI OUA	LIPICO PEK	NUNNEL PRIDE	PRIVITOR	D ANTO EXTATE	ATE THE DISCO	3 / 4 MH (33 7 OF TH	7 FVINDON		
IF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION UBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR UBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.										
SUBMITTING FALSE INFOR	MATION, INCLUDING TH	HE POSSIBIL	ITY OF FINE A	AND IMPRISON	MENT FOR K	NOWING VIOLA	TIONS.	0101111101	MAN I ENVIED	LS POR
AME, TITLE OF PRINCIPAL	EXECUTIVE OFFICER			SIGNATURE OF	PRINCIPAL) E	XECUTIVE OFFIC	ER OR AUTH	DRIZED AG	ENT	
Wastemater Utility Superintendent e				SOA	Me	ar !	10/7/04	(907) <u>58</u>	6 03	93
COMMENT AND EXPLANA			RENCE ALL.	ATTACHMEN	т нью	<u> </u>	2011B 1	TEL'EPHON	VE.	
	HERE WAS NO DISCHAR							···		
										1

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 Prequency Monthly

Discharge: Secondary treated wastewater discharged into Auke From: 9/1/2004

To: 9/30/2004

Mixing

Zone

D 4		3.6° - 37-1	20.1			Number	Number		Frequency of	Sample
<u>Parameter</u>		Min. Value	30 day Average	/ day Average	Max. Value	<u>analyses</u>	<u>violations</u>	<u>Units</u>	<u>Analysis</u>	<u>Method</u>
Fecal	Value		2.0	2.0	2.0	1	0	#/1001	I wice per	
Coliform	Permit Limits	N/A	14	N/A	43	report	report	#/100 ml	year –	Grab
Fecal	Value		<1.0	21.0	<1.0	1	0		2/year 1 wice per year — Gr	
Coliform	Permit Limits	N/A	NA	N/A	NA	report	report	#/100 ml		Grab
Dissolved	Value	7.8			7.09	1	O	4	Opon	
Oxygen	Permit Limits	6	N/A	N/A	17	report	report	mg/l	request by	Grab
pН	Value	7.9			7.9	1	0	G. 1 77 1:	Upon	
	Permit Limits	6.5	N/A	N/A	8.5	report	report	Std. Units		Grab
Total	Value				0.04	1	0	rt	1 wice per	Grab
Chlorine (if	Permit Limits	N/A	N/A	N/A	0.0075	report	report	mg/l	year –	

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 Teffers Wastawater Utility Superintendent	Sear d/lers	70/7/04/ 907-586 0393 DATE TELEPHONE			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (R	(EFERENCÉ ALL ATTACHMENT HERE)				
CHECK HERE IF THERE WAS NO DISCHARGE DUR	ING THE ENTIRE REPORTING PERIOD				