

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			

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: 10/1/2004	To: 10/31/2004

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
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Discharge 1

Flow Rate (effluent or influent)	Estmt' d/ Measure		0.07735		0.09782	28		mgd	Daily 5/week	Measured/ recorded
	Permit Limits	N/A	report	N/A	0.16	report	report			
Biochemical Oxygen Demand (influent)	Analytical Results		189	189	189	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		11.9	11.9	11.9	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		6.9	6.9	6.9	1		lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Biochemical Oxygen Demand % removal	Analytical Results	94						%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids (influent)	Analytical Results		169	169	169	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	Analytical Results		8.6	8.6	8.6	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent)	Analytical Results		5	5	5	1		lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Total Suspended Solids % removal	Analytical Results	95						%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Fecal Coliform Bacteria (effluent)	Analytical Results		1.0		1.0	1.0		#/100 ml	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Analytical Results	3.6				2		mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Analytical Results	6.5			6.8	12		Std. Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Total Residual Chlorine (effluent)	Analytical Results		0.12		0.87	12		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	DATE	TELEPHONE
Scott Jeffers Wastewater Utility Superintendent	<i>Scott Jeffers</i>	11/4/04	907-586-0393
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)			
CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD			