

EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

April 2005

DAY	DATE	WEATHER		FLOWS		INFLUENT						EFFLUENT						MISCELLANEOUS					
		TEMP °F	RAIN FALL INCHES	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	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	Cl <sub>2</sub> RESIDUAL mg/L	Cl <sub>2</sub> USED LBS	Na <sub>2</sub> SO <sub>3</sub> USED LBS
SUN	3	37	0.15	0.07234	0.0030																		
MON	4	37	0.04	0.05892	0.0030																	2.01	6.20
TUE	5	43	0.02	0.06950	0.0030							6.5									0.09	2.01	5.58
WED	6	40	0.00	0.05632	0.0030	11.1	6.6	2.2	192	101	197	104	11.1	6.6	2.2	4.0	2.1	13.0	6.8	56.0	0.00	1.34	4.96
THU	7	38	0.00	0.08932	0.0030																	1.34	3.72
FRI	8	37	0.00	0.03685	0.0010																	1.34	4.34
SAT	9	42	0.20	0.05999	0.0030								6.8								0.07	6.70	4.03
SUN	10	42	0.08	0.06212	0.0030																	0.67	2.80
MON	11	40	0.07	0.04851	0.0030																	2.01	6.20
TUE	12	42	0.00	0.05788	0.0030								6.4								0.00	2.01	4.96
WED	13	42	0.07	0.05956	0.0030																	3.35	6.20
THU	14	40	0.02	0.06510	0.0030								6.6								0.18	2.01	5.58
FRI	15	39	0.00	0.05294	0.0020																	2.68	4.96
SAT	16	42	0.00	0.05842	0.0030								7.0								0.06	8.04	4.65
SUN	17	44	0.00	0.05874	0.0030																	0.67	4.30
MON	18	39	0.68	0.06239	0.0030																	2.01	6.20
TUE	19	44	1.07	0.06047	0.0030								6.8								0.00	1.34	6.20
WED	20	47	0.18	0.07465	0.0030																	4.02	6.82
THU	21	49	0.26	0.06828	0.0030								6.6								0.47	4.02	3.72
FRI	22	46	0.00	0.07022	0.0025	10.5	7.0	2.9														2.68	3.72
SAT	23	50	0.00	0.05697	0.0015								6.6								0.00	5.36	5.27
SUN	24	51	0.00	0.09990	0.0030																	1.34	2.48
MON	25	52	0.00	0.07328	0.0030																	2.01	3.72
TUE	26	51	0.00	0.04666	0.0020								6.3								0.01	2.01	3.72
WED	27	55	0.00	0.06092	0.0025	13.4	7.3	6.3														5.36	5.27
THU	28	53	0.00	0.05814	0.0050								6.7								0.36	2.68	2.79
FRI	29	54	0.00	0.06549	0.0040																	2.01	4.34
SAT	30	55	0.00	0.06380	0.0030								6.7								0.00	2.01	4.34
TOTAL			2.84	1.76768	0.08050																	1.34	3.10
MAXIMUM		55	1.07	0.09990	0.00500	13.4	7.3	6.3	192	101	197	104	11.1	7.0	2.2	4	2	13	7	56.0		74.37	
MINIMUM		37	0.00	0.03685	0.00100	10.5	6.6	2.2	192	101	197	104	11.1	6.3	2.2	4	2	13	7	56.0	0.47	8.04	6.82
AVERAGE		44.7	0.10	0.06313	0.00288	11.7	7.0	3.8	192	101	197	104	11.1	6.6	2.2	4	2	13	7	56.0	0.10	2.66	4.65

NO. OF ANALYSIS

COMMENTS:

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

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM Geo. Mean
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	lbs	
1	13.0	6.8	4.0	2.1	0.05	2.20	56.0
2					0.08	2.97	
3					0.16	2.97	
4					0.12	2.49	
MAX	13.0	6.84	4.0	2.1	0.16	2.97	56.0

% REMOVAL	
B.O.D.	93
S.S.	98

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			

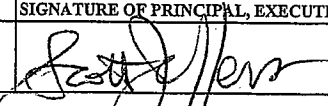
Applicant Name: City and Borough of Juneau	Responsible party: Scott Jeffers/WW Utilities Superintendent
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Cort Franklin
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 4/3/2005	To: 4/30/2005

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		0.06313		0.0999	28	0	mgd	Daily 5/week	Measured/ recorded
	Permit Limits	N/A	report	N/A	0.16	report	report			
Biochemical Oxygen Demand (influent)	Analytical Results		197	197	197	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		13	13	13	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		6.8	6.8	6.8	1	0	lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Biochemical Oxygen Demand % removal	Analytical Results	93.4					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids (influent)	Analytical Results		192	192	192	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	Analytical Results		4	4	4	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent)	Analytical Results		2.1	2.1	2.1	1	0	lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Total Suspended Solids % removal	Analytical Results	97.9					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Fecal Coliform Bacteria (effluent)	Analytical Results		56		56	1	0	#/100 ml	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Analytical Results	2.2				1	0	mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Analytical Results	6.3			6.97	12	0	Std. Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Total Residual Chlorine (effluent)	Analytical Results		0.1		0.47	12	0	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 WW Superintendent	
	5/6/2005 (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

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ADEC File number: 1513.45.009			

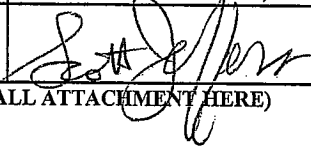
Applicant Name: City and Borough of Juneau	Responsible party: Scott Jeffers/WW Utilities Superintendent
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Cort Franklin
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 4/3/2005	To: 4/30/2005

**Mixing Zone**

Parameter		Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method
Fecal Coliform Bacteria (Edge of MZ)	Analytical Results		6.67		6.67	1	0	#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	14	N/A	43	report	report			
Fecal Coliform Bacteria (Shoreline)	Analytical Results		3.33		3.33	1	0	#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	NA	N/A	NA	report	report			
Dissolved Oxygen	Analytical Results					X		mg/l	Upon request by ADEC	Grab
	Permit Limits	6	N/A	N/A	17	report	report			
pH	Analytical Results				8.5	1	0	Std. Units	Upon request by ADEC	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report	report			
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results				0.11	1	1	mg/l	Twice per year - 2/year	Grab
	Permit Limits	N/A	N/A	N/A	0.0075	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 WW Superintendent		5/6/2005	(907)586-0393
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)		DATE	TELEPHONE
			See letter dated 5/6/05
CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD			