

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

EPA REPORT

October 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 ₂ RESIDUAL mg/L	Cl ₂ USED LBS	Na ₂ SO ₃ USED LBS
SUN	2	42	0.00	0.06860	0.00250																	1.34	6.82
MON	3	41	0.00	0.06814	0.00300	14.2	7.3	5.4				15.5	6.5	3.1							0.00	1.34	6.82
TUE	4	43	0.01	0.07130	0.00300																	2.01	5.58
WED	5	48	1.24	0.07646	0.00300	13.5	6.8	4.9	395	251	196	124	15.4	6.4	2.7	7	4	9	6	2	0.09	2.68	7.44
THU	6	47	0.16	0.09466	0.00250																	2.68	5.58
FRI	7	46	0.01	0.08713	0.00250								6.5								0.00	2.68	8.37
SAT	8	47	0.00	0.06064	0.00250																	4.69	2.17
SUN	9	47	0.51	0.07308	0.00200																	2.68	3.41
MON	10	46	0.58	0.08119	0.00300								6.5								0.01	2.68	4.34
TUE	11	45	0.50	0.08699	0.00300																	2.01	4.34
WED	12	45	0.47	0.07930	0.00300								6.6								0.00	2.68	4.96
THU	13	44	0.17	0.08640	0.00250																	3.35	4.34
FRI	14	40	0.00	0.08086	0.00250								6.7								0.07	4.02	5.27
SAT	15	37	0.00	0.05696	0.00200																	4.69	2.48
SUN	16	38	0.01	0.08479	0.00250																	9.38	3.10
MON	17	37	0.00	0.08746	0.00200							14.1	6.7								0.04	6.70	4.34
TUE	18	42	0.53	0.07468	0.00250																	6.70	4.34
WED	19	43	0.06	0.08403	0.00250							14.7	6.6								0.02	5.36	4.34
THU	20	39	0.00	0.06777	0.00250																	4.69	4.34
FRI	21	43	0.37	0.09350	0.00250								6.5								0.34	5.36	4.96
SAT	22	45	1.24	0.06164	0.00200																	1.34	2.48
SUN	23	44	0.80	0.07223	0.00250																	2.68	2.48
MON	24	42	0.22	0.07748	0.00300							14.8	6.6								0.01	3.35	4.34
TUE	25	38	0.43	0.07262	0.00300																	3.35	4.34
WED	26	37	0.00	0.07304	0.00150							14.2	6.6								0.36	2.68	3.10
THU	27	38	0.00	0.07746	0.00300																	2.68	3.72
FRI	28	38	0.00	0.06543	0.00300								6.7								0.65	4.69	4.96
SAT	29	39	0.22	0.06812	0.00300																	5.36	2.48
TOTAL			7.63	2.13196	0.07250																	103.85	
MAXIMUM		48	1.24	0.09466	0.00300	14.2	7.3	5.4	395	251	196	124	15.5	6.7	3.1	7	4	9	6	2	0.65	9.38	8.37
MINIMUM		37	0.00	0.05696	0.00150	13.5	6.8	4.9	395	251	196	124	14.1	6.4	2.7	7	4	9	6	2	0.00	1.34	2.17
AVERAGE		42.17857	0.27	0.07614	0.00259	13.9	7.1	5.2	395	251	196	124	14.8	6.6	2.9	7	4	9	6	2	0.13	3.71	4.47

NO. OF ANALYSIS 28

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	8.7	5.5	6.5	4.1	0.0300	2.5	2.0
2					0.0267	3.2	
3					0.1333	5.6	
4					0.3400	3.5	
MAX	8.7	5.53	7	4	0.3400	6	2

% REMOVAL	
B.O.D.	96
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

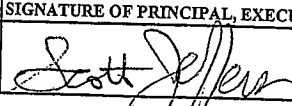
Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 10/2/2005	To: 10/29/2005

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		0.0761414		0.09466	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		196	196	196	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		8.7	8.7	8.7	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		5.5	5.5	5.5	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	95.5561					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids (influent)	Analytical Results		395	395	395	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	Analytical Results		6.5	6.5	6.5	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent)	Analytical Results		4.1	4.1	4.1	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	98.4					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Fecal Coliform Bacteria (effluent)	Analytical Results		2		2	1	0	#/100 ml	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Analytical Results	2.7					0	mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Analytical Results	6.4			6.7	12	0	Std. Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Total Residual Chlorine (effluent)	Analytical Results		0.13		0.65	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 Utilities Superintendent		11/8/05	(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