

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

Required Reporting Frequency Monthly Discharge: Secondary treated wastewater discharged into Auke Bay
 From: 1/29/2006
 To: 2/25/2006
 Sample Period

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)		0.06413		0.07846	28	0	mgd	Daily 5/week	Measured/ recorded
Biochemical Oxygen Demand (effluent)		124	124	124	1	0	mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)		4.3	4.3	4.3	1	0	mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)		30	45	60	report	report	lbs/day	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)		2.3	2.3	2.3	1	0	lbs/day	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)		97		80.1	report	0	%	1/month	Calculated
Total Suspended Solids (influent)		101	101	101	report	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)		7.0	7.0	7.0	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)		3.7	3.7	3.7	1	0	lbs/day	1/month	Grab or Composite
Total Suspended Solids % removal		93			report	0	%	1/month	Calculated
Fecal Coliform Bacteria (effluent)		1.0		1.0	1	0	#/100 ml	1/month	Grab
Dissolved Oxygen (effluent)		2.9		800	report	0	mg/l	1/month	Grab
pH (effluent)		6.6		6.8	12	0	Std. Units	3/week	Grab
Total Residual Chlorine (effluent)		0.13		0.71	12	0	mg/l	3/week	Grab

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
 Scott Jeffers WW Superintendent
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 DATE 3/3/06
 (907) 586-0353
 TELEPHONE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)
 CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD

EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

February 2006

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. RESIDUAL mg/L	Cl. USED LBS	Na2SO3 USED LBS		
SUN	29	23	0.00	0.06590	0.00150																				
MON	30	24	0.00	0.06576	0.00250	9.5	7.1	6.8													0.00	2.68	4.03		
TUE	31	31	0.03	0.07221	0.00025								6.7									6.70	6.20		
WED	1	34	0.30	0.06284	0.00100																	3.35	3.72		
THU	2	31	0.09	0.06255	0.00250							11.1	6.7								0.01	10.72	4.02		
FRI	3	25	0.02	0.06719	0.00600								6.7	3.6							0.00	4.69	5.27		
SAT	4	21	0.00	0.05378	0.00300																	4.02	6.20		
SUN	5	23	0.00	0.06645	0.00300																	5.36	1.86		
MON	6	36	0.36	0.05780	0.00200								6.6									6.70	3.10		
TUE	7	37	0.40	0.07289	0.00250				101	61	124	66									0.01	6.70	6.82		
WED	8	35	0.05	0.06991	0.00300								6.7		7.0	3.7	4.3	2.3				4.02	4.34		
THU	9	34	0.00	0.06680	0.00200														1.0	0.16		3.35	4.96		
FRI	10	33	0.00	0.06228	0.00450								6.8									4.02	4.34		
SAT	11	37	0.07	0.06441	0.00250																0.00	2.68	3.10		
SUN	12	39	0.54	0.06692	0.00250																	4.02	2.48		
MON	13	32	0.03	0.06707	0.00250	11.5	7.2	6.4					11.3	6.6	2.9							3.35	2.48		
TUE	14	29	0.00	0.06319	0.00250																0.03	4.02	4.34		
WED	15	32	0.00	0.05977	0.00250									6.7								6.70	4.34		
THU	16	31	0.00	0.06544	0.00250																	0.12	1.34	4.03	
FRI	17	30	0.00	0.07846	0.00250									6.6								4.02	3.72		
SAT	18	30	0.00	0.04039	0.00250																0.71	4.02	3.72		
SUN	19	30	0.01	0.06404	0.00250																	4.02	1.24		
MON	20	38	0.04	0.07048	0.00250																	6.70	2.48		
TUE	21	34	0.16	0.06606	0.00250									6.6								0.41	5.36	3.72	
WED	22	22	0.00	0.06577	0.00250																	2.01	4.96		
THU	23	17	0.00	0.06453	0.00250									6.6								0.03	1.34	3.41	
FRI	24	15	0.00	0.06111	0.00200																	2.01	3.41		
SAT	25	14	0.00	0.05161	0.00250									6.7								0.04	4.02	1.55	
TOTAL			2.10	1.79561	0.07075																				
MAXIMUM		39	0.54	0.07846	0.00600	11.5	7.2	6.8	101	61	124	66	11.3	6.8	3.6	7.0	3.7	4.3	2.3				119.26	106.94	
MINIMUM		14	0.00	0.04039	0.00025	9.5	7.1	6.4	101	61	124	66	11.1	6.6	2.9	7.0	3.7	4.3	2.3	1.0	0.71		10.72	6.82	
AVERAGE		29.2	0.08	0.06413	0.00253	10.5	7.1	6.6	101	61	124	66	11.2	6.7	3.3	7.0	3.7	4.3	2.3	1.0	0.13		4.26	3.82	

NO. OF ANALYSIS

28

1

1

1

1

12

2

1

1

1

1

1

12

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					0.00	5.4	
2	4.3	2.3	7.0	3.7	0.06	4.5	1.0
3					0.29	3.9	
4					0.16	3.3	
MAX	4.3	2.30	7.0	3.7	0.29	5.4	1.0

% REMOVAL	
B.O.D.	97
S.S.	93