Permit number: AKG-57-1000-013 Expires: J		Expires: July	20, 2009		Submit this report to:		ADEC and EPA to the addresses on Part III B of the NPDES general permit.				
ADEC File number: 1513.	45.009	}									
Applicant Name: City and	Borough of Jur	neau			Responsible party: Scott Jeffers/WW Utilities Superintendent						
Address: 155 South Sewar					Ph	one / email:	(907)586-0	393			
Facility: Auke Bay Waster					Onsite Contact: Rico Tempel						
Location: Auke Bay, AK					Phone: (907)586-0393						
								S	ample Pe	riod	
Required Reporting Fre Monthly	quency	Discharge: Auke Bay	Secondary	treated was	tewater disch	narged into	From: 9/28/2008 To: 11/1/2008				
				Outfall 0	<u>01</u>				-		
						·					
<u>Par</u>	ameter		Min. Value	Monthly Average	<u>Weekly</u> <u>Average</u>	Max. Value	Number of Analyses	Number of Violations	<u>Units</u>	Frequency of Analysis	Sample Method
Dissolved Oxygen		Results	2.9				1	0	mg/l	1/month	Grab
(effluent)	00300 1	Limits	2.0	N/A	N/A	N/A	report	report	mg/i	1/IIIOIIIII	Giau
Biochemical Oxygen		Results		470	470	470	1	0	mg/l	1/month	Grab or
Demand (influent)	00310 G	Limits	N/A	report	report	report	report	report	III G	\$7111011til	Composite
Biochemical Oxygen	00310 W	Results		7.4	7.4	7.4	1	0	lbs/day	1/month	Grab or
Demand (effluent)	00310 1	Limits	N/A	40	60	80.1	report	report	103/447		Composite
Biochemical Oxygen	<u>00310 W</u>	Results		10.4	10.4	10.4	1	0	mg/l	1/month	Grab or
Demand (effluent)	003101	Limits	N/A	30	45	60	report	report			Composite
pH (effluent)		Results	6.4			6.6	15	0	Std. Units	3/week	Grab
j. 17 (critacity)	00400 1	Limits	6.0	N/A	N/A	9.0	report	report			
Total Suspended Solids		Results		312	312	312	1	0	mg/l	1/month	Grab or
(influent)	00530 G	Limits	N/A	report	report	report	report	report			Composite
Tota: Suspended Solids	00530 W	Results		5.7	5.7	5.7	1	0	lbs/day	1/month	Grab or
(effluent)	00530 1	Limits	N/A	40	60	80.1	report	report			Composite
Total Suspended Solids	<u>00530 W</u>	Results		8.0	8.0	8.0	1	0	mg/l	1/month	Grab or Composite
(effluent)	00530 1	Limits	N/A	30	45	60	report	report			Composite
Fecal Coliform Bacteria		Results		3.0	3.0	3.0	1	0	#/100 ml	1/month	Grab
(efflue it	316161	Limits	N/A	200	400	800	report	report			ļ
Flow Rate (effluent or	50050 1	Results	77/1	0.08565	0.09365	0.14590	35	0	mgd	Daily 5/week	Measured recorded
	50050 1	Limits	N/A	report	report	0.16	report	report	ļ		recorded
Total Residual Chlorine	50050 1	Results	NT/A	0.10	NT/A	0.51	15	0	mg/l	3/week	Grab
Biochemical Oxygen	50060 1	Limits	N/A	0.50	N/A	1.0	report	report	 	1/month	Calculated
Demand % removal	91010 V	Results Limits	97.8 85%	N/A	N/A	N/A	report	report	%		
Total Suspended Solids	81010 K	Results	98.2	IN/A	IN/A	IN/A	report	report 0	 	1/month Calculated	
% removal	81011 K	Limits	85%	N/A	N/A	N/A	report	report	%	% 1/month	
I CERTIFY UNDER PENALT									D CURERA	ICIONI DI ACCO	1 DRDANCE

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 PR	RINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Scott Jeffers	WW Superintendent	DATE TELEPHONE	
COMMENT AND	EXPLANATION OF ANY VIOLATIONS	(REFERENCE ALL ATTACHMENT/HERE)	
CHECK I	HERE IE THERE WAS NO DISCHARGE I	I IPING THE ENTIPE PEROPTING DEDICE	

Permit number: AKG-57-1000-013	Expires: July 20, 2009	Submit this report ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.	
ADEC File number: 1513.45.009			_

ADLCTIO		
	Responsible party: Scot	tt Jeffers/WW Utilities Superintendent
Applicant Name: City and Borough of Juneau	Phone / email: (907	
Address: 155 South Seward, Juneau, AK 99801	Onsite Contact: Cor	t Franklin
Facility: Auke Bay Wastewater Treatment Facility	Phone: (90'	7)586-0393
Location: Auke Bay, AK		Sample Period

Location: Auke Bay, AK			Sample Period	ľ
	Discharge: Secondary treated wastewater discharged into Auke Bay	From: To:	9/28/2008 11/1/2008	

Mixing Zone								-		
		Min. Value	<u>Monthly</u> Aver <u>age</u>	<u>Weekly</u> Average	<u>Max.</u> Value	Number analyses	Number violations	<u>Units</u>	Frequency of Analysis Twice per	Sample Method
<u>Parameter</u>		- varie	1.0		1.0	11	0	#/100 ml	year –	Grab
Fecal Coliform Bacteria (Edge of MZ)	Analytical Results	N/A	14	N/A	43	report	report		2/year	
	Permit Limits	14/21			8.0	1	0	#/100 ml	Twice per year –	Grab
Fecal Coliform Bacteria (Shoreline)	Analytical Results	N/A	NA	N/A	NA	report	report		2/year	
·	Permit Limits	IVA	1112		10.6	1	0	mg/l	Upon request by	Grab
Dissolved Oxygen	Analytical Results	6	N/A	N/A	17	report	report		ADEC	
	Permit Limits		11/11	1	7.5	1	0	Std. Units	Upon request by	Grab
pН	Analytical Results	6.5	N/A	N/A	8.5	report	report		ADEC	<u> </u>
	Permit Limits	1 0.3	14/21	1 20,52	0.01	1	0	mg/l	Twice per	Grab
Total Chlorine (if chlor is used as disinfectant)		N/A	N/A	N/A	0.01	report	report	1	2/year	<u> </u>
	Permit Limits	11/74	1 11111						CT OR CLID	EDY/ICION/

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.

AND IMPRISONMENT FOR KNOWING VIOLATIONS.	OR AUGUODIZED ACENT
NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
Spott Jeffers WW Superintendent	SIGNATURE 11/6/08 (907)586-0393 TELEPHONE
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)

CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

0.10

0.01

0.04 0.03

0.51

0.22

0.51

0.01

0.00

0.01 0.01 0.00 0.01

0.27 0.02 0.31

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EPA REPORT

COMMENTS:
*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES WED MON THU WED MON MON SUN TUE MON SUN 골물 MON THU FRI SAT ILE. SAT FR THE SUN DAY SAT FR AVERAGE MAXIMUM MINIMUM TOTAL DATE 2 2 5 4FMP WEATHER
RAIN
TEMP FALL
'F INCHES 4 4 38 41 43 45 42 6 6 35 44 39 4 57 5 4 3 3 0.69 0.13 0.02 0.37 0.86 0.13 0.64 0.05 0.22 1.92 0.62 0.29 0.22 1.04 0.53 0.12 0.31 1.27 1.01 NFLUENT 0.07859 0.08040 0.07167 0.07527 0.08739 0.10540 0.08704 0.07852 0.10274 0.10274 0.08780 0.11000 0.07829 0.06175 0.08001 0.06175 0.06923 0.08288 0.07441 0.08653 0.08081 0.09527 0.07490 2.99776 0.07129 0.10924 0.08622 0.09360 0.08190 0.09600 0.09225 FLOWS
WASTE SLUBGE 0.07122 0.0030 0.0035 0.0030 0.0030 0.0035 0.0015 0.0035 0.0035 0.0035 0.0035 0.0035 0.0035 0.0035 0.0035 0.0035 0.0035 0.0015 0.0015 0.0030 0.0030 0.0030 0.0030 0.0030 0.0015 0.1040 0.0030 on TEMP 14.7 14.7 14.7 꿒 5.9 5.9 D.O. mg/L 6.0 6.0 NFLUENT mg/L 312 312 312 312 SS LBS 223 223 223 223 B.O.D. mg/L 470 470 470 B.O.D. WEEK LBS 336 336 336 0.09365 0.08139 0.09162 0.07937 0.09365 FLOW ° ₹ 13.8 13.8 13.8 13.8 mg/l 먚 6.5 6.4 6.6 6.5 10.4 10.4 6.6 6.5 6.5 6.4 6.5 6.5 6.5 6.5 6.6 6.6 6.6 6.6 햐 B00 0.0 g 2.9 2.9 7.4 2.9 EFFLUENT S.S. S.S. WEEKLY AVERAGE mg/L mg/l 8.0 8.0 8.0 8.0 8.0 TSS LBS gd 5.7 5.7 5.7 0.O.B mg/L mg/l 10.4 10.4 0.10 0.14 10.4 CHLORINE 8.O.D. LBS bs 3.16 2.49 2.78 2.87 3.16 7.4 7.4 7.4 FECAL COLIFORM /100 ml COLIFORM WEEKLY Geo. Mean 3.0 3.0 3.0 30 Cl_z RESIDUAL mg/L