

Permit number: AKG-57-1000-013	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			

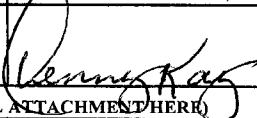
Applicant Name: City and Borough of Juneau	Responsible party: Denny Kay / Auke Bay WWTP Supervisor
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Cort Franklin
Location: Auke Bay, AK	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 3/1/2009	To: 3/28/2009

Outfall 001

Parameter	Min. Value	Monthly Average	Weekly Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method		
										Results	Limits
Dissolved Oxygen (effluent)	00300 1	Results	3.6			1	0	mg/l	1/month	Grab	
		Limits	2.0	N/A	N/A	N/A	report				report
Biochemical Oxygen Demand (influent)	00310 G	Results		220	220	220	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	00310 W 00310 1	Results		2	2	2	1	0	lbs/day	1/month	Grab or Composite
		Limits	N/A	40	60	80.1	report	report			
Biochemical Oxygen Demand (effluent)	00310 W 00310 1	Results		5	5	5	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	30	45	60	report	report			
pH (effluent)	00400 1	Results	6.6			6.9	12	0	Std. Units	3/week	Grab
		Limits	6.0	N/A	N/A	9.0	report	report			
Total Suspended Solids (influent)	00530 G	Results		140	140	140	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	00530 W 00530 1	Results		2	2	2	1	0	lbs/day	1/month	Grab or Composite
		Limits	N/A	40	60	80.1	report	report			
Total Suspended Solids (effluent)	00530 W 00530 1	Results		4	4	4	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	30	45	60	report	report			
Fecal Coliform Bacteria (effluent)	31616 1	Results		1	1	1	1	0	#/100 ml	1/month	Grab
		Limits	N/A	200	400	800	report	report			
Flow Rate (effluent or influent)	50050 1	Results		0.0558	0.0621	0.0734	28	0	mgd	Daily 5/week	Measured/recorded
		Limits	N/A	report	report	0.16	report	report			
Total Residual Chlorine (effluent)	50060 1	Results		0.11	0.21	0.47	12	0	mg/l	3/week	Grab
		Limits	N/A	0.50	N/A	1.0	report	report			
Biochemical Oxygen Demand % removal	81010 K	Results	98					0	%	1/month	Calculated
		Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids % removal	81011 K	Results	97					0	%	1/month	Calculated
		Limits	85%	N/A	N/A	N/A	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		
Joe Myers WW Utilities Superintendent		4/9/09 DATE	(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

