

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: 8/2/2009	To: 8/29/2009

Outfall 001

Parameter	Min. Value	Monthly Average	Weekly Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
Dissolved Oxygen (effluent) 00300 I	2.3				1	0	mg/l	1/month	Grab
	Limits 2.0	N/A	N/A	N/A	report	report			
Biochemical Oxygen Demand (influent) 00310 G	244		244	244	1	0	mg/l	1/month	Grab or Composite
	Limits N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent) 00310 W 00310 I	2.7		2.7	2.7	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 I	4.8		4.8	4.8	1	0	mg/l	1/month	Grab or Composite
	Limits N/A	30	45	60	report	report			
pH (effluent) 00400 I	6.5			6.7	12	0	Std. Units	3/week	Grab
	Limits 6.0	N/A	N/A	9.0	report	report			
Total Suspended Solids (influent) 00530 G	115		115	115	1	0	mg/l	1/month	Grab or Composite
	Limits N/A	report	report	report	report	report			
Total Suspended Solids (effluent) 00530 W 00530 I	2.3		2.3	2.3	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 I	4.0		4.0	4.0	1	0	mg/l	1/month	Grab or Composite
	Limits N/A	30	45	60	report	report			
Fecal Coliform Bacteria (effluent) 31616 I	2.0		2.0	2.0	1	0	#/100 ml	1/month	Grab
	Limits N/A	200	400	800	report	report			
Flow Rate (effluent or influent) 50050 I	0.07422		0.08911	0.12144	28	0	mgd	Daily 5/week	Measured/recorded
	Limits N/A	report	report	0.16	report	report			
Total Residual Chlorine (effluent) 50060 I	0.05		0.14	0.27	12	0	mg/l	3/week	Grab
	Limits N/A	0.50	N/A	1.0	report	report			
Biochemical Oxygen Demand % removal 81010 K	98.0					0	%	1/month	Calculated
	Limits 85%	N/A	N/A	N/A	report	report			
Total Suspended Solids % removal 81011 K	96.5					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 Joe Meyers WW Superintendent	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Denny Kay</i> <i>Joe Meyers</i>		DATE 9/10/09	TELEPHONE (907) 586-0393
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

DAY	DATE	WEATHER		FLOWS		INFLUENT						EFFLUENT						M				
		TEMP °F	RAIN INCHES	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	DO mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	TEMP °C	pH	DO mg/L	SS mg/L	SS LBS		BOD mg/L	BOD LBS	FECAL COLIFORM /100 ml	RESIDUAL mg/L
SUN	2	55	0.00	0.05024	0.0030																	
MON	3	59	0.00	0.06720	0.0035																	0.00
TUE	4	63	0.00	0.05748	0.0035																	0.00
WED	5	64	0.00	0.06788	0.0030	15.7	6.9	5.7	115	65	244	138	15.9	6.5	2.3	4.0	2.3	4.8	2.7	2.0	0.00	
THU	6	60	0.00	0.06362	0.0030																	0.00
FRI	7	59	0.01	0.06608	0.0030																	0.00
SAT	8	60	0.02	0.06497	0.0030																	0.00
SUN	9	58	0.09	0.06552	0.0030																	0.00
MON	10	57	0.04	0.05338	0.0050																	0.00
TUE	11	58	0.02	0.05714	0.0060																	0.00
WED	12	57	0.00	0.05671	0.0060																	0.27
THU	13	56	0.00	0.05152	0.0060																	0.15
FRI	14	55	0.39	0.06509	0.0030																	0.15
SAT	15	55	0.23	0.07433	0.0030																	0.15
SUN	16	56	0.88	0.11527	0.0030																	0.00
MON	17	56	1.18	0.10142	0.0060																	0.00
TUE	18	57	0.00	0.08054	0.0030																	0.00
WED	19	56	0.00	0.07850	0.0030																	0.00
THU	20	55	0.12	0.07634	0.0030																	0.00
FRI	21	53	0.54	0.07556	0.0030																	0.00
SAT	22	51	0.86	0.09617	0.0030																	0.00
SUN	23	52	0.49	0.09166	0.0030																	0.00
MON	24	52	0.14	0.07811	0.0030																	0.00
TUE	25	52	0.44	0.07780	0.0045																	0.00
WED	26	52	0.21	0.08787	0.0045																	0.00
THU	27	49	0.34	0.12144	0.0045																	0.00
FRI	28	58	0.04	0.04930	0.0030																	0.00
SAT	29	58	1.26	0.08699	0.0030																	0.00
TOTAL			7.30	2.07813	0.10350																	
MAXIMUM		64	1.26	0.12144	0.00600	15.7	6.9	5.7	115	65	244	138	15.9	6.7	2.3	4.0	2.3	4.8	2.7	2.0	0.22	
MINIMUM		49	0.00	0.04930	0.00300	15.7	6.9	5.7	115	65	244	138	15.9	6.5	2.3	4.0	2.3	4.8	2.7	2.0	0.00	
AVERAGE		55.9	0.26	0.07422	0.00370	15.7	6.9	5.7	115	65	244	138	15.9	6.6	2.3	4.0	2.3	4.8	2.7	2.0	0.06	
NO. OF ANALYSIS					28				1	1	1	1		12	1	1	1	1	1	1	1	11

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

WEEK	FLOW	WEEKLY AVERAGE						WEEKLY COLIFORM Geo. Mean
		BOD mg/l	BOD lbs	TSS mg/l	TSS lbs	CHLORINE mg/l	CHLORINE lbs	
1	0.06250	4.8	2.7	4.0	2.3	0.01	1.72	2.0
2	0.06053					0.14	2.20	
3	0.08911					0.01	2.11	
4	0.08474					0.02	2.20	
MAX	0.08911	4.8	2.7	4.0	2.3	0.14	2.2	2.0