Permit number: AKG-57	-1000-013	Expires: Jul	y 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	3.45.009]																		
Applicant Name: City and	d Borough of Jun	neau			Respo	nsible party:														
Address: 155 South Sew	ard, Juneau, AK	99801				hone / email:														
Facility: Auke Bay Wast	ewater Treatmen	t Facility			Onsite Contact: Denny Kay															
Location: Auke Bay, AK					Phone: (907)586-0393															
					Sample Period															
Required Reporting Fr	equency	Discharge:	Secondary	treated was	stewater disc	harged into	From:		/2010											
Monthly		Auke Bay					To:													
				Outfall 0	01				/2010											
					, i	· · · · · · · · · · · · · · · · · · ·			<u> </u>	1										
<u>P</u> a	rameter		Min. Value	Monthly Average	Weekly Average	Max. Value	Number of Analyses	Number of Violations		Frequency of Analysis	Sample Method									
Dissolved Oxygen		Results	3.6				1	0	mg/l	1/month	Grab									
(effluent)	00300 1	Limits	2.0	N/A	N/A	N/A	report	report		17 mondi	Oran									
Biochemical Oxygen		Results		288	288	288	11	0	mg/l	1/month	Grab or									
Demand (influent)	00310 G	Limits	N/A	report	report	report	report	report			Composite									
Biochemical Oxygen	<u>00310 W</u>	Results		9.9	9.9	9.9	1	0	lbs/day	1/month	Grab or									
Demand (effluent)	003101	Limits	N/A	40	60	80.1	report	report			Composite									
Biochemical Oxygen	<u>00310 W</u>	Results		16.0	16.0	16.0	1	0	mg/l	1/month	Grab or									
Demand (effluent)	00310 1	Limits	N/A	30	45	60	report	report			Composite									
pH (effluent)		Results	7			7.5	15	0	Std. Units	3/week	Grab									
-	00400 1	Limits	6.0	N/A	N/A	9.0	report	report												
Total Suspended Solids (influent)		Results		252	252	252	1	0	mg/l	1/month	Grab or									
<u> </u>	00530 G	Limits	N/A	report	report	report	report	report			Composite									
Total Suspended Solids (effluent)	00530 W	Results		9.3	9.3	9.3	1	0	lbs/day	1/month	Grab or									
	00530 1	Limits	N/A	40	60	80.1	report	report			Composite									
Total Suspended Solids (effluent)	<u>00530 W</u>	Results	27/4	15.0	15.0	15.0	1	0	mg/l	1/month	Grab or Composite									
	00530 1	Limits	N/A	30	45	60	report	report			Composite									
Fecal Coliform Bacteria	216161	Results	NT/A	33	33	33	<u>l</u>	0	#/100 ml	1/month	Grab									
· · · · · · · · · · · · · · · · · · ·	316161	Limits	N/A	200	400	800	report	report												
Flow Rate (effluent or influent)	50050 1	Results Limits	NT/A	0.0709	0.0724	0.0907	35	0	mgd	Daily 5/week	Measured/ recorded									
Total Residual Chlorine	30030 1	Results	N/A	report 0.12	report	0.16 0.82	report 15	report	 		70001000									
(effluent)	50060 1	Limits	N/A	0.12	N/A	1.0		0	mg/l	3/week	Grab									
Biochemical Oxygen	30000 1	Results	94.4	0.50	IVA	1.0	report	report 0												
Demand % removal	81010 K	Limits	85%	N/A	N/A	N/A	report	report	%	1/month	Calculated									
Total Suspended Solids		Results	96.3	14771	1777	1971	report	0												
% removal	81011 K	Limits	85%	N/A	N/A	N/A	report	report	%	1/month	Calculated									
I CERTIFY UNDER PENALT	Y OF LAW THAT T	HIS DOCUMEN	T AND ALL	ATTACHME	NTS WERE P	REPARED UNI	ER MY DIRE	CTION OR	SUPERVIS	ION IN ACCO	RDANCE									
WITH A SYSTEM DESIGNEI THE PERSON OR PERSONS SUBMITTED IS, TO THE BE SUBMITTING FALSE INFOR	WHO MANAGE TH ST OF MY KNOWL	IE SYSTEM, OR EDGE AND BEI	THOSE PEI LIEF, TRUE,	RSONS DIREC ACCURATE,	TLY RESPON	ISIBLE FOR GA ETE. I AM AW	ATHERING TI ARE THAT T	HE INFORM HERE ARE	MATION, TI	IE INFORMAT	ION									
NAME, TITLE OF PRINCIPAL	EXECUTIVE OFFICE	ER		SIGNATURE (OF PRINCIPAL.	EXECUTIVE O	FFICER OR A	UTHORIZE	D AGENT											
	WW Superintendent				Nathan D. Decombron McControl 2013 and 8/10/2010 (907) 586-0393															
					<u>a'</u>		DATE TELEPHONE													
COMMENT AND EXPLANA	ATION OF ANY VI	OLATIONS (RI	FERENCE	ALL ATTAC	HMENT HER	E)														

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

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		

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

		_	Sample Period			
Required Reporting Frequency Monthly						
	discharged into Auke Bay	To:	7/31/2010			

Mixing Zone

<u>Parameter</u>	Min. Value	Monthly Average	Weekly Average	Max. Value	Number analyses	Number violations	<u>Units</u>	Frequency of Analysis	Sample Method				
Fecal Coliform	Analytical Results							#/100 ml	Twice per year –	Grab			
Bacteria (Edge of MZ)	Permit Limits	N/A	14	N/A	43	report	report	,,, 1 V 1.1.1	2/year	<u> </u>			
Fecal Coliform	Analytical Results							#/100 ml	Twice per year –	Grab			
Bacteria (Shoreline)	Permit Limits	N/A	ŅA	N/A	NA	report	report		2/year	Giab			
Dissolved Oxygen	Analytical Results							mg/l	Upon request by	Grab			
	Permit Limits	6	N/A	N/A	17	report	report		ADEC	0120			
рН	Analytical Results							Std. Units	Upon request by	Grab			
	Permit Limits	6.5	N/A	N/A	8.5	report	report	old. Ollis	ADEC	Giao			
Total Chlorine (if chlorine	Analytical Results							mg/l	Twice per year –	Grab			
is used as disinfectant)	Permit Limits	N/A	N/A	N/A	0.01	report	report	nig/i	year – 2/year	Giau			

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 P	PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT											
Tom Trego	WW Superintendent	Nathan D. Dendy spared by Indiana D. McComba 8/10/10 (907)586-0393											
		McCombs DATE 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

AVERMA COMMENTS: GEOMETRIC SEE ENCLO	Įξ	3	2 Fa	큠	5 7	¥O.	SCN	SAT	2	₫ (§ 5	Š	SC	SAT	3	쿨	¥	렱	MON	2 9	Z	₹	MED.	로	NO.	SU		쿨	¥ED	굺	NON	SUN	5		100	EPA R
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AVENAGE 0.0709 0.0037 16.9 7.749 62.44 252 157 LOCAMENTS GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES SEE ENCLOSED VIOLATION LETTER		0.1290	0.0015	0.0020	0.0020	0.0025	0.0045	0.0030	0.0030	0.0020	0000	0.0025	0.0030	0.0025	0.0015	Н	0.0000	- 1	0.0045	0.0030	0.0030	0.0075	0.0000	0.0060	0.0075	0.0030	0.0030	0.0080	0.0030	0.0060	0.0060	0.0030		315WA	FLOWS	ļ
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94.4		109.43	1.02	4.85	2.79	4.85	4.85	4.65	3.41	1.55	1.55	3.41	2.79	3.41	2.70	2.48	2.48	2.48	2.70	2.46	278	347	2.48	3.10	3.72	2.48	2.46	3.72	3.10	3,10	3.72	3.41	LES	N N N N N N N N N N N N N N N N N N N	S	2010