

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: Tom Trego/WW Utilities Superintendent
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Denny Kay
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 2/27/2011	To: 3/26/2011

Mixing Zone

Parameter		Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method
Fecal Coliform Bacteria (Edge of MZ)	Analytical Results							#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	14	N/A	43	report	report			
Fecal Coliform Bacteria (Shoreline)	Analytical Results							#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	NA	N/A	NA	report	report			
Dissolved Oxygen	Analytical Results							mg/l	Upon request by ADEC	Grab
	Permit Limits	6	N/A	N/A	17	report	report			
pH	Analytical Results							Std. Units	Upon request by ADEC	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report	report			
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results							mg/l	Twice per year - 2/year	Grab
	Permit Limits	N/A	N/A	N/A	0.0075	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		
Tom Trego WW Superintendent		7-10-11 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

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.
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Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Denny Kay
Location: Auke Bay, AK	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 2/27/2011	To: 3/26/2011

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	Results	3.3			12	0	mg/l	1/month	Grab
	Limits	2.0	N/A	N/A	report	report			
Biochemical Oxygen Demand (influent) 00310 G	Results		398	398	398	1	mg/l	1/month	Grab or Composite
	Limits	N/A	report	report	report	report			
Biochemical Oxygen Demand (effluent) 00310 W 00310 I	Results		6.5	6.5	6.5	1	lbs/day	1/month	Grab or Composite
	Limits	N/A	40	60	80.1	report			
Biochemical Oxygen Demand (effluent) 00310 W 00310 I	Results		13.0	13.0	13.0	1	mg/l	1/month	Grab or Composite
	Limits	N/A	30	45	60	report			
pH (effluent) 00400 I	Results	7.1			7.8	12	Std. Units	3/week	Grab
	Limits	6.0	N/A	N/A	9.0	report			
Total Suspended Solids (influent) 00530 G	Results		198	198	198	1	mg/l	1/month	Grab or Composite
	Limits	N/A	report	report	report	report			
Total Suspended Solids (effluent) 00530 W 00530 I	Results		12.0	12.0	12.0	1	lbs/day	1/month	Grab or Composite
	Limits	N/A	40	60	80.1	report			
Total Suspended Solids (effluent) 00530 W 00530 I	Results		24.0	24.0	24.0	1	mg/l	1/month	Grab or Composite
	Limits	N/A	30	45	60	report			
Fecal Coliform Bacteria (effluent) 31616 I	Results		8.0	8.0	8.0	1	#/100 ml	1/month	Grab
	Limits	N/A	200	400	800	report			
Flow Rate (effluent or influent) 50050 I	Results		0.0598	0.0860	0.2367	27	mgd	Daily 5/week	Measured/ recorded
	Limits	N/A	report	report	0.16	report			
Total Residual Chlorine (effluent) 50060 I	Results		0.07	0.13	0.25	12	mg/l	3/week	Grab
	Limits	N/A	0.50	N/A	1.0	report			
Biochemical Oxygen Demand % removal 81010 K	Results	96.7				0	%	1/month	Calculated
	Limits	85%	N/A	N/A	N/A	report			
Total Suspended Solids % removal 81011 K	Results	87.9				0	%	1/month	Calculated
	Limits	85%	N/A	N/A	N/A	report			

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NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego WW Superintendent	 DATE: 4-10-11 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

March

DAY	DATE	FLOWS			INFLUENT						EFFLUENT						MISCELLANEO				
		INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FECAL COLIFORM /100 ml	RESIDUAL mg/L	CHLORINE USED LBS
SUN	27	0.23665	0.0150	10.5	7.7	8.2	198	99	398		11.0	7.1	5.3						0.01		2.68
MON	28	0.05984	0.0030	9.1	8.0	6.9	198	99	398		9.3	7.6	3.5	24.0	12	13.0	7	8.0	0.19		2.68
TUE	1	0.06018	0.0030	9.1	8.0	6.9	198	99	398		12.3	7.4	3.6						0.19		3.35
WED	2	0.05302	0.0030	12.0	8.0	6.6					10.9	7.2	3.5						0.19		3.35
THU	3	0.05365	0.0030	7.6	8.1	7.6					10.7	7.1	3.7						0.01		4.02
FRI	4	0.05180	0.0030	8.2	8.2	7.9					10.4	7.3	3.8						0.00		2.01
SAT	5	0.05171	0.0030	10.3	7.9	10.3					14.0	7.1	3.4						0.00		3.35
SUN	6	0.05226	0.0030	9.7	8.3	6.9					11.4	7.3	4.0						0.25		2.68
MON	7	0.05854	0.0020	10.3	7.9	10.3					3.8	7.6	11.2						0.00		2.01
TUE	8	0.05901	0.0020	6.1	8.0	9.6					12.7	7.8	3.7						0.00		2.01
WED	9	0.04794	0.0020	6.1	8.0	9.6					11.6	7.7	3.6						0.01		2.01
THU	10	0.05876	0.0025	9.7	8.2	6.6					11.2	7.5	3.3						0.12		2.01
FRI	11	0.05559	0.0020	10.6	8.2	6.2															2.01
SAT	12	0.05670	0.0030	12.0	8.3	10.3	198	99	398		14.0	7.8	11.2	24	12	13	7	8	0.25		5.38
SUN	13	0.03783	0.0030	8.2	8.2	7.9	198	99	398		3.8	7.1	3.3	24	12	13	7	8	0.00		0.67
MON	14	0.04715	0.0030	10.6	8.2	6.2	198	99	398		10.8	7.4	4.4	24	12	13	7	8	0.07		2.47
TUE	15	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
WED	16	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
THU	17	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
FRI	18	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
SAT	19	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
SUN	20	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
MON	21	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
TUE	22	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
WED	23	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
THU	24	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
FRI	25	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
SAT	26	0.05985	0.00324	12	8.1	7.6	198	99	398		12	12	12	1	1	1	1	1			
TOTAL		1.61590	0.08750																		69.03
MAXIMUM		0.23665	0.01500	12.0	8.3	10.3	198	99	398	200	14.0	7.8	11.2	24	12	13	7	8	0.25		5.38
MINIMUM		0.03783	0.00200	6.1	7.7	6.2	198	99	398	200	3.8	7.1	3.3	24	12	13	7	8	0.00		0.67
AVERAGE		0.05985	0.00324	9.3	8.1	7.6	198	99	398	200	10.8	7.4	4.4	24	12	13	7	8	0.07		2.47
NO OF ANALYSES		27	27	12	12	12	1	1	1	1	12	12	12	1	1	1	1	1	12		28

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

WEEK	FLOW	BOD	TSS	CHLORINE	COLIFORM	% REV
1	0.08598	13.0	24.0	0.13	8.0	
2	0.04752			0.00	2.5	
3	0.05456			0.08	2.6	
4	0.05507			0.04	1.9	
MAX	0.08598	13.0	24.0	0.13	8.0	