Permit number: AKG-5	7-1000-013	Expires: Ju	ly 20, 2009	9	Submit thi	s report to:	ADEC and EPA to the addresses on Part III B of the NPDES general permit.												
ADEC File number: 151	3.45.009		. <u>.                                   </u>	-			<u></u>		ZEO gener	a permit.	<u> </u>								
Applicant Name: City an	d Borough of Ju	neau			Respo	onsible party:	y: Tom Trego/WW Utilities Superintendent												
Address: 155 South Sew	ard, Juneau, AK	99801					1: (907)586-0393												
Facility: Auke Bay Wast	ewater Treatmer	nt Facility	<u>.</u>	<u> </u>	_ ·-	osite Contact:													
Location: Auke Bay, AK	·	-		<del> </del>			e: (907)586-0393												
			<u> </u>				Sample Period												
Required Reporting Fr	equency	Discharge:	Secondary	treated wa	stewater disc	harged into	From: 3/27/2011												
Monthly		Auke Bay					To:												
	·	<del></del>		Outfall (	)01			4/30	/2011										
	···		T		<del>-</del>		<u> </u>	<del></del>	<del></del>	<del></del>	1								
<u>Pa</u>	<u>rameter</u>		Min. Value	Monthly Average	Weekly Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	1 <del></del>								
Dissolved Oxygen		Results	3.2			<u> </u>	1	0	<u>Onto</u>	Allalysis	<u>Method</u>								
(effluent)	00300 1	Limits	2.0	N/A	N/A	N/A	report	report	mg/i	1/month	Grab								
Biochemical Oxygen		Results		264	264	264	1	0			Grab or								
Demand (influent)	00310 G	Limits	N/A	report	report	report	report	report	mg/l	1/month	Composite								
Biochemical Oxygen	<u>00310 W</u>	Results		5.0	5.0	5.0	1	0	-		Grab or								
Demand (effluent)	003101	Limits	N/A	40	60	80.1	герогt	report	lbs/day	1/month	Composite								
Biochemical Oxygen	<u>00310 W</u>	Results		10.0	10.0	10.0	l	0			Grab or								
Demand (effluent)	00310 1	Limits	N/A	30	45	60	report	report	mg/l	1/month	Composite								
pH (effluent)		Results	7.1			7.7	15	0											
	00400 1	Limits	6.0	N/A	N/A	9.0	report	report	Std. Units	3/week	Grab								
Total Suspended Solids		Results		293	293	293	1	0			Grab or								
(influent)	00530 G	Limits	N/A	report	report	report	report	report	mg/l	I/month	Composite								
Total Suspended Solids	<u>00530 W</u>	Results		2.0	2.0	2.0	1	0			Grab or								
(effluent)	00530 1	Limits	N/A	40	60	80.1	report	report	lbs/day	I/month	Composite								
Total Suspended Solids (effluent)	<u>00530 W</u>	Results		4.0	4.0	4.0	1	0		., ,	Grab or								
	00530 1	Limits	N/A	30	45	60	report	report	mg/l	1/month	Composite								
Fecal Coliform Bacteria		Results	L	23	23	23	1	1	#/100 ml	1/	0.1								
	316161	Limits	N/A	200	400	800	report	report	#/ 100 III	1/month	Grab								
Flow Rate (effluent or influent)		Results		0.0634	0.0697	0.0880	35	0	mgd	Deile 6/	Measured/								
	50050 1	Limits	N/A	report	report	0.16	report	report		Daily 5/week	recorded								
Total Residual Chlorine	****	Results		0.04		0.23	15	0	mg/l	3/week	Grah								
	50060 1	Limits	N/A	0.50	N/A	1.0	report	report			Grab								
Biochemical Oxygen Demand % removal	<b></b>	Results	96.2		····			0	%	1/month	Calculated								
	81010 K	Limits	85%	N/A	N/A	N/A	report	report		mayndi	Carculated								
Total Suspended Solids 7% removal	81011	Results	99.3					0	%	1/month	Calculated								
	OF LAW THAT TH	Limits JS DOCTIMENT	85%	N/A	N/A	N/A	report	report											
CERTIFY UNDER PENALTY MITH A SYSTEM DESIGNED THE PERSON OR PERSONS V SUBMITTED IS, TO THE BES' SUBMITTING FALSE INFORM	VHO MANAGE THI T OF MY KNOWLE	E SYSTEM, OR T DGE AND BELL	THOSE PER: EF. TRUE. A	SONS DIRECT SCURATE A	ATHER AND E TLY RESPONS AND COMPLET	EVALUATE TH SIBLE FOR GAT THE LAM ANYA	E INFORMAT THERING THE	TON SUBME INFORMA	TTTED. BA	ASED ON MY	INQUIRY OF								
NAME, TITLE OF PRINCIPAL E	XECUTIVE OFFICE		s	IGNATURE O	P PRINCIPAL I	EXECUTIVE OF	FICEN OF ATT	TII(Apiazz-			· · ·								
	VW Superintendent	,	J <sub>n</sub>	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT  5/10/2011 (907) 586-0393															
COMMENT AND EXPLANAT	FION OF ANY VIO	LATIONS (RE	FERENCE	LLATTACI			ATE T	ELEPHON	<u>E</u>										

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
ADEC File number: 1513.45,009		D 11 of the NPDES general permit.

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, AK	Phone: (907)586-0393

Despised Dec. 45 Pt.			Sample Period	
Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	From:	3/27/2011	
	distinged into Aute Day	To:	4/30/2011	

Mixing Zone

Parameter	Min. Value	Monthly Average	Weekly Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method		
Fecal Coliform	Analytical Results	_		·					Twice per	Michiga	
Bacteria (Edge of MZ)	Permit Limits	N/A	14	N/A	43	report	report	#/100 ml	уе <b>аг</b> – 2/уеяг	Grab	
Fecal Coliform	Analytical Results				_				Twice per		
Bacteria (Shoreline)	Permit Limits	N/A	NA	N/A	NA	report	report	#/100 ml	year – 2/year	Grab	
Dissolved Oxygen	Analytical Results		_				70 000		Upon		
	Permit Limits	6	N/A	N/A	17	report	report	mg/l	request by ADEC	Grab	
рН	Analytical Results					-			Upon		
	Permit Limits	6.5	N/A	N/A	8.5	report report		Std. Units	request by ADEC	Grab	
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results						<del></del>		Twice per		
to used as (assencedant)	Permit Limits	N/A	N/A	N/A	0.01	report	report	mg/l	year – 2/year	Grab	

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	RINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego	WW Superintendent	5/10/2011 (907)586-0393
COMMENT AND	EXPLANATION OF ANY VIOLATIONS (R	REFERENCE AVI. ATTACHMENT HERE)
СНЕСК І	HERE IF THERE WAS NO DISCHARGE DUR	RING THE ENTIRE REPORTING PERIOD

COMMENTS: "SEE ENGLOSED VIOLATION LETTER "SEE ENGLOSED VIOLATION LETTER	Number of Analyses	AVERAGE	MAXIMUM	TOTAL	SAT	# E	WED :	TUE:	MON	SUN .	- F	  - 	WED	TUE	NON	SUN SUN	E I	   = 	WED	ж <u>;</u>	MON	SAT	2	된.	SED I	MON	SUN	SAT	FR.	TH:		MON	SUN	Q YAC		EPA REPORT
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ER ER		0.00	0.0050	0.1120	0.0020	0.0030	0.0030	0.0030	0.0040	0.0036	0.0045	0.0030	0.0030	0.0030	0.0040	0.000	0.0030	0.0030	0.0030	0.0040	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	0.0030	STUDGE	WASTE	
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