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	FACILITY

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71017	January 2		-									- 2	201 102				FLOWS	FIC		

Permit number: AKG-57-1000-013	Expires: July 20, 2009	1	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 Utilit	es Superintendent
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393	
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Nathan McCombs	
Location: Auke Bay, Juneau	Phone: (907)586-0760	

		Sa	mple Peri	od		
Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	From:	1	1	2012	
	discharged into Auke Day	To:	1	28	2012	

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	Analytical Results							#11.001	Twice per	
Bacteria (Edge of MZ)	Permit Limits	N/A	14	N/A	43	report	report	#/100 ml	year = 2/year	Grab
Feeal Coliform	Analytical Results						*	Diggs.	Twice per	
Bacteria (Shoreline)	Permit Limits	N/A	NA	N/A	NA	report	report	#/100 ml	year == 2/year	Grab
Dissolved Oxygen	Analytical Results								Upon	Grab
	Permit Limits	6.0	N/A	N/A	17	report	report	mg/l	request by ADEC	
pН	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	Analytical Results								Twice per	
is used as disinfectant)	Permit Limits	N/A	N/A	N/A	0.0075	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 PRIN	CIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIV	VE OFFICER OR AUTHO	ORIZED AGENT
Nathan McCombs	Wastewater Treatment Supervisor	Mithan D. Mr. Son	2-10-12 Date	() 586 - 0760 TELEPHONE
COMMENT AND EX	PLANATION OF ANY VIOLATIONS (R	EFERENCE ALL ATTACHMENT HERE)		THERETIONE
2.20 T				
CHECK ME		ING THE ENTIRE REPORTING PERIOD		

Permit number: AKG-5	7-1000-013	Evnisor I	l. 20, 200	0	0.1. 2.11		1			
Terminal And S	7-1000-013	Expires: J	uly 20, 200	·····	Submit this	report to:			ne addresse: neral permit	
ADEC File number: 151	3,45.009									
Applicant Name: City as					Res	ponsible party:	Tom Trego	/WW Uti	ities Superi	ntendent
Address: 155 South Sev	vard, Juneau, AK 9980) [Phone / email:				
Facility: Auke Bay Was	stewater Treatment Fa	cility			(Onsite Contact:				
Location: Auke Bay, Ju	neau						(907)586-0			
							(307)200		le Period	
Required Reporting F	requency Monthly	Discharge	: Secondar	y treated wast	ewater disch	arged into	From:	1	1	2012
		Auke Bay						+		
		1					Te:	1	28	2012
				1				1	1	
			20-1							
<u>Paran</u>	neter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of	
Discharge 1					Trans. Targe	<u></u>	Violations	Omis	Analysis	Method
Flow Rate (effluent or	Estmt'd/ Measure		0.0617		0.083	28		T		
influent)	Permit Limits	N/A	report	N/A	0.16		ranawt.	mgd	Daily 5/week	Measured/ recorded
Biochemical Oxygen	Analytical Results		287	287	287	report	report	+		
Demand (influent)	Permit Limits	N/A	report	report		manage and		mg/l	1/month	Grab or Composite
Biochemical Oxygen	Analytical Results	1.7.7.	7	7	report 7	report	report			
Demand (effluent)	Permit Limits	N/A	30	45	60	1		mg/l	1/month	Grab or Composite
Biochemical Oxygen	Analytical Results	13/73	3	3		report	report	-		
Demand (effluent)	Permit Limits	N/A	40		3	1		lbs/day	1/month	Grab or
Biochemical Oxygen	Analytical Results	98	40	60	80.1	report	report	-		Composite
Demand % removal	Permit Limits	1	N1/A	21/4				port %	1/month	Calculated
	Analytical Results	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids (influent)	Permit Limits	27/4	232	232	232	1		mg/l	1/month	Grab or
Tatal C 1 . 1 C . P. 1		N/A	report	report	report	report	report			Composite
Total Suspended Solids (effluent)		27/4	10	10	10	l		mg/l	1/month	Grab or
	Permit Limits	N/A	30	45	60	report	report			Composite
Total Suspended Solids (effluent)	Analytical Results	-	4	4	4	11		lbs/day	I month	Grab or
	Permit Limits	N/A	40	60	80.1	report	report			Composite
Total Suspended Solids % removal		96						0,	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report		71	
Fecal Coliform Bacteria (effluent)			2		2	1		#/100 ml	L/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report	183	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHAD.
Dissolved Oxygen	Analytical Results	3.3				12		mg/l	L/month	Grab
(cirruent)	Permit Limits	2	N/A	N/A	N/A	report	report	6.		Chao
pH (effluent)	Analytical Results	7			7.9	12		Std_Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report	Ond Onics	37 WCCR	Citati
Total Residual Chlorine			0.06		0.37	17		mg/l	3/week	Grab
cffluent)	Permit Limits	N/A	0.5	N/A	1	report	report			
CERTIFY UNDER PENALT WITH A SYSTEM DESIGNED OF THE PERSON OR PERSO SUBMITTED IS, TO THE BE SUBMITTING FALSE INFOR	O TO ASSURE THAT QUA INS WHO MANAGE THE ST OF MY KNOWLEDGE	ALIFIED PERS SYSTEM, OR AND BELIEF,	ONNEL PRO THOSE PER: , TRUE, ACC	PERLY GATHE SONS DIRECTL URATE, AND C	R AND EVALI Y RESPONSIE OMPLETE - 17	UATE THE INFO BLE FOR GATHE AM AWARE THA	RMATION SURING THE IN	BMITTED.	BASED ON	MY INQUIRY
NAME, TITLE OF PRINCIPAL	EVECTIVE OPPIONS							-		
				SIGNATURE OF	PRINCIPAL, EX	CECUTIVE OFFIC				
	Wastwater Treatment Supervisor			nattan	a ma	mber ?)-/0-/2 DATE	() S& Telephon		0
COMMENT AND EXPLAN.	ATION OF ANY VIOLA	TIONS (REFE	RENCE ALI	LATTACHMEN	ST HERE)					
CHECK HERE IF T	HERE WAS NO DISCHAI	RGE DURING	THE ENTIRE	REPORTING P	ERIOD					