

AUKE BAY WASTEWATER TREATMENT FACILITY  
Juneau, Alaska  
OCTOBER 2012

FLOWS				INFLUENT				EFFLUENT				MISCELLANEOUS													
DAY	DATE	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FECAL COLIFORM/ RESIDUAL /100 ml	Cl <sup>-</sup> mg/L	Cl <sup>-</sup> USED Gal	Na2SO3 USED LBS	
SUN	30	0.091	0.000	16.0	7.4	5.9																0.04	7.25	3.41	4.62
MON	1	0.094	0.003	14.5	7.4	6.0																0.01	6.00	2.79	0.01
TUE	2	0.059	0.003	15.6	7.8	5.9	181	94	183	107	39	19	15.3	7.0	3.1							0.01	6.00	4.34	0.11
WED	3	0.070	0.005	16.3	7.6	5.1																0.11	8.00	3.10	0.00
THU	4	0.095	0.002	15.3	7.6	5.1																0.00	5.00	2.79	0.01
FRI	5	0.048	0.000	14.1	7.3	5.7																0.01	7.00	3.41	0.01
SAT	6	0.075	0.000																			0.01	7.00	3.41	0.01
SUN	7	0.079	0.000																			0.01	7.00	3.41	0.01
MON	8	0.055	0.000	14.5	8.6	5.1																0.03	4.50	2.48	0.03
TUE	9	0.083	0.000	15.6	7.7	5.3																0.10	4.50	6.82	0.10
WED	10	0.074	0.006																			0.39	4.02	1.86	0.39
THU	11	0.085	0.000	15.3	7.9	4.9																0.01	5.00	1.86	0.01
FRI	12	0.077	0.000																			0.01	3.50	3.41	0.01
SAT	13	0.091	0.000																			0.01	3.50	3.41	0.01
SUN	14	0.081	0.000																			0.04	4.00	4.36	0.04
MON	15	0.091	0.003	14.9	7.4	5.4																0.04	4.00	3.72	0.04
TUE	16	0.081	0.006	14.8	7.4	7.0																0.02	4.50	6.82	0.02
WED	17	0.075	0.005	15.9	7.5	6.5																0.01	4.50	7.13	0.01
THU	18	0.093	0.000	14.2	7.4	5.7																0.02	4.00	3.72	0.02
FRI	19	0.064	0.000	12.6	7.5	7.1																0.04	5.00	4.96	0.04
SAT	20	0.080	0.000																			0.04	3.00	4.96	0.04
SUN	21	0.061	0.000																			0.06	3.00	4.65	0.06
MON	22	0.065	0.003	15.6	8.1	6.1																0.01	3.50	3.72	0.01
TUE	23	0.073	0.003	12.4	7.5	6.0																0.01	4.50	4.65	0.01
WED	24	0.066	0.000	14.0	7.9	5.6																0.01	4.50	4.65	0.01
THU	25	0.060	0.003	14.5	8.9	5.4																0.04	4.50	4.34	0.04
FRI	26	0.055	0.000	15.1	7.2	5.9																0.00	4.00	4.68	0.00
SAT	27	0.073	0.000																			0.00	4.00	4.68	0.00
TOTAL		2.076	0.041																			132.77	8.00	7.13	132.77
MAXIMUM		0.096	0.006	16.9	8.9	7.1	181	94	183	107	125	86	16.4	7.2	4.6	12	7	22	13	13	5	0.56	8.00	7.13	0.56
MINIMUM		0.048	0.000	12.4	7.2	4.9	161	94	183	107	32	18	13.4	6.8	2.1	12	7	22	13	7	4	0.00	3.00	1.86	0.00
AVERAGE		0.074	0.001	14.7	7.7	5.8	161	94	183	107	52	34	15.5	7.1	3.0	12	7	22	13	9	5	0.07	4.74	4.09	0.07
OF ANALYSIS		28	28	18	18	18	1	1	1	1	5	5	18	18	18	1	1	1	1	5	5	1	23	28	28

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

WEEK	BOD		TSS		CHLORINE		WEEKLY COLIFORM	
	mg/l	lbs	mg/l	lbs	mg/l	lbs	Geo. Mean	
1	22	13	12	7.0	0.0300	6.6	5	
2					0.2440	4.3		
3					0.0283	4.1		
4					0.0217	3.9		
MAX	22	13	12	7	0.2440	7	5	

% REMOVAL	
B.O.D.	86
S.S.	93

Permit number: AKG-57-1000-013 Expires: July 20, 2009 Submit this report to: ADEC and EPA to the addresses on Part D  
 ADEC File number: 1513.45.009

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

**Required Reporting Frequency Monthly**  
**Discharge:** Secondary treated wastewater discharged into Auke Bay

<b>From:</b>	9	<b>To:</b>	10
	30		27
<b>Sample Period</b>			
	2012		2012

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
-----------	------------	----------------	---------------	------------	--------------------	----------------------	-------	-----------------------	---------------

**Discharge 1**

Flow Rate (effluent or influent)	Estim'd/Measure	0.074	0.095	0.16	28	0	mgd	Daily 5/week	Measured/recorded
Biochemical Oxygen Demand (influent)	Analytical Results	183	183	183	1	0	mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	22	22	22	1	0	mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	30	45	60	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	13	13	13	1	0	lbs/day	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	N/A	40	60	80.1	0	lbs/day	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	88	85%	N/A	N/A	0	%	1/month	Calculated
Total Suspended Solids (influent)	Analytical Results	161	161	161	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	12	12	12	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	30	45	60	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	7	7	7	1	0	lbs/day	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	N/A	40	60	80.1	0	lbs/day	1/month	Grab or Composite
% removal	Analytical Results	93	85%	N/A	N/A	0	%	1/month	Calculated
Fecal Coliform Bacteria (effluent)	Analytical Results	5	5	800	1	0	#/100 ml	1/month	Grab
Fecal Coliform Bacteria (effluent)	Analytical Results	N/A	200	N/A	N/A	0	#/100 ml	1/month	Grab
Dissolved Oxygen (effluent)	Analytical Results	2.1	2	18	0	0	mg/l	1/month	Grab
Dissolved Oxygen (effluent)	Analytical Results	6.8	6	7.2	18	0	Std. Units	3/week	Grab
pH (effluent)	Analytical Results	Permit Limits	N/A	N/A	N/A	9	Std. Units	3/week	Grab
Total Residual Chlorine (effluent)	Analytical Results	0.07	0.07	0.69	23	0	mg/l	3/week	Grab
Total Residual Chlorine (effluent)	Analytical Results	N/A	0.5	N/A	1	0	mg/l	3/week	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 PRINCIPAL EXECUTIVE OFFICER**  
 Nathan McCombs  
 Wastewater Treatment Supervisor

**SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT**  
 Nathan O. McCombs

**DATE** 11-14-12  
**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



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: Nathan McCombs
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay		
	From: 9	To: 10	Sample Period
2012	30	27	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 (Edge of MZ)	N/A	14	N/A	43	report	report	#/100 ml	Twice per year - 2/year	Grab
Fecal Coliform	N/A	N/A	N/A	NA	report	report	#/100 ml	Twice per year - 2/year	Grab
Bacteria (Shoreline)	N/A	NA	N/A	NA	report	report	#/100 ml	Twice per year - 2/year	Grab
Dissolved Oxygen	6	N/A	N/A	17	report	report	mg/l	Upon request by ADEC	Grab
pH	6.5	N/A	N/A	8.5	report	report	Std Units	Upon request by ADEC	Grab
Total Chlorine (if chlorine is used as disinfectant)	Permit Limits	N/A	N/A	N/A	report	report	mg/l	Twice per 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 PRINCIPAL, EXECUTIVE OFFICER	Nathan McCombs
SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>Nathan McCombs</i>
Supervisor	DATE: 11-14-12
Wastewater Treatment	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	