AUKE BAY WASTEWATER TREATMENT FACILITY

MINIMUM AVERAGE OF ANALYSIS MON DAY DATE 0.089 0.082 0.067 0.087 0.075 0.072 0.077 0.067 0.071 0.0000 0.0018 28 0.0615 WASTE SLUDGE MGD 0.0045 0.0000 0.0000 0.0030 0.0030 0.0030 0.0030 0.0000 0.0000 0.0030 0.0030 0.0030 0.0000 0.0000 0.0030 0.0035 0.0015 0.0015 0.0030 0.0015 0.0030 0.0030 0.0040 15.9 10.7 13.3 CC 11.9 12.5 12.6 13.1 10.7 15.2 12.7 5 5 5 5 4 5 8.4 7.3 7.7 7.7 8.0 7.6 7.6 7.4 7.3 7.7 7.8 무 6.5 6.5 6.0 6.6 7.7 6.2 8.3 0 0 0 0 0 6.3 136 136 Juneau, Alaska LBS 1 77 77 77 B.O.D. 266 266 266 B.O.D. 150 LBS 150 5 46 21 93 32 2 37 FOG 48 N as 2 24 22 26 26 22 BOD C SEMP 15.3 12.1 13.6 13.9 12.3 12.4 12.8 12.8 12.9 13.2 14.1 14.6 13.8 15.3 14.7 14.9 November 2012 WEEKLY AVERAGE 7.2 6.9 7.1 7.0 7.0 7.0 6.9 7.0 7.2 7.1 PH SST 4.7 3.0 3.7 4.7 4.0 3.8 3.1 mg/L CHLORINE LBS WEEKLY
COLIFORM
Geo. Mean
8 8.O.D. mg/L 1 10 10 6 B.O.D \_ 0 0 0 SBJ 0 B.O.D. S.S. 0 0 0 10 12 00 FOG 6 8 FECAL COLIFORM /100 ml \_ 00 00 00 20 17 18 17 20 as Cl. Cl. Cl. RESIDUAL USED ronia mg/L Gai 0.45 0.00 0.07 0.20 0.01 0.00 0.00 0.01 0.03 0.02 0.16 0.01 0.13 208.45 12.00 1.45 7.44 28 10.50 11.00 8.00 8.00 9.50 10.00 112.00 11.00 11.00 11.00 11.00 11.00 11.00 4.00 4.50 5.50 7.00 6.50 6.00 5.00 6.00 7.00 5.50 7.00 8.50 9.30 3.10 6.38

GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

mg/1

5.6

mg/

1 Bs

96

0.0725

5.5 7.4 7.3

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TELEPHONE

Supervisor
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	Expires: October 31, 2017			Submit this report to:		ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.				
ADEC File number: 1513	.45.009						I I of the IVI	DES gen	crar periint.	
							m m a	13.733.7 T 1.*1°	6 .	
Applicant Name: City and Borough of Juneau					Responsible party: Tom Trego/WW Utilities Super					ntendent
Address: 155 South Seward, Juneau, AK 99801					Phone / email: (907)586-0393					
Facility: Auke Bay Wastewater Treatment Facility					0	Onsite Contact: Nathan McCombs				
Location: Auke Bay, Jun	eau					Phone:	(907)586-03			
		I=			<del></del>		Sample Period			
			ischarge: Secondary treated wastewater discharged into			From:	10	28	2012	
		Auke Bay					To:	11	24	2012
<u>Parameter</u>		Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	<u>Units</u>	Frequency of Analysis	Sample Method
Discharge 1	D	1 1	0.070		0.002	20			Doilu	Managered/
Flow Rate (effluent or influent)	Estmt'd/ Measure	DI/A	0.070	NI/A	0.092	28	0 report	mgd	Daily 5/week	Measured/ recorded
	Permit Limits	N/A	report	N/A	0.16	report	report 0			Grab or
Biochemical Oxygen	Analytical Results	1 37/1	266	266	266			mg/l	1/month	Composite
Demand (influent)	Permit Limits	N/A	report	report	report	report	report			
Biochemical Oxygen	Analytical Results	++	10	10	10	1	0	mg/l	1/month	Grab or Composite
Demand (effluent)  Biochemical Oxygen	Permit Limits	N/A	30	45	60	report	report	lbs/day		
	Analytical Results		6	6	6	1	0		1/month	Grab or Composite
Demand (effluent)	Permit Limits	N/A	40	60	80.1	report	report			Composite
Biochemical Oxygen Demand % removal	Analytical Results	96					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids	Analytical Results		136	136	136	11		report mg/l 1/month Comp	Grab or Composite	
(influent)	Permit Limits	N/A	report	report	report	report				
Total Suspended Solids (effluent)	Analytical Results		2	2	22	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent) Total Suspended Solids % removal	Analytical Results		1	1	1	11	0	l <b>b</b> s/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			Composite
	Analytical Results	99					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report	-		
Fecal Coliform Bacteria	Analytical Results		8		8	1	0	#/100 mI	1/month	Grab
(effluent)	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Analytical Results	3.0				18	0	mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Analytical Results	6.9			7.2	18	0	Std. Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Total Residual Chlorine	Analytical Results		0.07		0.5	19	0	mg/l	3/week	Grab
(effluent)	Permit Limits	N/A	0.5	N/A	1	report	report	D GLIDEDA	HOLONI DI AC	CODDANCE
I CERTIFY UNDER PENALT WITH A SYSTEM DESIGNE OF THE PERSON OR PERSO SUBMITTED IS, TO THE BE SUBMITTING FALSE INFOR	D TO ASSURE THAT QU ONS WHO MANAGE TH EST OF MY KNOWLEDG	JALIFIED PER E SYSTEM, OF E AND BELIE	SONNEL PE R THOSE PE F, TRUE, AC	ROPERLY GATH RSONS DIRECT CCURATE, AND	IER AND EVAI LY RESPONSI COMPLETE. I	JUATE THE INF BLE FOR GATE AM AWARE TO	FORMATION SU HERING THE IN HAT THERE AF	JBMITTED FORMATI	O. BASED ON ON, THE INF	I MY INQUIR' ORMATION
NAME TITLE OF DRINGIPAL	EXECUTIVE OFFICED			SIGNATURE	F PRINCIPAL I	EXECUTIVE OFF	ICER OR AUTHO	ORIZED AG	ENT	
NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER  Nathan McCombs Wastwater Treatment				SIGNATURE U		1	907 - 586 - 0393			
Ivatilan ivicComos	Supervisor			Matha	in & M	wc-	/2-/3-/2 DATE	TELEPHO		
							1-11-11			

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