

Permit number: AK-G-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.
 ADEC file number: 1513.45.009

Applicant Name: City and Borough of Juneau Responsible party: Scott Jeffers/W/W Utilities Superintendent
 Address: 155 South Seward, Juneau, AK 99801 Phone / email: (907)586-0393
 Facility: Auke Bay Wastewater Treatment Facility Onsite Contact: Cort Franklin
 Location: Auke Bay, AK Phone: (907)586-0393

Required Reporting Frequency: Discharge: Secondary treated wastewater discharged into Auke Bay
 Monthly From: 9/30/2007 To: 11/3/2007

Parameter	Mfn. Value	Monthly Average		Weekly Average		Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
		Monthly Average	Weekly Average	Max. Value	Number of Analyses						
Dissolved Oxygen (effluent)	00300 1	Results	2.2				1	0	mg/l	1/month	Grab
		Limits	2.0	N/A	N/A	N/A	report	report			
Biochemical Oxygen Demand (influent)	00310 G	Results		281	281	281	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	00310 W	Results		3.9	3.9	3.9	1	0	lbs/day	1/month	Grab or Composite
		Limits	N/A	40	60	80.1	report	report			
Biochemical Oxygen Demand (effluent)	00310 W	Results		6.4	6.4	6.4	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	30	45	60	report	report			
pH (effluent)	00400 1	Results	6.6		7.3	9.0	15	0	Std. Units	3/week	Grab
		Limits	6.0	N/A	N/A	9.0	report	report			
Total Suspended Solids (influent)	00530 G	Results		360	360	360	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	00530 W	Results		3.6	3.6	3.6	1	0	lbs/day	1/month	Grab or Composite
		Limits	N/A	40	60	80.1	report	report			
Total Suspended Solids (effluent)	00530 W	Results		6.0	6.0	6.0	1	0	mg/l	1/month	Grab or Composite
		Limits	N/A	30	45	60	report	report			
Fecal Coliform Bacteria (effluent)	31616 1	Results		2	2	2	1	0	#/100 ml	1/month	Grab
		Limits	N/A	200	400	800	report	report			
Flow Rate (effluent or influent)	50050 1	Results		0.0725	0.0759	0.0898	35	0	mgd	Daily 5/week	Measured/recorded
		Limits	N/A	report	report	report	report	report			
Total Residual Chlorine (effluent)	50060 1	Results		0.05		0.26	15	0	mg/l	3/week	Grab
		Limits	N/A	0.50	N/A	1.0	report	report			
Biochemical Oxygen Demand % removal	81010 K	Results	97.7					0	%	1/month	Calculated
		Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids % removal	81011 K	Results	99.0					0	%	1/month	Calculated
		Limits	85%	N/A	N/A	N/A	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: Scott Jeffers, W/W Superintendent
 SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 DATE: 11/8/07 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			

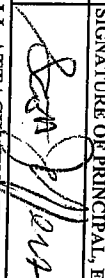
Applicant Name: City and Borough of Juneau		Responsible party:	Scott Jeffers/WW Utilities Superintendent
Address: 155 South Seward, Juneau, AK 99801		Phone / email:	(907)586-0393
Facility: Auke Bay Wastewater Treatment Facility		Onsite Contact:	Cort Franklin
Location: Auke Bay, AK		Phone:	(907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period
		From: 9/30/2007
		To: 11/3/2007

Mixing Zone

Parameter	Analytical Results	Min. Value	Monthly Average	Weekly Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method
Fecal Coliform			<1.0		<1.0	1		#/100 ml	Twice per year - 2/year	Grab
Bacteria (Edge of MZ)	Permit Limits	N/A	14	N/A	43	report	report			
Fecal Coliform Bacteria (Shoreline)	Analytical Results				<1.0	1		#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	NA	N/A	NA	report	report			
Dissolved Oxygen	Analytical Results		10.3		10.3	1		mg/l	Upon request by ADEC	Grab
	Permit Limits		6	N/A	17	report	report			
pH	Analytical Results		7.9		7.9	1		Std. Units	Upon request by ADEC	Grab
	Permit Limits		6.5	N/A	8.5	report	report			
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results				<0.1	1		mg/l	Twice per year - 2/year	Grab
	Permit Limits		N/A	N/A	0.01	report	report			

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NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers WW Superintendent	
	DATE: 11/8/07
	TELEPHONE: (907)586-0393

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)

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

EPA REPORT

AUIKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

October 2007

DAY	DATE	WEATHER		FLOWS			INFLUENT						EFFLUENT						MISCELLANEOUS			
		TEMP °F	RAIN INCHES	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	BOD mg/L	BOD LBS	FECAL COLIFORM /100 ml	RESIDUAL mg/L	CL USED LBS	Na2SO2 USED LBS
SUN	30	47	0.16	0.06512	0.0030																2.01	4.34
MON	1	48	0.43	0.07476	0.0025																2.68	4.96
TUE	2	46	0.57	0.07366	0.0030																2.68	4.96
WED	3	43	0.17	0.07430	0.0030	14.2	7.3	6.7													2.68	3.10
THU	4	40	0.01	0.06630	0.0030																0.67	4.03
FRI	5	44	0.95	0.07382	0.0030																2.01	1.86
SAT	6	46	0.23	0.07067	0.0025																2.68	2.48
SUN	7	42	0.28	0.07101	0.0030																1.34	2.48
MON	8	43	0.13	0.07270	0.0030																1.34	3.10
TUE	9	42	0.00	0.06826	0.0045																2.68	2.48
WED	10	42	0.72	0.07840	0.0030																1.34	3.10
THU	11	43	0.25	0.08983	0.0045																2.68	4.03
FRI	12	44	0.28	0.08366	0.0030																1.34	3.10
SAT	13	47	0.77	0.06725	0.0030																1.34	2.48
SUN	14	46	0.25	0.07718	0.0015																1.34	3.72
MON	15	44	0.41	0.07572	0.0030																1.34	4.34
TUE	16	40	0.00	0.06832	0.0030																1.34	3.72
WED	17	43	0.08	0.06446	0.0030																1.34	4.34
THU	18	41	0.99	0.08382	0.0030																1.34	8.06
FRI	19	38	0.00	0.07138	0.0030																2.68	3.72
SAT	20	34	0.00	0.05817	0.0025																0.67	4.03
SUN	21	39	0.34	0.07770	0.0015																0.67	3.10
MON	22	42	0.13	0.06266	0.0015					14.6	7.3	3.2									0.67	3.10
TUE	23	37	0.11	0.06121	0.0015																2.01	4.34
WED	24	40	0.11	0.06694	0.0030																1.34	4.96
THU	25	41	0.12	0.07139	0.0045																1.34	3.41
FRI	26	43	1.61	0.08177	0.0030																1.34	4.03
SAT	27	43	0.45	0.07973	0.0015																1.34	3.72
SUN	28	42	0.12	0.06684	0.0025																2.68	3.10
MON	29	41	0.48	0.07134	0.0030																2.68	3.10
TUE	30	43	1.15	0.08967	0.0020																2.68	4.34
WED	31	41	0.53	0.07587	0.0020																1.34	3.10
THU	1	42	0.51	0.08705	0.0030																2.68	3.10
FRI	2	40	0.50	0.05716	0.0015																0.67	2.79
SAT	3	38	0.01	0.06623	0.0015																60.97	131.44
TOTAL			7.08	2.53765	0.0950																	
MAXIMUM			60	1.09	0.08983	0.0045	14.2	7.3	6.7	360	218	281	170	14.8	7.3	3.2	6.0	3.6	6.4	3.9	2.0	0.26
MINIMUM			37	0.00	0.05716	0.0015	14.2	7.3	6.7	360	218	281	170	14.6	6.6	2.2	6.0	3.6	6.4	3.9	2.0	0.00
AVERAGE			48	0.20	0.07250	0.0027	14.2	7.3	6.7	360	218	281	170	14.7	6.8	2.7	6.0	3.6	6.4	3.9	2.0	0.05

COMMENTS:
* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
* SEE ENCLOSED VIOLATION LETTER

WEEK	FLOW	WEEKLY AVERAGE			WEEKLY	
		BOD mg/L	TSS mg/L	CHLORINE mg/L	COLIFORM Geo Mean	% REMOVAL
1	0.07123	6.4	3.9	0.08	2.01	97.7
2	0.07587			0.02	1.91	
3	0.07125			0.10	1.53	
4	0.07157			0.02	1.24	
5	0.07259			0.03	2.01	
MAX	0.07587	6.4	3.9	0.10	2.01	99.0