

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			

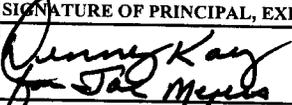
Applicant Name: City and Borough of Juneau	Responsible party: Denny Kay / Auke Bay WWTP Supervisor
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Cort Franklin
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 5/3/2009	To: 5/30/2009

**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 Bacteria (Edge of MZ)	Analytical Results				1	1	0	#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	14	N/A	43	report	report			
Fecal Coliform Bacteria (Shoreline)	Analytical Results				1	1	0	#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	NA	N/A	NA	report	report			
Dissolved Oxygen	Analytical Results				10.3	1	0	mg/l	Upon request by ADEC	Grab
	Permit Limits	6	N/A	N/A	17	report	report			
pH	Analytical Results				7.8	1	0	Std. Units	Upon request by ADEC	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report	report			
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results				0.01	1	0	mg/l	Twice per year - 2/year	Grab
	Permit Limits	N/A	N/A	N/A	0.01	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	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Joe Myers WW Superintendent		6/8/09	(907)586-0393
		DATE	TELEPHONE

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

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

EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

DAY	DATE	WEATHER		FLOWS		WASTE		INFLUENT		EFFLUENT		MI												
		TEMP °F	RAIN INCHES	INFLUENT MGD	SLUDGE MGD	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	BOD mg/L		BOD LBS	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FECAL COLIFORM /100 ml	CL <sub>2</sub> RESIDUAL mg/L		
SUN	3	47	0.18	0.06060	0.0030																			
MON	4	44	0.05	0.05062	0.0045																			
TUE	5	48	0.00	0.05128	0.0060																			
WED	6	47	0.20	0.05837	0.0045	9.6	7.0	8.3	226	110	242	118	10.1	6.7	29	4.0	1.9	15.9	7.7	1.0	0.00			
THU	7	46	0.32	0.07549	0.0060																			
FRI	8	47	0.01	0.04705	0.0030																			
SAT	9	44	0.00	0.05192	0.0030																			
SUN	10	45	0.00	0.05368	0.0030																			
MON	11	47	0.00	0.05126	0.0045																			
TUE	12	46	0.00	0.05554	0.0045																			
WED	13	45	0.00	0.05516	0.0045																			
THU	14	44	0.00	0.05116	0.0045																			
FRI	15	44	0.08	0.06525	0.0030																			
SAT	16	50	0.02	0.04858	0.0030																			
SUN	17	51	0.00	0.06215	0.0030																			
MON	18	47	0.00	0.05228	0.0035																			
TUE	19	48	0.00	0.06474	0.0030																			
WED	20	49	0.00	0.05040	0.0045																			
THU	21	51	0.00	0.05545	0.0045																			
FRI	22	49	0.00	0.06071	0.0030																			
SAT	23	51	0.00	0.05438	0.0030																			
SUN	24	53	0.00	0.04920	0.0030																			
MON	25	57	0.00	0.05706	0.0045																			
TUE	26	49	1.02	0.06182	0.0045																			
WED	27	48	0.20	0.06348	0.0060																			
THU	28	52	0.04	0.06176	0.0030																			
FRI	29	46	0.48	0.07310	0.0030																			
SAT	30	49	0.07	0.06267	0.0030																			
TOTAL																								
MAXIMUM		57	1.02	0.07549	0.03000	9.6	7.0	8.3	226	110	242	118	10.1	6.9	29	4.0	1.9	15.9	7.7	1.0	0.34			
MINIMUM		44	0.00	0.04705	0.00300	9.6	7.0	8.3	226	110	242	118	10.1	6.6	29	4.0	1.9	15.9	7.7	1.0	0.00			
AVERAGE		47.8	0.10	0.05661	0.00495	9.6	7.0	8.3	226	110	242	118	10.1	6.7	29	4.0	1.9	15.9	7.7	1.0	0.05			

NO. OF ANALYSIS 28  
COMMENTS:  
\*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

WEEK	FLOW	WEEKLY AVERAGE				WEEKLY	
		BOD mg/l	TSS mg/l	CHLORINE mg/l	COLIFORM Geo. Mean		
1	0.05648	15.9	7.7	4.0	1.9	0.17	1.9
2	0.05438					0.04	1.9
3	0.05430					0.04	2.0
4	0.06130					0.01	2.1
MAX	0.06130	15.9	7.74	4.0	1.9	0.17	2.1