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|--------------------------------|------------------------|------------------------|--|
| Permit number: AKG-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 | | | |

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|--|---|
| 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, AK | Phone: (907)586-0393 |

| | | |
|---|--|-----------------------------------|
| Required Reporting Frequency Monthly | Discharge: Secondary treated wastewater discharged into Auke Bay | Sample Period |
| | | From: 9/27/2009 To: 10/31/2009 |

Outfall 001

| Parameter | Min. Value | Monthly Average | Weekly Average | Max. Value | Number of Analyses | Number of Violations | Units | Frequency of Analysis | Sample Method |
|--|------------|-----------------|----------------|------------|--------------------|----------------------|------------|-----------------------|-------------------|
| Dissolved Oxygen (effluent) 00300 I | Results | 2.7 | | | 1 | 0 | mg/l | 1/month | Grab |
| | Limits | 2.0 | N/A | N/A | report | report | | | |
| Biochemical Oxygen Demand (influent) 00310 G | Results | | 339 | 339 | 451 | 1 | mg/l | 1/month | Grab or Composite |
| | Limits | N/A | report | report | report | report | | | |
| Biochemical Oxygen Demand (effluent) 00310 W 00310 I | Results | | 6.4 | 6.4 | 11.5 | 1 | lbs/day | 1/month | Grab or Composite |
| | Limits | N/A | 40 | 60 | 80.1 | report | | | |
| Biochemical Oxygen Demand (effluent) 00310 W 00310 I | Results | | 9.6 | 9.6 | 16.8 | 1 | mg/l | 1/month | Grab or Composite |
| | Limits | N/A | 30 | 45 | 60 | report | | | |
| pH (effluent) 00400 I | Results | 6.6 | | | 7.2 | 15 | Std. Units | 3/week | Grab |
| | Limits | 6.0 | N/A | N/A | 9.0 | report | | | |
| Total Suspended Solids (influent) 00530 G | Results | | 171 | 171 | 190 | 1 | mg/l | 1/month | Grab or Composite |
| | Limits | N/A | report | report | report | report | | | |
| Total Suspended Solids (effluent) 00530 W 00530 I | Results | | 2.4 | 2.4 | 2.7 | 1 | lbs/day | 1/month | Grab or Composite |
| | Limits | N/A | 40 | 60 | 80.1 | report | | | |
| Total Suspended Solids (effluent) 00530 W 00530 I | Results | | 4.0 | 4.0 | 4.0 | 1 | mg/l | 1/month | Grab or Composite |
| | Limits | N/A | 30 | 45 | 60 | report | | | |
| Fecal Coliform Bacteria (effluent) 31616 I | Results | | 1.0 | 1.0 | 1.0 | 1 | #/100 ml | 1/month | Grab |
| | Limits | N/A | 200 | 400 | 800 | report | | | |
| Flow Rate (effluent or influent) 50050 I | Results | | 0.07088 | 0.07684 | 0.09842 | 35 | mgd | Daily 5/week | Measured/recorded |
| | Limits | N/A | report | report | 0.16 | report | | | |
| Total Residual Chlorine (effluent) 50060 I | Results | | 0.03 | | 0.11 | 15 | mg/l | 3/week | Grab |
| | Limits | N/A | 0.50 | N/A | 1.0 | report | | | |
| Biochemical Oxygen Demand % removal 81010 K | Results | 97.2 | | | | 0 | % | 1/month | Calculated |
| | Limits | 85% | N/A | N/A | N/A | report | | | |
| Total Suspended Solids % removal 81011 K | Results | 98.6 | | | | 0 | % | 1/month | Calculated |
| | Limits | 85% | N/A | N/A | N/A | 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 Joe Myers WW Superintendent | SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Joe Myers</i> <i>Denny Kay</i> | DATE 11/4/09 | 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 to ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.

File number: 1513.45.009

Permittee Name: City and Borough of Juneau
 Address: 155 South Seward, Juneau, AK 99801
 Facility: Auke Bay Wastewater Treatment Facility
 Location: Auke Bay, AK

Responsible party: Denny Kay / Auke Bay WWTP Supervisor
 Phone / email: (907)586-0393
 Onsite Contact: Cort Franklin
 Phone: (907)586-0393

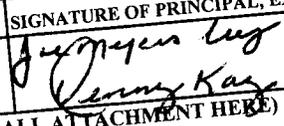
Required Reporting Frequency: Monthly
 Discharge: Secondary treated wastewater discharged into Auke Bay

Sample Period:
 From: 9/27/2009
 To: 10/31/2009

| Parameter | Analytical Results | Min. Value | Monthly Average | Weekly Average | Max. Value | Number analyses | Number violations | Units | Frequency of Analysis | Sample Method |
|--|--------------------|------------|-----------------|----------------|------------|-----------------|-------------------|------------|-------------------------|-----------------------|
| | | | | | | | | | Permit Limits | Frequency of Analysis |
| Fecal Coliform Bacteria (1 dge of MZ) | Analytical Results | | 1.0 | | 5.0 | 1 report | 0 report | #/100 ml | Twice per year - 2/year | Grab |
| | Permit Limits | N/A | 14 | N/A | 43 | 1 report | 0 report | #/100 ml | Twice per year - 2/year | Grab |
| Fecal Coliform Bacteria (Shoreline) | Analytical Results | | NA | N/A | NA | 1 report | 0 report | mg/l | Upon request by ADEC | Grab |
| | Permit Limits | N/A | NA | N/A | 10.2 | 1 report | 0 report | mg/l | Upon request by ADEC | Grab |
| Dissolved Oxygen | Analytical Results | | N/A | N/A | 17 | 1 report | 0 report | Std. Units | Upon request by ADEC | Grab |
| | Permit Limits | 6 | N/A | N/A | 7.8 | 1 report | 0 report | Std. Units | Upon request by ADEC | Grab |
| pH | Analytical Results | | N/A | N/A | 8.5 | 1 report | 0 report | mg/l | Twice per year - 2/year | Grab |
| | Permit Limits | 6.5 | N/A | N/A | 0.01 | 1 report | 0 report | mg/l | Twice per year - 2/year | Grab |
| Total Chlorine (if chlorine is used as disinfectant) | Analytical Results | | N/A | N/A | 0.01 | 1 report | 0 report | | | |
| | Permit Limits | N/A | N/A | N/A | 0.01 | 1 report | 0 report | | | |

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NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER
 Joe Myers WW Superintendent

SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT


DATE: 11/4/09
 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

