Required Reporting Frequency Monthly Discharges Secondary treated wastewater discharged into Auke Bay Troit Regular Parameter Parameter Nin Value Monthly Mo	Permit number: AKG-57	-1000-013	Expires: Jul	ly 20, 2009)	Submit this	s report to:	ADEC ar		the addre	esses on Part al permit.	III B of the
Phone Femalt G907386-G-0393	ADEC File number: 1513	3.45.009										
Parameter	Applicant Name: City and	d Borough of Juneau				Respo	nsible party:	Scott Jeffer	rs/WW U	ilities Suj	perintendent	
The content)1			Phone / email: (907)586-0393						
Phone:						Onsite Contact: Rico Tempel						
Name	Location: Auke Bay, AK						Phone:	(907)586-0	393			
Auke Bay Total T						S	ample Po	eriod				
Auke Bay Total 100 Tot	Required Reporting Frequency Monthly Discharge: Secondary			treated wa	stewater dis	charged into	From:	8/31	/2008			
Parameter			Auke Bay									
Nine Parameter			Outfall (01								
Nine Parameter									1			
Command (sinhum)		<u>Parameter</u>		Min. Value		1	Max. Value			<u>Units</u>		
A	Dissolved Oxygen		Results	4.2				1	0	mg/l	1/month	Grab
Demand (influent)	(effluent)	00300 1	Limits	2.0	N/A	N/A	N/A	report	report			
Demand (effluen) O3310 G Limits N/A report	Biochemical Oxygen		Results		158	158	158	1	0	mg/l	1/month	
Demand (effluent)	Demand (influent)	00310 G	Limits	N/A	report	report	report	report	report			Composite
Demand (effluence) 0,0310 Limits N/A 40 60 80.1 report report Composite Composit	Biochemical Oxygen	<u>00310 W</u>	Results		4.4	4.4	4.4	1	0	lbs/dav	1/month	
Demand (effluent)	Demand (effluent)	003101	Limits	N/A	40	60	80.1	report	report			Composite
Demand (effluent) Dema	Biochemical Oxygen	<u>00310 W</u>	Results		6.4	6.4	6.4	1	0	mg/l	1/month	
Cotal Suspended Solids Cotal Suspended Sol	Demand (effluent)	00310 1	Limits	N/A	30	45	60	report	report			Composite
Cotal Suspended Solids Results 108 108 108 1 0	DH (effluent)		Results	6.3				12	0	Std. Units	3/week	Grab
Composite Comp	F - (00400 1	Limits	6.0	N/A	N/A	9.0	report	report			
Cotal Suspended Solids	Total Suspended Solids		Results		108	108	108	1	0	mg/l	1/month	
Composite	(influent)	00530 G	Limits	N/A	report	report	report	report	report			Composite
Total Suspended Solids	Total Suspended Solids	<u>00530 W</u>	Results		3.4	1	3.4	1	0	lbs/day	1/month	
Tecal Coliform Bacteria Flow Rate(effluent or influent) Results	(effluent)	00530 1	Limits	N/A	40	60	80.1	report	report	· · · · · ·		Composite
Feeal Coliform Bacteria Feeal	Total Suspended Solids		Results		5.0	5.0	5.0	1	0	mg/l	1/month	
Flow Rate (effluent or nothern) 31616 1 Limits N/A 200 400 800 report report report report report report solution of the second of the provided recorded rec	(effluent)	00530 1	Limits	N/A		†		report	report			Composite
Results 0.0826 0.1014 0.1330 28 0 mgd Daily 5/week Measured/recorded Total Residual Chlorine effluent) 50050 1 Limits N/A report report 0.16 report report report Siochemical Oxygen Results 95.9 0 0.25 12 0 mg/l 3/week Grab Siochemical Oxygen Results 95.9 0 0 M/A N/A report report Siochemical Oxygen Results 95.4 0 M/A N/A report report Calculated Fotal Suspended Solids Results 95.4 0 M/A N/A report report 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, NOT THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE NFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. NAME, FITLE OF PRINCIPAL EXECUTIVE OFFICER SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	Fecal Coliform Bacteria					 		1	0	#/100 ml	1/month	Grab
Total Residual Chlorine Results N/A report report 0.16 report report report	(effluent)	316161	Limits	N/A		+	 	report				
Total Residual Chlorine effluent) Results O.05 O.09 O.25 12 O mg/l 3/week Grab G	Flow Rate (effluent or				0.0826	0.1014	1	28	0	mgd	Daily 5/week	
Signature of principal executive officer Source Comparison Comp	influen/)	50050 1	Limits	N/A		† 	1					recorded
Results 95.9 O	Total Residual Chlorine		 	ļ		 		12		mg/l	3/week	Grab
Demand % removal 81010 K Limits 85% N/A N/A N/A report report 6 1/month Calculated Fotal Suspended Solids 8 1011 K Results 95.4 0 0 % 1/month Calculated 6 removal 81011 K Limits 85% N/A N/A N/A N/A report report 6 1/month Calculated 6 removal 81011 K Limits 85% N/A N/A N/A N/A report report 7 report 7 report 7 report 7 report 8 report		50060 1		+	0.50	N/A	1.0	report				
Total Suspended Solids Results 95.4 Results 95.4 N/A N/A report report Report Report report Report report Report report Report report Report report Report report Report report Report report Report Report report Report report Report report Report report Report report Report report Report report Report report Repor	1 , ,			+					0	%	1/month	Calculated
26 reinoval 81011 K Limits 85% N/A N/A N/A report report "Proport" (Calculated 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. Signature of principal, executive officer or authorized agent		81010 K			N/A	N/A	N/A	report				
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 NFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SAME, FITLE OF PRINCIPAL EXECUTIVE OFFICER SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	1 '	0.011.1	 	+	21/1	27/1	27/4			%	1/month	Calculated
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 NFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SAME, FITLE OF PRINCIPAL EXECUTIVE OFFICER SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT										EDVISION	DI ACCOPDA	NCE WITH A
	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, LITTLE OF PRINCIPAL EXECUTIVE OFFICER				SIGNATURE	E OF PRINCIPAL, EXECUTIVE OFFICER OF AUTHORIZED ACENT						
					SIGNATURE		, EAECUIIVE U	7				

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

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

AUKE BAY WASTEWATER TREATMENT FACILITY

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0.0015						i			9.9							0.17	2.01	1.86
						- 1											1.34	4.03
0.0045 14.4 6.9 6.2 108 73 158	9 6.2 108 73	2 108 73	73		158		108	15.0	9.9	4.2	5.0	3.4	6.4	4.4	16.0	60.0	3.35	2.48
0.0035						- 1											2.01	3.41
0.0035						- 1			9.9							0.01	3.35	3.41
0.0030						- 1										-	2.68	2.79
0.0030																	2.68	2.79
0.0045						1			6.5							00.0	2.68	2.79
0.0060																	2.01	2.48
0.0035						;			6.6							0.01	2.01	3.72
0.0030																	2.01	4.03
0.0030									6.6							0.02	2.68	3.72
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0.0030						;											2.68	3.10
0.0060									9.9							0.07	3.35	4.96
0.000.0						1											3.35	4.34
0.0045					***	-			6.3							0.01	2.68	5.89
0.0035						,											3.35	6.82
0.0045									9.9							0.01	3.35	6.82
0.0040																	8.04	1.55
0.0030						- 1											4.02	4.03
0.0030									6.5							0.25	1.34	4.34
0.0045						- 1											3.35	4.03
0.0050						- 1			6.5							0.01	2.68	4.34
0.0050						- 1											2.68	3.72
0.0030									9.9							0.0	2.01	3.10
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0.00600 14.4 6.9 6.2 108 73 158	6.2 108 73	108 73	73		158	- 1	108	15.0	9.9	4.2	5.0	3.4	6.4	4.4	16	0.25	8.04	6.82
14.4	6.2 108 73	108 73	73		158		108	15.0	6.3	4.2	5.0	3.4	6.4	4.4	16	00.00	134	1.55
14.4 6.9 6.2	6.2 108 73	108 73	73		158		108	15.0	6.6	4.2	5.0	3.4	6.4	4.4	16	0.05	2.85	3.72
1 1 1	-	-	-	1	-	ĺ	-		12	-	-	-	-	-	-	12		
	Cinn	Com			٠	1000				5	WEEKLY AVERAGE	ÆRAGE			WEEKLY	!		
HE AVERAGE FECAL COLIFORM COLONIES	ORM COLONIES	NIES					WEEK	FLOW	BOD		TSS		CHLORINE		COLIFORM	distant	% REMOVAL	OVAL
										8	₽/Su	<u>8</u>	"Bu	"	Geo. Mean	1	B.O.D.	95.9
					L	ľ	 	0.07776		7.7	0	,	000	ų				

MOVAL	95.9	95.4
% REA	B.O.D.	S.S.

16.0

3.8

0.09

3.4

5.0

4 35

6.4

MAX 0.10138

2.5 2.5 3.8 2.6

0.09

0.07775 0.07335 0.10138

2

3.4

mg/l lbs 5.0 3.4

BOD mg/l 6.4

COLONIES	
LIFORM C	
<i>VERAGE FECAL COLIFORM</i>	
FRAGE FE	
: AVE	