

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Catherine Carlson
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

FACILITY: Auke Bay WWTF
 LOCATION: 11825 GLACIER HWY
 Juneau, AK 99801

PERMIT NUMBER: AKG572004
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: 8/1/2016 TO 8/31/2016

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		4.1	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	10	23		*****	17	34				
	Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) G - Influent 00310	Sample meas.	*****	*****		*****	335	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	20	*****		*****	34	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.2	*****	7.5				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	18	51		*****	29	65		1		
	Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Total Suspended Solids G - Influent 00530	Sample meas.	*****	*****		*****	349	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	43	*****		*****	62	*****		2		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.07	0.10		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.1	0.3				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	52				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	5	18				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		95	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		92	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS: PLEASE SEE THE ATTACHED NONCOMPLIANCE NOTIFICATION REPORTS DATED 8/15/2016 AND 8/24/2016.
 W = Average Weekly Effluent Limits;
 For Enterococci Bacteria monitoring requirements see Section 2.4 of the permit

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE CATHERINE CARLSON/Wastewater Treatment Plant Operator	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 evaluated 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.	TELEPHONE 907 586-0393	DATE 16/09/12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):	
Owner or Operator: CBJ	Facility Name: Auke Bay WWTP Permit # AKG 572004	Facility Location: 11825 Glacier Highway, Juneau, AK 99803	
Person Reporting: Catherine Carlson	Phone Numbers of Person Reporting: 907 586-0393 or (907)723-7849	Reported How? (e.g. by phone): Phone- National non-compliance hot-line	
Date/Time Event was Noticed: 8/24/2016 1:00 pm	Date/Time Reported: 8/24/2016 1:15 pm	Name of DEC Staff Contacted: 1-907-269-4114 Left msg. on hotline	

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

Period of Noncompliance	Start Date/Time (exact): 8/10/2016 8:05am	End Date/Time (exact): 8/10/2016 8:05 am
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
N/A

Estimated Quantity involved (volume or weight):
The facility exceeded its Total Suspended Solids Maximum Daily on 8/10/2016 and its Average Weekly limit for the week of 8/7/2016 through 8/13/2016.

Description of the noncompliance and its cause (be specific):
Total Suspended Solids Maximum Daily and Average Weekly limits were exceeded. The facility was still recovering from the event that occurred on 7/25/2016.

Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Please see corrective actions listed below.

Permit Condition Deviation (Identify each permit condition exceeded during the event.)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Total Suspended Solids	60mg/l Maximum Daily	65mg/l	8/10/2016
Total Suspended Solids	45mg/l Average Weekly	61.5mg/l	8/7/2016 – 8/13/2016

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Operations continued to monitor, evaluate and make adjustments to reduce the impact of the septic material that had entered the plant on 7/25/2016 and address the filamentous bacteria overgrowth that was inhibiting settleability throughout the plant. The Cl2 dosing continued to be closely monitored to maintain a higher residual in the chlorine contact chamber while maintaining a <0.50 mg/l avg. in the final effluent.

Environmental Damage: (if yes, provide details below) Yes No Unknown

Actual /Potential Impact on Environment/Public Health (describe in detail): Unknown

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.

Wastewater Treatment Plant
Name: Catherine Carlson **Title:** Operator **Signature:**  **Date:** 08/24/2016

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):	
Owner or Operator: CBJ		Facility Name: Auke Bay WWTP Permit # AKG 572004	Facility Location: 11825 Glacier Highway, Juneau, AK 99803
Person Reporting: Randall Brown		Phone Numbers of Person Reporting: 907 586-0393 or (907)723-7849	Reported How? (e.g. by phone): Phone- National non-compliance hot-line
Date/Time Event was Noticed: 8/15/2016 11:15am		Date/Time Reported: 8/16/2016 8:16 am	Name of DEC Staff Contacted: 1-907-269-4114 Left msg. on hotline
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 8/03/2016 8:05am	End Date/Time (exact): 8/3/2016 8:05 am	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): The facility exceeded its Total Suspended Solids Maximum Daily on 8/3/2016 and it's Average Weekly limit for the week of 7/31/2016 through 8/6/2016..			
Description of the noncompliance and its cause (be specific): Total Suspended Solids Maximum Daily and Average Weekly limits were exceeded. The facility was still recovering from the event that occurred on 7/25/2016			
Actions taken to reduce, eliminate, and prevent recurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Please see corrective actions listed below.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Total Suspended Solids	60mg/l Maximum Daily	62mg/l	8/3/2016
Total Suspended Solids	45mg/l Average Weekly	57mg/l	7/31/2016 – 8/6/2016
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) The plant was still recovering from the 7/27/2016 event. Operations continued to monitor, evaluate and make adjustments to reduce the impact of the septic material and address the filamentous bacteria overgrowth that was inhibiting settlability throughout the plant. The Cl2 dosing continued to be closely monitored to maintain a higher residual in the chlorine contact chamber while maintaining a <0.50 mg/l avg. in the final effluent.			
Environmental Damage: (if yes, provide details below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Unknown	
Actual /Potential Impact on Environment/Public Health (describe in detail): Unknown			
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: Catherine Carlson		Title: Operator	Signature: 
			Date: 08/17/2016
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			