Permit number: AKG-57-	1000-013	Expires: July	y 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				Respon	nsible party:	Denny Kay	/ Auke B	ay WWTI	Supervisor									
Address: 155 South Sewa		1				ione / email:													
Facility: Auke Bay Waste					Ons	site Contact:	Cort Frank	lin											
Location: Auke Bay, AK						Phone:	(907)586-0	393											
								S	ample Pe	riod									
Required Reporting Fre	equency Monthly	_	Secondary	treated was	stewater discl	harged into	From:	8/30/	2009										
		Auke Bay					To:	9/26/	2009										
				Outfall (001		•												
					Ţ														
	Parameter		Min. Value	Monthly Average	Weekly Average	Max. Value	Number of Analyses	Number of Violations	<u>Units</u>	Frequency of Analysis	Sample Method								
Dissolved Oxygen		Results	2.4				1	0	mg/l	1/month	Grab								
(effluent)	00300 1	Limits	2.0	N/A	N/A	N/A	report	report											
Biochemical Oxygen		Results		324	324	401	2	0	mg/l	1/month	Grab or								
Demand (influent)	00310 G	Limits	N/A	report	report	report	report	report			Composite								
Biochemical Oxygen	<u>00310 W</u>	Results		64	64	66.4	2	3	lbs/day	1/month	Grab or								
Demand (effluent)	00310 1	Limits	N/A	40	60	80.1	report	report			Composite								
Biochemical Oxygen	<u>00310 W</u>	Results		83.8	83.8	93.0	2	3	mg/l	1/month	Grab or								
Demand (effluent)	00310 1	Limits	N/A	30	45	60	report	report			Composite								
pH (eff)uent)		Results	6.5		ļ	6.9	12	0	Std. Units	3/week	Grab								
pH (effluent) Total Suspended Solids	00400 1	Limits	6.0	N/A	N/A	9.0	report	report											
1 - 1		Results		288	288	288	1	0	mg/l	1/month	Grab or								
(influent)	00530 G	Limits	N/A	report	report	report	report	report			Composite								
Total Suspended Solids	<u>00530 W</u>	Results		0.9	0.9	0.9	1	0	lbs/day	1/month	Grab or Composite								
(effluent)	00530 1	Limits	N/A	40	60	80.1	report	report	<u> </u>	<u> </u>									
Total Suspended Solids	<u>00530 W</u>	Results		1.3	1.3	1.3	1 1	0	mg/l	1/month	Grab or Composite								
(effluent	00530 1	Limits	N/A	30	45	60	report	report			Compositi								
Fecal Coliform Bacteria	21/1/1	Results	27/4	2.9	2.9	2.9	1 1	0	#/100 ml	1/month	Grab								
	316161	Limits	N/A	200	400	800	report	report	mgd		Managed								
Flow Rate (effluent or influent)	50050 1	Results	N/A	0.0789	0.0866	0.1067	28	0	l liigu	Daily 5/week	Measured recorded								
	30030 1	Limits Results	IN/A	report 0.03	report 0.04	0.10	report 12	report 0	 		-								
Total Residual Chlorine	50060 1	Limits	N/A	0.50	N/A	1.0	report	report	mg/l	3/week	Grab								
Biochemical Oxygen	30000 1	Results	74.1	0.50	14/71	1	Toport	1	<u> </u>										
Demand % removal	81010 K	Limits	85%	N/A	N/A	N/A	report	report	%	1/month	Calculated								
Total Suspended Solids		Results	99.5					0		1	0.1.1.								
% removal	81011 K	Limits	85%	N/A	N/A	N/A	report	report	%	1/month	Calculated								
I CERTIFY UNDER PENALT SYSTEM DESIGNED TO AS PERSON OR PERSONS WHO TO THE BEST OF MY KNOV INFORMATION, INCLUDIN	TY OF LAW THAT THIS SURE THAT QUALIFIE O MANAGE THE SYSTE WLEDGE AND BELIEF,	D PERSONNEL P EM, OR THOSE P TRUE, ACCURA	ROPERLY G ERSONS DIF TE, AND CO	ATHER ANI RECTLY RES MPLETE, I	DEVALUATE 1 SPONSIBLE FO AM AWARE TI	THE INFORM R GATHERIN HAT THERE A	ATION SUBM G THE INFOR	ITTED. BA MATION, "	SED ON M THE INFOR	IY INQUIRY O MATION SUB	F THE MITTED IS,								
NAME, TITLE OF PRINCIPAL	EXECUTIVE OPEICED			SIGNATUDE	OF PRINCIPAL	EXECUTIVE	OFFICER OF A	IITHORIZE	D AGENT										
THANKE, ITTLE OF PRINCIPAL	EARCUTIVE OFFICER			PINATOKE	OF LYMCILAT	, EAECULIYE	OFFICER OR A	O I HOKULE	D AGENI										

Joe Myers

WW Superintendent

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

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

(907) 586-0393

TELEPHONE



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

GENERAL INFORMATION	PERMIT# (if any):	AKG- 57-1013		
Applicant Company:	Facility Name	i	Facility Lo	
City and Borough of Juneau	Auke Bay WWTF		11825 Gla	cier Hiway, Auke Bay, Alaska 99803
Person Reporting:	Phone Numbers of I	Person Reporting	Reported :	How? (e.g. by phone)
Denny Kay	907 586 0393		Contract L	ab/ Analytica Labs
Date/Time Event was Noticed	Date/Time Reported	d	Name of I	DEC Staff Contacted
October 8, 2009	October 8 2009/1400	hrs	Chris Fole	y
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WI	THIN 24 HOURS OF DISCOV	ERY (noti	fication by email is acceptable)
INCIDENT DETAILS (attac				
Estimated Quantity involved (volum	ne or weight) Unknown			
Cause of the event (be specific)	- T			
Exceeded Minimum % Removal BO	OD .			
Permit Condition Deviation (Identi	fy each permit condition e	xceeded during the event)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample resul	lt)	Sample Date
BOD % Removal	85% Minimum	74.1% Removal		October 9, 2009
Compative Actions (Attach a descri	intion of corrective actions	taken to restore the system to n	ormal one	ration and to minimize or eliminate
chances of recurrence.) Plant runn	ning well, Questionable BO	D lab results from contract labo	ratory.	
D : 41D Gf	ida dataila halaw)	Yes	No	▼ Unknown
Environmental Damage: (if yes, p Actual /Potential Impact on Enviro			. 110	, chancin
Actual /I otential impact on Enviro	MIMONOI MONC IXCUINI (MONC	,		
Actions taken to reduce or elimina	te Actual/Potential Impact	on Environmental Health (desc	ribe in det	ail) (e.g. Supplied drinking water to
nearby well owners and informed	well owners not to drink fr	om wells until further notice)		
COMMENTS				
COMMENTS	•			
No increased loading was observed	i.			
Based on information and belief fo	rmod after reasonable ing	uira I cartify that the statement	s and info	rmation in and attached in this
document are true, accurate, and o		une, I corony that the statement	s and miv	STERNATOR THE SOURCE SALVANDERS WHE ARENA
Nama: Danny Vay	Signature:	War to	Date:) October 9, 2009
Name: Denny Kay	FORMS MUST BE SENT	TO DEC WITHIN 5 DAYS OF	THE EVE	



Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

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Anchorage, Alaska 99501

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GENERAL INFORMATION	PERMIT# (if any): AKG	- 57-1013		
Applicant Company:	Facility Name		Facility Lo	cation:
City and Borough of Juneau	Auke Bay WWTF		11825 Glac	ier Hiway, Auke Bay, Alaska 99803
Person Reporting:	Phone Numbers of Perso	n Reporting	Reported I	How? (e.g. by phone)
Denny Kay	907 586 0393		Contract La	ıb/ Analytica Labs
Date/Time Event was Noticed	Date/Time Reported		Name of D	EC Staff Contacted
October 8, 2009	October 8, 2009		Chris Foley	1
VERBAL NOTIFICATION MUST I	BE MADE TO ADEC WITHI	N 24 HOURS OF DISCO	VERY (notif	ication by email is acceptable)
INCIDENT DETAILS (attach	additional sheets, lab re	ports and photos as r	necessary)	
Estimated Quantity involved (volume	e or weight) Unknown			
Cause of the event (be specific)				
Exceeded weekly BOD limit of 60# p	er day			
Permit Condition Deviation (Identify	Lit andition around	lad during the event)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample res	ult)	Sample Date
:	60# per day	62.1 # per day		October 9, 2009
Weekly BOD pounds per day	60# per day	74.6# per day		September 25, 2009
Weekly BOD pounds per day	our per day	74.0# per day		September 20, 2007
:				
Corrective Actions (Attach a descript chances of recurrence.) Plant runni	tion of corrective actions take	n to restore the system to results from contract lab	normal opei oratory.	ration and to minimize or eliminate
chances of recurrence.) I faint fullifie	ng wen, Questionable 202 in	, 1004100 1101	,	
	· · · · · · · · · · · · · · · · · · ·			
Environmental Damage: (if yes, pr		Yes	No	ズ Unknown
Actual /Potential Impact on Environ	ment/Public Health (describe	in detail)		
Actions taken to reduce or eliminate nearby well owners and informed w	Actual/Potential Impact on E	nvironmental Health (des	scribe in deta	ail) (e.g. Supplied drinking water to
ilearby wen owners and informed w	en owners not to drink from w	cus unon rationer morecy		
:				
COMMENTS				
No increased loading was observed.				
Based on information and belief for		I certify that the statemen	nts and infor	mation in and attached in this
document are true, accurate, and co	omplete.) , ,		ç
Name: Denny Kay	Signature: 🗸	Jenne Kay	Date:	October 9, 2009
F	ORMS MUST BE SENT TO D	DEC-WITHIN'S DAYS OF	THE EVE	NT.



Alaska Department of Environmental Conservation

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E-mail address: dec-wqreporting@alaska.gov

NO	NCOMPLIANCE N	OTIFICAL		
NO	70 5740		ility Location	: 00003
	PERMIT# (if any): AKG- 57-10	Fac	ility Localian	way, Auke Bay, Alaska 99803
VERAL INFORMATION	Facility Name	115	825 Glacier III	(c.g. by phone)
Company:	TT PT C	Re	ported How?	(e.g. by phone)
plicant Company:	Auke Bay WW IT Phone Numbers of Person Re	norting	t ob/ A	nalytica Et
y and Borough of Juneau	Phone Numbers	N	ame of DEC	Staff Contacted
rson Reporting:	907 586 0393			
enny Kay	Date/Time Reported		JII 18 I OZZ	tion by email is acceptable)
pate/Time Event was Noticed	October 8 2009/1400 ms	TOURS OF DISCOV	ERY (notifica	tion ~,
enny Kay Date/Time Event was Noticed October 8, 2009 VERBAL NOTIFICATION MUST INCIDENT DETAILS (attac	TADE TO ADEC WITHIN 2	4 HOURS on the hotos as no	cessary)	
NOTIFICATION MUST	BE MADE 10	rts and photo		
VERBAL NOTIFIED INCIDENT DETAILS (attaction involved (volumestimated Quantity involved (volumes)	h additional 3.			
INCIDENT DE TINOLVED (volum	me or Weight)			
Estimated Quant				
Cause of the event (be specific)				
Cause of the event	BOD			· Date
Cause of the event (60 P) Exceeded Daily Maximum MG/L	ntify each permit condition exceed Permit Limit	ed during the event)	esult)	Sample Date
iotion (Ide	ntify each permit condition	Exceedance (sample r		October 9, 2009
Permit Condition Deviation (2	Permit Limit	93 MG/L BOD		September 25, 2009
ofor (E.C. Do	60 MG/L BOD	74.6 MG/L BOD		
Doily MG.11DC	- FOU ROD	1		
Maximum Daily MG/L BOD				minimize or elimin
Maxim			n to normal o	peration and to unit
	disconstant ta	ken to restore the system	ct laboratory.	
Attach 3	description of corrective actions ta t running well, Questionable BOD	lab results from con		
Corrective Actions (Attach a	t running well, Question			₩ Unknown
chances of recuired			No	
1		ies		
nantal Damage: (if yes, provide details below) A Environment/Public Health (description of the control of the co	ribe in detail)		Gunnlied drinking w
Environmentar Line Environmentar	Environment/F ubit	177-0	uh (describe i	in detail) (e.g. Supplied
Actual /Potential	tial Impac	t on Environmental Hea	notice)	
Juga Of	eliminate Actual/Potential Impu	rom wells until further		
Actions taken to reduce of	· eliminate Actual/Potential Impac nformed well owners not to drink f			_
nearby wen own				
1				
				hadi
COMMENTS	as observed.			and information in and attached in
No increased loading w	MAN = "	certify that the	ne statements	Garage and G
	after reasonable	inquire	,	October 9, 2009
Rased on information	and belief formalete.	(.)	Kar	Date:
Based on information document are true, ac	Signat	ENT TO BEC WITHIN	5 DAYS OF	THE EVELL
Kav Kav	FORMS MUST BE S	ENT TO DEC WILL		
Name: Denny Rus	FUNDING			



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E-mail address: dec-wqreporting@alaska.gov

RAL INFORMATION	PERMIT# (if any): AK-002		
ant Company:			Facility Location:
ant Company:	Facility Name		2000 Radcliffe Rd
ant co- i	1 1-011 WWTF		Reported How? (e.g. by phone)
nd Borough of Juneau	Phone Numbers of Person	Reporting	Quetract lab/ Analytica Labs
ud Dologa			Name of DEC Staff Contacted
n Reporting:	907 586 0393		,
y Kay	Date/Time Reported	۹.	Chris Foley
/Time Event was Noticed	October 8, 2009/11400 III.	WALHOURS OF DIS	COVERY (notification by China
ber 8, 2009	T BE MADE TO ADEC WITHI ch additional sheets, lab re time or weight)	N 24 HOOKS	Chris Foley GCOVERY (notification by email is acceptable) as necessary)
RBAL NOTIFICATION MUSI	h additional sheets, lab re	eports and par	
CIDENT DETAILS (attaction of the control of the con	me or weight)		
timated Quantity involved (Void	,me 01		
ause of the event (be specific)			
xceeded Average Monthly Limi	.1.	laring the even	Sample Date
	entify each permit condition exc	Exceedance (sam	October 9, 2009
Permit Condition Deviation (Ide	Permit Limit	Exceeuance r	October 9, 2009
Darameter (e.g. BOD Part	40# per day	64.2# per day	
Average Monthly# per day	40# DC1 40#		
Average			
			and to minimize or elim
			system to normal operation and to
	learntion of corrective actions	s taken to restore	
Corrective Actions (Attach a	description of corrective and assistant description of corrective assistance and the second section of corrective and the second section of correction o	contract laboratory	system to normal operation and to minimize or elin
chances of recurrence.)	stionable BOD lab results a		□ No ☐ Unknown
tal Damage: (if	f yes, provide details below) Environment/Public Health (de	escribe in detail)	
Environmental Impact on	Environment/Public Health		detail) (e.g. Supplied drinking
Actual /Potential III-		et on Environmental	Health (describe in deviation)
Lancor	eliminate Actual/Potential Imp formed well owners not to drinl	k from wells until furth	Health (describe in detail) (e.g. Supplied drinking her notice)
Actions taken to reduce of	formed well owners not to dime		
nearby wen owners			

AUKE BAY WASTEWATER TREATMENT FACILITY Juneau, Alaska

							0	*GEOME	COMMENTS	NO OF ANALYSIS	AV.	M.	MA	SAT	E	뒫	WED	3UT	MON	SUN	SAT	FRI	뒫	WED	TUE	MON	SUN	SAT	FR	뒫	¥ i	MON	SUN	SAT	FR	돧	WED	TUE:	MON	SUN	DAY	
								TRIC MEAN	NTO G	NALYSIS	AVERAGE	Minimi in	TOTAL	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	1	10	۵ ۵	7	6	5	4	3	2		31	30	DATE	
							2000	I WAN I SE		0.0	510	À 0	n o			49		48	55	50	50						48			2 2		2		58	52		50	51	52	1	TEMP °F	:
							ָרָ הַרָּ	TO CALC		67.0		3 -	8.18	0.48	0.73	0.56	1.06	0.70	0.61	0.61	0.15	0.10	0.28	0.39	0.01	0.00	0.07	1.03	0.02	0.88	0.01	0.00	0.00	0.00	0.08	0.11	0.00	0.00	0.00	0.00	TEMP FALL INCHES	RAIN
							, הראות החם		20	0.07694	0.03940	0.10070	2.21027	0.06666	0.10670	0.09328	0.10042	0.08814	0.08816	0.06298	0.07960	0.07515	0.08060	0.08062	0.06960	0.07400	0.08124	0.08730	0.07781	0.09536	0.07069	0.07173	0.06196	0.07193	0.06129	0.05948	0.08654	0.07072	0.08546	0.08284	MGD	
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							בבראר כטנ	100		17.5	T		0.000000000000000000000000000000000000																	17.0										H	c TEMP	
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							CNIES			5.4	5.4	5.4																		0.4	,									q		0
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0.04		0.01	0.04	0.04	0.01	mg/l	CHLORINE		2	83.8	74.6	93.0		1	746															93.0										mg/L	B.O.D.	
2.7		2.0	2.3	2.7	2	bs			2	64.2	62.1	66.4		00.4	200															62.1										SBJ		
2.9				2.9		Geo. Mean	COLIFORM	WEEKLY	1	2.9	2.9	2.9																		2.9										/100 ml	FECAL COLIFORM	
									-1	0.0:	0.00	0.1		0.0		0.0		0.0			0.1		0.0		0.0			0.0		0.0		0.0		0.0		0.0		0.0		\top	교	1