

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			

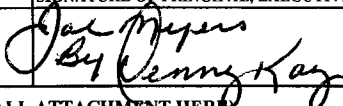
Applicant Name: City and Borough of Juneau	Responsible party: Denny Kay / Auke Bay WWTP Supervisor
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Cort Franklin
Location: Auke Bay, AK	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period	
		From: 8/30/2009	To: 9/26/2009

**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)	Results	2.4			1	0	mg/l	1/month	Grab
	Limits	2.0	N/A	N/A	report	report			
Biochemical Oxygen Demand (influent)	Results		324	324	401	2	mg/l	1/month	Grab or Composite
	Limits	N/A	report	report	report	report			
Biochemical Oxygen Demand (effluent)	Results		64	64	66.4	2	lbs/day	1/month	Grab or Composite
	Limits	N/A	40	60	80.1	report			
Biochemical Oxygen Demand (effluent)	Results		83.8	83.8	93.0	2	mg/l	1/month	Grab or Composite
	Limits	N/A	30	45	60	report			
pH (effluent)	Results	6.5			6.9	12	Std. Units	3/week	Grab
	Limits	6.0	N/A	N/A	9.0	report			
Total Suspended Solids (influent)	Results		288	288	288	1	mg/l	1/month	Grab or Composite
	Limits	N/A	report	report	report	report			
Total Suspended Solids (effluent)	Results		0.9	0.9	0.9	1	lbs/day	1/month	Grab or Composite
	Limits	N/A	40	60	80.1	report			
Total Suspended Solids (effluent)	Results		1.3	1.3	1.3	1	mg/l	1/month	Grab or Composite
	Limits	N/A	30	45	60	report			
Fecal Coliform Bacteria (effluent)	Results		2.9	2.9	2.9	1	#/100 ml	1/month	Grab
	Limits	N/A	200	400	800	report			
Flow Rate (effluent or influent)	Results		0.0789	0.0866	0.1067	28	mgd	Daily 5/week	Measured/recorded
	Limits	N/A	report	report	0.16	report			
Total Residual Chlorine (effluent)	Results		0.03	0.04	0.11	12	mg/l	3/week	Grab
	Limits	N/A	0.50	N/A	1.0	report			
Biochemical Oxygen Demand % removal	Results	74.1				1	%	1/month	Calculated
	Limits	85%	N/A	N/A	N/A	report			
Total Suspended Solids % removal	Results	99.5				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	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Joe Myers WW Superintendent		10/9/09	(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			



# 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](mailto:dec-wqreporting@alaska.gov)

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any): AKG- 57-1013</b>	
<b>Applicant Company:</b> City and Borough of Juneau		<b>Facility Name</b> Auke Bay WWTF	<b>Facility Location:</b> 11825 Glacier Hiway, Auke Bay, Alaska 99803
<b>Person Reporting:</b> Denny Kay		<b>Phone Numbers of Person Reporting</b> 907 586 0393	<b>Reported How? (e.g. by phone)</b> Contract Lab/ Analytica Labs
<b>Date/Time Event was Noticed</b> October 8, 2009		<b>Date/Time Reported</b> October 8 2009/1400 hrs	<b>Name of DEC Staff Contacted</b> Chris Foley
<b>VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)</b>			
<b>INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)</b>			
Estimated Quantity involved (volume or weight) Unknown			
Cause of the event (be specific) Exceeded Minimum % Removal BOD			
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>
BOD % Removal	85% Minimum	74.1% Removal	October 9, 2009
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Plant running well, Questionable BOD lab results from contract laboratory.			
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)			
Actions taken to reduce or eliminate 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)			
<b>COMMENTS</b> No increased loading was observed.			
Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.			
Name: Denny Kay		Signature:	Date: October 9, 2009
<b>FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.</b>			



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## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b> AKG- 57-1013
<b>Applicant Company:</b> City and Borough of Juneau	<b>Facility Name:</b> Auke Bay WWTF	<b>Facility Location:</b> 11825 Glacier Hiway, Auke Bay, Alaska 99803
<b>Person Reporting:</b> Denny Kay	<b>Phone Numbers of Person Reporting:</b> 907 586 0393	<b>Reported How? (e.g. by phone)</b> Contract Lab/ Analytica Labs
<b>Date/Time Event was Noticed:</b> October 8, 2009	<b>Date/Time Reported:</b> October 8, 2009	<b>Name of DEC Staff Contacted:</b> Chris Foley

**VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)**

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

**Estimated Quantity involved (volume or weight)** Unknown

**Cause of the event (be specific)**

Exceeded weekly BOD limit of 60# per day

**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>
Weekly BOD pounds per day	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

**Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)** Plant running well, Questionable BOD lab results from contract laboratory.

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

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

**Actions taken to reduce or eliminate 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)**

### COMMENTS

No increased loading was observed.

Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Denny Kay

Signature: 

Date:

October 9, 2009

**FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.**



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 E-mail address: [dec-wgreporting@alaska.gov](mailto:dec-wgreporting@alaska.gov)

**NONCOMPLIANCE NOTIFICATION**

<b>GENERAL INFORMATION</b>	<b>PERMIT# (if any):</b> AKG- 57-1013	<b>Facility Location:</b> 11825 Glacier Hiway, Auke Bay, Alaska 99803
<b>Applicant Company:</b> City and Borough of Juneau	<b>Facility Name:</b> Auke Bay WWTF	<b>Reported How? (e.g. by phone)</b> Contract Lab/ Analytica Labs
<b>Person Reporting:</b> Denny Kay	<b>Phone Numbers of Person Reporting:</b> 907 586 0393	<b>Name of DEC Staff Contacted:</b> Chris Foley
<b>Date/Time Event was Noticed:</b> October 8, 2009	<b>Date/Time Reported:</b> October 8 2009/1400 hrs	

**VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)**

**INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)**  
 Estimated Quantity involved (volume or weight) Unknown

Cause of the event (be specific)  
 Exceeded Daily Maximum MG/L BOD

Permit Condition Deviation (Identify each permit condition exceeded during the event)			Sample Date
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	
Maximum Daily MG.L BOD	60 MG/L BOD	93 MG/L BOD	October 9, 2009
Maximum Daily MG/L BOD	60 MG/L BOD	74.6 MG/L BOD	September 25, 2009

**Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)** Plant running well, Questionable BOD lab results from contract laboratory.

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

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

**Actions taken to reduce or eliminate 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)**

**COMMENTS**  
 No increased loading was observed.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Denny Kay Signature: Denny Kay Date: October 9, 2009

**FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.**



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## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b> AK-002295-1	<b>Facility Location:</b> 2009 Radcliffe Rd
<b>Applicant Company:</b> City and Borough of Juneau	<b>Facility Name:</b> Mendenhall WWTF	<b>Phone Numbers of Person Reporting:</b> 907 586 0393	<b>Reported How? (e.g. by phone)</b> Contract lab/ Analytica Labs
<b>Person Reporting:</b> Denny Kay	<b>Date/Time Event was Noticed:</b> (October 8, 2009)	<b>Date/Time Reported:</b> October 8, 2009/11400 hrs	<b>Name of DEC Staff Contacted:</b> Chris Foley
<b>VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)</b>			
<b>INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)</b>			
Estimated Quantity involved (volume or weight)			
Cause of the event (be specific) Exceeded Average Monthly Limit			
<b>Permit Condition Deviation (Identify each permit condition exceeded during the event)</b>			
<b>Parameter (e.g. BOD pH)</b> Average Monthly# per day	<b>Permit Limit</b> 40# per day	<b>Exceedance (sample result)</b> 64.2# per day	<b>Sample Date</b> October 9, 2009
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Plant running very well. Questionable BOD lab results from contract laboratory			
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)			
Actions taken to reduce or eliminate 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)			
<b>COMMENTS</b> No increased loading was observed.			
Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.			
Name: Denny Kay		Signature:	Date: October 9, 2009
<b>FORMS MUST BE SENT TO DEC WITHIN 50 DAYS OF THE EVENT.</b>			

