

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

EPA REPORT

May 2011

DAY	DATE	FLOWS		INFLUENT						EFFLUENT								MISCELLANEOUS		
		INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED LBS
SUN	1	0.06450	0.00200																	0.67
MON	2	0.05224	0.00000	9.7	7.9	7.4				12.7	7.5	3.8						0.00		0.67
TUE	3	0.06245	0.00300																	2.68
WED	4	0.05443	0.00300	10.1	8.0	7.6				12.6	7.4	3.7						0.24		2.68
THU	5	0.06039	0.00300																	2.68
FRI	6	0.04950	0.00300	10.4	7.8	7.8				12.7	7.5	3.8						0.17		3.35
SAT	7	0.05959	0.00300																	2.01
SUN	8	0.06887	0.00300																	2.88
MON	9	0.05501	0.00300	10.1	7.8	7.2				13.8	7.2	3.7						0.00		5.36
TUE	10	0.05417	0.00150																	3.35
WED	11	0.06579	0.00450	10.3	8.1	7.5	105	58	186	102	13.4	7.3	3.6	11	6	8	4	0.05		4.02
THU	12	0.06718	0.00300																	4.02
FRI	13	0.05256	0.00300	9.9	8.3	7.8				12.1	7.1	3.7						0.02		3.35
SAT	14	0.05682	0.00300																	2.01
SUN	15	0.06003	0.00300																	3.35
MON	16	0.05337	0.00300	11.1	8.0	7.1				13.8	7.4	3.7						0.02		3.35
TUE	17	0.08101	0.00550																	1.34
WED	18	0.03099	0.00300	9.7	8.0	6.9				12.4	7.7	2.2						0.00		0.67
THU	19	0.06758	0.00300																	1.34
FRI	20	0.04885	0.00000	10.8	8.0	6.1				12.0	7.7	2.3						0.01		2.68
SAT	21	0.06167	0.00300																	3.35
SUN	22	0.06683	0.00400																	1.34
MON	23	0.05514	0.00400	11.3	8.2	7.0				14.1	7.5	3.5						0.00		2.68
TUE	24	0.06571	0.00250																	2.01
WED	25	0.06141	0.00150	12.0	8.3	6.0				13.3	7.6	3.8						0.00		2.01
THU	26	0.05582	0.00300																	2.01
FRI	27	0.05327	0.00300	12.1	8.1	6.5				12.7	7.6	2.2						0.02		2.01
SAT	28	0.05684	0.00300																	2.01
TOTAL		1.64202	0.07950																	69.68
MAXIMUM		0.08101	0.00550	12.1	8.3	7.8	105	58	186	102	14.1	7.7	3.8	11	6	8	4	0.24		5.36
MINIMUM		0.03099	0.00000	9.7	7.8	6.0	105	58	186	102	12.0	7.1	2.2	11	6	8	4	0.00		0.67
AVERAGE		0.05864	0.00284	10.6	8.0	7.1	105	58	186	102	13.0	7.5	3.3	11	6	8	4	#NUM!		2.49
NO.OF ANALYSIS		28	28	12	12	12	1	1	1	1	12	12	12	1	1	1	1	0		12

COMMENTS:

*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	lbs	
1					0.1367	2.1	#NUM!
2	8.0	4.4	11.0	6.0	0.0233	3.5	
3					0.0100	2.3	
4					0.0067	2.0	
MAX	8.0	4.39	11	6	0.1367	4	#NUM!

% RE
B.O.D.
S.S.

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.
ADEC File number: 1513.45.009			

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

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period		
		From:	5	1 2011
		To:	5	28 2011

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
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Discharge 1

Flow Rate (effluent or influent)	Estmt'd/ Measure		0.06		0.08	28		mgd	Daily 5/week	Measured/ recorded
	Permit Limits	N/A	report	N/A	0.16	report	report			
Biochemical Oxygen Demand (influent)	Analytical Results		186	186	186	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		8	8	8	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		4.4	4.4	4.4	1		lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Biochemical Oxygen Demand % removal	Analytical Results	95.7						%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids (influent)	Analytical Results		105	105	105	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	Analytical Results		11	11	11	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent)	Analytical Results		6.0	6.0	6.0	1		lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Total Suspended Solids % removal	Analytical Results	89.5						%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Fecal Coliform Bacteria (effluent)	Analytical Results		#NUM!		#NUM!	0		#/100 ml	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Analytical Results	2.2				12		mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Analytical Results	7.1			7.7	12		Std. Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Total Residual Chlorine (effluent)	Analytical Results		0.04		0.24	12		mg/l	3/week	Grab
	Permit Limits	N/A	0.5	N/A	1	report	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		
Tom Trego/WW Utilities Superintendent		6/10/2011	(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

Permit number: AKG-57-1000-013	Expires: July 20, 2009	Submit this report	ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.
ADEC File number: 1513.45.009			

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

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period			
		From:	5	1	2011
		To:	5	28	2011

Mixing Zone

Parameter		Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method
Fecal Coliform Bacteria (Edge of MZ)	Analytical Results							#/100 ml	Twice per year – 2/year	Grab
	Permit Limits	N/A	14	N/A	43	report	report			
Fecal Coliform Bacteria (Shoreline)	Analytical Results							#/100 ml	Twice per year – 2/year	Grab
	Permit Limits	N/A	NA	N/A	NA	report	report			
Dissolved Oxygen	Analytical Results							mg/l	Upon request by ADEC	Grab
	Permit Limits	6	N/A	N/A	17	report	report			
pH	Analytical Results							Std. Units	Upon request by ADEC	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report	report			
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results							mg/l	Twice per year – 2/year	Grab
	Permit Limits	N/A	N/A	N/A	0.0075	report	report			

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NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Tom Trego/WW Utilities Superintendent		6-10-2011	(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) 269-3487 E-mail address: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):	
Owner or Operator: CBJ	Facility Name: Auke Bay WWTP	Facility Location: Juneau, AK	
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): phone	
Date/Time Event was Noticed: 6/3/2011 1400	Date/Time Reported: 6/3/2011 1400	Name of DEC Staff Contacted: wqreporting	
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): 5/1/2011	End Date/Time (exact): 5/28/2011	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:			
Estimated Quantity involved (volume or weight):			
Description of the noncompliance and its cause (be specific): Fecal sample not taken.			
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)			
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>
Fecal	1/month		
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Scheduled.			
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)			
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: Nathan D. McCombs		Title: QA Manager	Signature: <i>Nathan D. McCombs</i> Date: 6-3-11

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