

EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau Alaska

September 2011

DAY	DATE	FLOWS				INFLUENT				EFFLUENT				MISCELLANEOUS			
		INFLUENT MGD	WASTE SLUDGE MGD	TEMP °F	pH	D.O. mg/L	SS mg/L	BOD mg/L	TEMP °F	pH	D.O. mg/L	SS mg/L	BOD mg/L	FECAL COLIFORM (100 ml)	RESIDUAL mg/L	CI USED LBS	MASSO3 USED LBS
SUN	26	0.08342	0.00250	14.8	8.5	3.9		15.4	7.9	2.9				0.00	4.02	2.88	10.54
MON	28	0.08815	0.00350	14.8	8.5	3.9		16.0	8.1	3.6				0.01	4.02	2.88	12.40
TUE	30	0.08789	0.00300	14.7	8.7	5.5		15.1	7.9	2.9				0.10	4.02	4.88	12.40
WED	31	0.08554	0.00450	14.3	8.7	5.5		15.3	7.4	2.9				0.07	4.02	5.38	13.02
THU	1	0.07789	0.00300	14.3	8.3	6.4		15.3	7.4	3.3				0.00	4.02	5.38	13.02
FRI	2	0.08889	0.00300	14.2	7.4	6.4		14.6	8.0	5.0	3	2	11	6	4.88	13.95	18.84
SAT	3	0.08889	0.00300	14.8	8.0	8.0		15.0	8.1	3.4				0.00	4.02	2.88	17.78
SUN	4	0.08889	0.00300	15.3	8.7	5.8		15.8	8.0	3.0				0.00	1.34	12.88	17.05
MON	12	0.08205	0.00300	14.8	8.5	5.8		15.4	7.9	3.4				0.05	2.01	17.05	17.05
TUE	13	0.08511	0.00300	14.8	8.5	5.8		15.2	9.4	3.7				0.05	2.88	17.05	13.02
WED	14	0.08511	0.00300	14.8	8.5	5.8		15.2	9.4	3.7				0.15	2.88	18.80	18.80
THU	15	0.08955	0.00800	14.7	8.8	4.8		15.8	8.1	3.3				0.10	2.01	13.84	14.57
FRI	16	0.08889	0.00450	14.8	8.7	5.4		15.1	8.5	5.0				0.15	2.88	18.80	18.80
SUN	18	0.07817	0.00450	15.2	8.3	5.0		14.3	8.5	3.2				0.13	2.88	13.95	13.95
MON	19	0.09694	0.00300	13.7	8.5	5.4		14.3	8.5	3.2				0.18	2.88	20.15	20.15
TUE	20	0.07937	0.00300	13.7	8.5	5.4								0.00			
WED	21	0.07248	0.00300	13.7	8.5	5.4								0.00			
THU	22	0.08102	0.00300	13.7	8.5	5.4								0.00			
FRI	23	0.08102	0.00300	13.7	8.5	5.4								0.00			
SAT	24	0.07885	0.00300	13.7	8.5	5.4								0.00			
TOTAL	23428	0.09100															
MINIMUM	0.12257	0.00000	15.3	9.0	6.4	7.9	4.1	21.8	12.0	18.0	8.5	5.0	3	2	11	6	2
AVERAGE	0.08285	0.00325	14.7	8.5	5.9	7.6	4.1	21.9	12.0	14.3	7.4	2.9	3	2	11	6	2
NO. OF ANALYSES	28	28	12	12	12	1	1	1	1	12	12	12	1	1	1	1	1

GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLUMNS
Mixing Zone sampled 8/30/2011

WEEK	BOD			TSS			CHLORINE			WEEKLY COLIFORM		
	mg/L	lbs	mg/L	mg/L	lbs	mg/L	lbs	mg/L	lbs	Gen. Mean	Coliform	
1	11	6	3.0	1.6	0.0514	4.3	2.0					
2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0214	5.4						
3					0.0729	2.5						
4					0.1214	2.7						
MAX	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.1214	5					2	

% REMOVAL	
B.O.D.	95
S.S.	99

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
 Address: 155 South Seward, Juneau, AK 99801
 Facility: Auke Bay Wastewater Treatment Facility
 Location: Auke Bay, Juneau
 Responsible party: Tom Trego/WW Utilities Superintendent
 Phone / email: (907)586-0393
 Onsite Contact: Denny Kay
 Phone: (907)586-0393
 Discharge: Secondary treated wastewater
 discharged into Auke Bay
 From: 8 28 2011
 To: 9 24 2011
 Required Reporting Frequency Monthly
 Sample Period

Parameter	Min Value	30 day Average	7 day Average	Max Value	Number analyses	Number violations	Units	Frequency of Sample Method
Fecal Coliform (Edge of MZ)	24	24	14	N/A	1	1	#/100 ml	Twice per year - 2/year
	Permit Limits							
Fecal Coliform (Shoelme)	TNC				1	1	#/100 ml	Twice per year - 2/year
	Permit Limits							
Dissolved Oxygen	9.3				1	1	mg/l	Upon request by ADEC
	Permit Limits							
pH	8.5				1	1	Std. Units	Upon request by ADEC
	Permit Limits							
Total Chlorine (if chlorine is used as disinfectant)	0.00				1	1	mg/l	Twice per year - 2/year
	Permit Limits							

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
 Tom Trego/WW Utilities Superintendent
 SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
 DATE: 10-5-11
 TELEPHONE: (907) 586-0393

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE) The Mixing Zone does not impinge on the Shoreline. Sampling occurred at a -2.5 ft low tide, with hundreds of dead fish, Duck waste and oil along the shoreline. The resulting Fecals were TNC on the Shoreline and 24 colonies at the outer edge of Mixing Zone edge. The ABTP Fecal at end of pipe was 2 colonies.

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

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 Facility: Auke Bay Wastewater Treatment Facility
 Location: Auke Bay, Juneau
 Responsible party: Tom Trego/W/W Utilities Superintendent
 Phone / email: (907)586-0393
 Onsite Contact: Denny Kay
 Phone: (907)586-0393
 Discharge: Secondary treated wastewater discharged into Auke Bay
 From: 8 To: 9
 Sample Period: 28 2011 24 2011

Parameter	Min. Value	Average 30 day	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
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Parameter	Permit Limits	Analytical Results	76	76	76	1	mg/l	1/month	Grab or Composite
Flow Rate (effluent or influent)	Estim'd/Measure	0.08	0.12	0.16	0.16	28	mgd	Daily 5/week	Measured/recorded
Biochemical Oxygen Demand (effluent)	Analytical Results	219	219	219	1		mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	11	11	11	1		mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	30	45	60	1		mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	6	6	6	1		lbs/day	1/month	Grab or Composite
Biochemical Oxygen Demand % removal	Analytical Results	95					%	1/month	Calculated
Total Suspended Solids (effluent)	Analytical Results	76	76	76	1		mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	3	3	3	1		mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	N/A	report	report	report		mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	40	60	80.1	1		lbs/day	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	85%	N/A	N/A	report		%	1/month	Calculated
Fecal Coliform Bacteria (effluent)	Analytical Results	2	2	2	1		#/100 ml	1/month	Grab
Dissolved Oxygen (effluent)	Analytical Results	2.9			12		mg/l	1/month	Grab
pH (effluent)	Analytical Results	7.4	8.5	9	12		Std Units	3/week	Grab
Total Residual Chlorine (effluent)	Analytical Results	0.07	0.17	0.17	28		mg/l	3/week	Grab

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
 Tom Trego/W/W Utilities Superintendent
 SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
 DATE 10-5-11
 TELEPHONE (907) 586-0393
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)
 CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD

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

Name: Nathan McCombs Title: QA Manager Signature: *Nathan McCombs* Date: 9/29/2011

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.

Actual/Potential Impact on Environment/Public Health (describe in detail)
 Environmental Damages: (if yes, provide details below) Yes No Unknown

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Outer Edge of Mixing Zone Fecal	14 colonies Monthly Avg.	24 colonies	8/30/2011

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

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)

Description of the noncompliance and its cause (be specific): The Mixing Zone does not impinge on the Shoreline. Sampling occurred at a 2.5 ft low tide, with hundreds of dead fish, Duck waste and oil along the shoreline. The resulting Fecals were TNC on the Shoreline and 24 colonies at the Mixing Zone edge. The ABTP Fecal at the end of pipe was 2 colonies.

Estimated Quantity Involved (volume or weight):
 If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
 Period of Noncompliance: Start Date/Time (exact): 8/30/2011 End Date/Time (exact): 8/30/2011

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

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

PERMIT# (if any): AKG-57-1000-013	Owner or Operator: CBJ	Facility Name: Auke Bay WWTP	Facility Location: Juneau, AK
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 907-586-0760	Reported How? (e.g. by phone): phone	Name of DEC Staff Contacted: Chris Foley
Date/Time Event was Noticed: 1600 9/28/2011	Date/Time Reported: 1615 9/28/2011		

NONCOMPLIANCE NOTIFICATION

Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

