

DMR REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

OCTOBER 2011

DAY	DATE	FLOWS				INFLUENT						EFFLUENT						MISCELLANEOUS			
		INFLUENT MGD	WASTE MGD	TEMP °C	PH	DO, mg/L	SS, mg/L	SS, LBS	BOD, mg/L	BOD, LBS	TEMP °C	PH	DO, mg/L	SS, mg/L	SS, LBS	BOD, mg/L	BOD, LBS	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED LBS	NaSO ₂ USED LBS
SUN	25	0.07114	0.00000	13.8	8.4	5.7				15.5	8.4	2.7						0.00	0.09	0.87	25.42
MON	26	0.05370	0.00000	13.8	8.4	5.7				15.7	8.3	3.1						0.17	2.01	3.10	18.80
TUE	27	0.03113	0.00000	14.1	8.5	5.9				13.8	8.2	3.2						0.21	6.70	15.50	3.10
WED	28	0.08335	0.00000	13.4	8.7	5.4				13.8	8.2	3.2						0.10	8.03	8.30	15.50
THU	29	0.08030	0.00000	13.2	8.8	5.8				13.7	8.0	2.0						0.13	8.04	19.22	17.05
FRI	30	0.09793	0.00000	12.5	8.4	6.1				13.8	8.4	3.8						0.01	5.38	18.00	17.05
SAT	1	0.07597	0.00000	12.7	8.8	5.7	152	89	213	13.6	8.3	3.3	7	4	10	8		0.19	4.84	9.30	9.30
SUN	2	0.09381	0.00000	12.9	8.6	5.6				13.9	8.3	3.7						0.17	4.88	9.30	9.30
MON	3	0.08388	0.00000	13.1	8.8	5.8				13.4	8.5	3.5						0.18	4.89	9.30	9.30
TUE	4	0.07221	0.00300	12.9	8.6	5.6				13.4	8.5	3.5						0.16	4.02	9.30	9.30
WED	5	0.07882	0.00300	13.0	8.4	5.6				13.4	8.5	3.5						0.15	4.02	11.16	17.05
THU	6	0.07005	0.00300	13.0	8.4	5.6				13.6	8.1	3.3						0.14	2.88	9.30	9.30
FRI	7	0.07097	0.00300	12.7	8.8	5.7				13.1	7.9	2.8						0.17	2.01	2.01	8.83
SAT	8	0.07447	0.00300	12.7	8.1	5.7				13.1	7.9	2.8						0.18	4.02	2.79	6.20
SUN	9	0.07101	0.00300	13.1	8.8	5.8				13.1	7.9	2.8						0.18	3.35	6.20	6.20
MON	10	0.06845	0.00300	12.9	8.6	5.6				12.9	7.7	3.0						0.18	3.35	6.20	6.20
TUE	11	0.07324	0.00300	12.9	8.6	5.6				12.9	7.7	3.0						0.18	3.35	6.20	6.20
WED	12	0.06819	0.00300	13.0	8.4	5.6				13.2	7.9	2.3						0.18	3.35	6.20	6.20
THU	13	0.08236	0.00000	13.0	8.4	5.6				13.2	7.9	2.3						0.18	3.35	6.20	6.20
FRI	14	0.08236	0.00000	13.0	8.4	5.6				13.2	7.9	2.3						0.18	3.35	6.20	6.20
SAT	15	0.07936	0.00300	12.7	8.1	5.7				13.5	7.8	2.1						0.18	3.35	6.20	6.20
SUN	16	0.08271	0.00150	12.7	8.1	5.7				13.5	7.8	2.1						0.18	3.35	6.20	6.20
MON	17	0.08427	0.00300	12.7	8.1	5.7				13.3	7.5	2.4						0.18	3.35	6.20	6.20
TUE	18	0.05966	0.00000	12.3	8.3	5.9				13.3	7.5	2.4						0.18	3.35	6.20	6.20
WED	19	0.05966	0.00000	12.3	8.3	5.9				13.3	7.5	2.4						0.18	3.35	6.20	6.20
THU	20	0.08400	0.00000	12.4	8.1	4.7				13.5	7.8	2.1						0.18	3.35	6.20	6.20
FRI	21	0.06488	0.00000	12.4	8.1	4.7				13.5	7.8	2.1						0.18	3.35	6.20	6.20
SAT	22	0.08972	0.00000	12.6	8.1	4.8				13.5	7.8	2.1						0.18	3.35	6.20	6.20
SUN	23	0.10044	0.00000	12.7	8.0	4.5				13.5	7.8	2.1						0.18	3.35	6.20	6.20
MON	24	0.08201	0.00300	12.7	8.0	4.5				13.5	7.8	2.1						0.18	3.35	6.20	6.20
TUE	25	0.08419	0.00000	12.6	8.1	4.8				13.5	7.8	2.1						0.18	3.35	6.20	6.20
WED	26	0.09108	0.00300	12.6	8.1	4.8				13.5	7.8	2.1						0.18	3.35	6.20	6.20
THU	27	0.07711	0.00600	12.6	8.3	5.9				13.5	7.8	2.1						0.18	3.35	6.20	6.20
FRI	28	0.08982	0.00600	12.6	8.3	5.9				13.5	7.8	2.1						0.18	3.35	6.20	6.20
SAT	29	0.08487	0.00150	14.1	8.8	6.1	152	89	213	15.7	8.5	3.8	7	4	10	8		0.15	2.01	2.01	8.30
TOTAL		2.57712	0.05400	14.1	8.8	6.1	152	89	213	15.7	8.5	3.8	7	4	10	8		0.15	2.01	2.01	8.30
MAXIMUM		0.08201	0.00900	14.1	8.8	6.1	152	89	213	15.7	8.5	3.8	7	4	10	8		0.15	2.01	2.01	8.30
MINIMUM		0.08419	0.00000	12.3	8.0	4.5	152	89	213	12.9	8.3	2.0	7	4	10	8		0.15	2.01	2.01	8.30
AVERAGE		0.09108	0.00154	12.9	8.3	5.5	152	89	213	13.8	8.0	2.9	7	4	10	8		0.15	2.01	2.01	8.30
NO. OF ANALYSES		35	35	15	15	15	1	1	1	15	15	15	1	1	1	1		30	32	32	32

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLOUES
* SEE ENCLOSED VIOLATION LETTERS

WEEK	BOD			TSS			CHLORINE		WEEKLY COLIFORM	
	mg/L	lbs	mg/L	mg/L	lbs	mg/L	lbs	Geo Mean	Geo Mean	
1	10	6	7	4	4	0.12	4.1	2	2	
2	10	6	7	4	4	0.15	5.4	2	2	
3	10	6	7	4	4	0.21	2.9	2	2	
4	10	6	7	4	4	0.13	3.2	2	2	
5	10	6	7	4	4	0.19	2.4	2	2	
MAX	10	6	7	4	4	0.21	5.4	2	2	

% REMOVAL	
BOD	95
SS	95

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

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 Tregno/WW Utilities Superintendent	Phone / email: (907)586-0393
Onsite Contact: Denny Kay	Phone: (907)586-0393
Discharge: Secondary treated wastewater discharged into Auke Bay	Required Reporting Frequency Monthly
From: 25	To: 10
2011	2011

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	Limits	Frequency of Sample	Fecal Coliform		Bacteria (edge of MZ)		Bacteria (shoreline)		Dissolved Oxygen		pH		Total Chlorine (if chlorine is used as disinfectant)	
									Permit Limits	Analytical Results	Permit Limits	Analytical Results	Permit Limits	Analytical Results	Permit Limits	Analytical Results	Permit Limits	Analytical Results	Permit Limits	Analytical Results
							mg/l	Twice per year - 2/year	Grab	0.01	report	report	report	report	report	report	report	report	report	report
							mg/l	Twice per year - 2/year	Grab	8.5	report	report	report	report	report	report	report	report	report	report
							mg/l	Twice per year - 2/year	Grab	17.0	report	report	report	report	report	report	report	report	report	report
							#/100 ml	Twice per year - 2/year	Grab	NA	report	report	report	report	report	report	report	report	report	report
							#/100 ml	Twice per year - 2/year	Grab	14	report	report	report	report	report	report	report	report	report	report
							#/100 ml	Twice per year - 2/year	Grab	43	report	report	report	report	report	report	report	report	report	report
							mg/l	Twice per year - 2/year	Grab	6.0	report	report	report	report	report	report	report	report	report	report
							mg/l	Twice per year - 2/year	Grab	6.5	report	report	report	report	report	report	report	report	report	report
							mg/l	Twice per year - 2/year	Grab	N/A	report	report	report	report	report	report	report	report	report	report
							mg/l	Twice per year - 2/year	Grab	N/A	report	report	report	report	report	report	report	report	report	report
							mg/l	Twice per year - 2/year	Grab	N/A	report	report	report	report	report	report	report	report	report	report

Mixing Zone

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
 Nathan McCombs QA Manager
 DATE 11/10/2011
 TELEPHONE 586 0760

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 to: ADPC and EPA to the addresses on Part D 11 of the NPDES general permit. ADPC file number: 1513.45.009

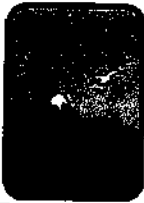
Applicant Name: City and Borough of Juneau
 Address: 155 South Seward, Juneau, AK 99801
 Facility: Auke Bay Wastewater Treatment Facility
 Location: Auke Bay, Juneau
 Responsible party: Tom Trego/WW Utilities Superintendent
 Phone / email: (907)586-0393
 Onsite Contact: Denny Kay
 Phone: (907)586-0393
 Discharge: Secondary treated wastewater discharged into Auke Bay
 From: 9 To: 25
 Sample Period: 29 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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Flow Rate (Estimate or Influent)	Permit Limits	N/A	report	213	213	213	1	mgd	Daily 5/week recorded
Biochemical Oxygen Demand (influent)	Analytical Results	N/A	report <td>10</td> <td>10</td> <td>10</td> <td>1 <td>mg/l <td>1/month Composite</td> </td></td>	10	10	10	1 <td>mg/l <td>1/month Composite</td> </td>	mg/l <td>1/month Composite</td>	1/month Composite
Biochemical Oxygen Demand (effluent)	Permit Limits	N/A	30	45	60	6	1 <td>mg/l <td>1/month Composite</td> </td>	mg/l <td>1/month Composite</td>	1/month Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	N/A	40	60	80.1	1 <td>lb/day <td>1/month Composite</td> <td>Grab or</td> </td>	lb/day <td>1/month Composite</td> <td>Grab or</td>	1/month Composite	Grab or
Demand % removal	Permit Limits	85%	N/A	N/A	N/A	report <td>% <td>1/month</td> <td>Calculated</td> </td>	% <td>1/month</td> <td>Calculated</td>	1/month	Calculated
Total Suspended Solids (influent)	Permit Limits	N/A	report <td>152</td> <td>152</td> <td>1 <td>% <td>1/month</td> <td>Calculated</td> </td></td>	152	152	1 <td>% <td>1/month</td> <td>Calculated</td> </td>	% <td>1/month</td> <td>Calculated</td>	1/month	Calculated
Total Suspended Solids (influent)	Analytical Results	N/A	report <td>7</td> <td>7</td> <td>1 <td>mg/l <td>1/month Composite</td> <td>Grab or</td> </td></td>	7	7	1 <td>mg/l <td>1/month Composite</td> <td>Grab or</td> </td>	mg/l <td>1/month Composite</td> <td>Grab or</td>	1/month Composite	Grab or
Total Suspended Solids (effluent)	Permit Limits	N/A	30	45	60	1 <td>mg/l <td>1/month Composite</td> <td>Grab or</td> </td>	mg/l <td>1/month Composite</td> <td>Grab or</td>	1/month Composite	Grab or
Total Suspended Solids (effluent)	Analytical Results	N/A	40	60	80.1	1 <td>lb/day <td>1/month Composite</td> <td>Grab or</td> </td>	lb/day <td>1/month Composite</td> <td>Grab or</td>	1/month Composite	Grab or
Total Suspended Solids % removal	Permit Limits	85%	N/A	N/A	N/A	report <td>% <td>1/month</td> <td>Calculated</td> </td>	% <td>1/month</td> <td>Calculated</td>	1/month	Calculated
Fecal Coliform Bacteria (effluent)	Analytical Results	N/A	2	2	2	1 <td>% <td>1/month</td> <td>Calculated</td> </td>	% <td>1/month</td> <td>Calculated</td>	1/month	Calculated
Fecal Coliform Bacteria (effluent)	Permit Limits	N/A	200	N/A	800	1 <td>#/100 ml <td>1/month</td> <td>Grab</td> </td>	#/100 ml <td>1/month</td> <td>Grab</td>	1/month	Grab
Dissolved Oxygen (effluent)	Analytical Results	2.0	report <td>15.0</td> <td>15.0</td> <td>report <td>mg/l <td>1/month</td> <td>Grab</td> </td></td>	15.0	15.0	report <td>mg/l <td>1/month</td> <td>Grab</td> </td>	mg/l <td>1/month</td> <td>Grab</td>	1/month	Grab
Dissolved Oxygen (effluent)	Permit Limits	2.0	N/A	N/A	N/A	report <td>mg/l <td>1/month</td> <td>Grab</td> </td>	mg/l <td>1/month</td> <td>Grab</td>	1/month	Grab
pH (effluent)	Analytical Results	6.3	report <td>8.5</td> <td>9.0</td> <td>report <td>Std. Units <td>3/week</td> <td>Grab</td> </td></td>	8.5	9.0	report <td>Std. Units <td>3/week</td> <td>Grab</td> </td>	Std. Units <td>3/week</td> <td>Grab</td>	3/week	Grab
pH (effluent)	Permit Limits	6.0	N/A	N/A	9.0	report <td>Std. Units <td>3/week</td> <td>Grab</td> </td>	Std. Units <td>3/week</td> <td>Grab</td>	3/week	Grab
Total Residual Chlorine (effluent)	Analytical Results	0.16	report <td>0.45</td> <td>0.45</td> <td>report <td>mg/l <td>3/week</td> <td>Grab</td> </td></td>	0.45	0.45	report <td>mg/l <td>3/week</td> <td>Grab</td> </td>	mg/l <td>3/week</td> <td>Grab</td>	3/week	Grab
Total Residual Chlorine (effluent)	Permit Limits	N/A	0.5	N/A	1	report <td>mg/l <td>3/week</td> <td>Grab</td> </td>	mg/l <td>3/week</td> <td>Grab</td>	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
 Nathan McCombs QA Manager
 SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
 DATE 11/10/2011
 TELEPHONE 907 586 0760
 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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AKG-57-1000-013
Owner or Operator: CBJ	Facility Name: Auke Bay	Facility Location: Juneau, AK
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 907-586-0760	Reported How? (e.g. by phone): phone
Date/Time Event was Noticed: 11/4/2012 1100	Date/Time Reported: 11/4/2012 1530	Name of DEC Staff Contacted: Chris Foley

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): 10/31/2012	End Date/Time (exact): 10/31/2012
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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):
N/A

Description of the noncompliance and its cause (be specific):
Effluent D.O. taken once. Data wasn't delivered until 11/4/2012.

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)
Permit compliance explained to operators and sampling techniques reviewed.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Effluent D.O.	2.0 mg/L	1.89 mg/L	10/31/2012

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

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

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

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 McCombs Title: QA Manager Signature: *Nathan McCombs* Date: 11/4/2012

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