EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY Juneau, Alaska November 2011

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SBJ	mg/L	/100 ml	LBS	mg/L	SBJ	mg/L	mg/L	İ									0.00150	0 10024	(2)	SUN
USED Na2SO3	RESIDUAL	COLIFORM	0.0.0	0.00	0			PI	TEMP	D C	300	LBS	ma/L	mg/L	r r	O. C.		MOD		1
MISCELLANEOUS			0		S C C C C C C C C C C C C C C C C C C C	22	0			800	8 O D	SS	S.S	00			S S S S S S S S S S S S S S S S S S S	ENGLISH IN	DATE	DAY
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Permit number: AKG-57-1000-013	[Funiana 1 20 2000		
1 Clare Hamber: AIXO-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

Dogwined Department			Samp	le Period	
Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	From:	10	30	2011
		To:	11	26	2011

<u>Parar</u>	neter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	1
Discharge 1						Thattoes	Tiolations	Omis	Allalysis	Sample Metho
Flow Rate (effluent or	Estmt'd/ Measure		0.0720		0.1022	28	I			Measured
influent)	Permit Limits	N/A	report	N/A	0.16	report	report	mgd	Daily 5/week	recorded
Biochemical Oxygen	Analytical Results		167	167	167	1	TOPAN			Grab or
Demand (influent)	Permit Limits	N/A	report	report	report	report	report	mg/l	l-month	Composite
Biochemical Oxygen	Analytical Results		5	5	5		Терых			Став от
Demand (effluent)	Permit Limits	N/A	30	45	60	report	report	mg/l	Dmonth	Composite
Biochemical Oxygen	Analytical Results		3	3	3	1	1.070.1			Grab or
Demand (effluent)	Permit Limits	N/A	40	60	80.1	report	report	lbs/day	L/month	Composite
Biochemical Oxygen	Analytical Results	97					TOJANE			
Demand % removal	Permit Limits	85%	N/A	N/A	N/A	report	report	0.0	1/month	Calculated
Total Suspended Solids	Analytical Results		401	401	401	1	10,000			Grab or
influent)	Permit Limits	N/A	report	report	report	report	report	mgl	Limonth	Composite
Fotal Suspended Solids	Analytical Results		2	2	2	1	10////			Grab or
effluent)	Permit Limits	N/A	30	45	60	report	report	mg/l	1/month	Composite
Fotal Suspended Solids	Analytical Results		1	1	1		Topart			Grab or
effluent)	Permit Limits	N/A	40	60	80.1	report	report	lbs/day	Limonth	Composite
Fotal Suspended Solids	Analytical Results	100								
% removal	Permit Limits	85%	N/A	N/A	N/A	report	report	%	limonth	Calculated
ecal Coliform Bacteria	Analytical Results		20		20	1	101111			
effluent)	Permit Limits	N/A	200	N/A	800	report	report	#/100 ml	1/month	Grab
Dissolved Oxygen	Analytical Results	1.9				12	1			
effluent)	Permit Limits	2	N/A	N/A	N/A	report	report	mg/l	Limonth	Grab
H (effluent)	Analytical Results	6.8			8.4	12				
	Permit Limits	6.0	N/A	N/A	9.0	report	report	Std. Units	3/week	Grab
otal Residual Chlorine	Analytical Results		0.20		0.82	26	7.07.07.0			
effluent)	Permit Limits	N/A	0.5	N/A	1	report	report	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. LAM 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 O	FFICER OR AUTH	IORIZED AG	ENT	
Nathan McCombs QA Manager	na-et 1	12/10/2011	907	586	0760
	Marian a McCont	DATE	TELEPHO	NE.	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERI	ENCE ALL ATTACHMENT HERE)				
CHECK HERE IF THERE WAS NO DISCHARGE DURING TH	HE ENTIRE REPORTING PERIOD				

Permit number: AKG-	57-1000-013	Expires	s: July 20, :	2009	Submit thi	is report to:	ADEC and EI NPDES gener	PA to the	addresses on Pa	irt D 11 of the
ADEC File number: 15	13.45.009				1		THE DESTRUCTION	ai periint.		
	and Borough of Juneau				Respo	onsible party:	Tom Trego/W	W Hilliti	es Superintende	
	ward, Juneau, AK 9980				1		(907)586-039		28 Superintende	III
	istewater Treatment Faci	lity				site Contact:				
Location: Auke Bay, Ju	uneau						(907)586-0393	3		
Required Reporting I	Fraguency Monthly	D:b-						San	nple Period	
Required Reporting 1	requency Monthly	Dischar		dary treate	d wastewate	er discharged	From:	10	30	2011
		IIIIO Aui	ke may				To:		26	2011
Mixing Zone		Min	30 day	Z day		Number				
Parameter	T	Value	Average	Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Meth
Fecal Coliform Bacteria (Fdge of MZ)	Analytical Results								Twice per	
	Permit Limits	N/A	14	N/A	43	report	report	#/100 ml	year = 2/year	Grab
Fecal Coliform Bacteria Shoreline)	Analytical Results							44	Twice per	
N t 10	Permit Limits	N/A	NA	N/A	NA	report	report	#/100 ml	year == 2/year	Grab
Dissolved Oxygen	Analytical Results								Upon	
.11	Permit Limits	6.0	N/A	N/A	17.0	report	report	mg/l	request by ADEC	Grab
111	Analytical Results	1							Upon	
Proceed Changes and	Permit Limits	6.5	N/A	N/A	8.5	report	report	Std. Units	request by ADEC.	Grab
Total Chlorine of chlorine of sed as disinfectant)	Analytical Results	1							Twice per	
	Permit Limits	N/A	N/A	N/A	0.01	report	report	mg/l	year 2/vear	Grab
ERSON OR PERSONS WHE O THE BEST OF MY KNOW	TY OF LAW THAT THIS DO ASSURE THAT QUALIFIED O MANAGE THE SYSTEM, WLEDGE AND BELIEF, TRU IG THE POSSIBILITY OF FIN EXECUTIVE OFFICER OA Manager	OR THOSE P	PERSONS DI TE, AND CO RISONMENT	RECTLY RE OMPLETE: 1 I FOR KNOW	SPONSIBLE F AM AWARE: WING VIOLAT	ATE THE INFOI FOR GATHERE THAT THERE . UONS.	RMATION SUBM	ITTED. BA ATION, TH IT PENALT.	SED ON MY INQUE INFORMATION LES FOR SUBMIT	UIRY OF THE
danian McComos									586	

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@a|aska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# fi	fany): AKG-57-1000-013		
Owner or Operator:	Facility Nam	6: -777740-01-1000-013	7.5	
CBJ	Auke Ba		I .	lity Location:
Person Reporting:		ers of Person Reporting:		neau, AK
Nathan McCombs	1907-586-	0760	Repo	orted How? (e.g. by phone);
Date/Time Event was Noticed	: Date/Time Re		pho	
11/4/2012 1100	11/4/2013	2 1530	Nam	e of DEC Staff Contacted:
VERBAL NOTIFICATION M	SUST BE MADE TO ADE	CWITTE		is Foley
INCIDENT DETAILS (2	ttach additional shoe	A. WITHIN 24 HOURS OF D	ISCOVERY (OF NONCOMPLIANCE
	THE ENT SHEE	is, iau reports, and photo	05 as necess:	ary)
	Start Date/Time (exact): 1	0/31/2012	End Date/Ti	ime (exact): 10/31/2012
noncomputance nas not been	corrected, provide a state	ment regarding the anticipate	d time the non	ime (exact): 10/31/2012 compliance is expected to continue:
Fatimated O		-		compinance is expected to continue:
Estimated Quantity involved (s	rolume or weight):			

Description of the noncomplian	ice and its cause (be specifi	ic):		
Effluent D.O. taken one	ce. Data wasn't deli	vered until 11/4/2012		
describe in details (a	ate, and prevent reoccurre	nce of noncompliance and A.	tmal/Potential	Impact on Environmental Health
notice)	d drinking water to nearby	y well owners and informed w	(cil owners not	Impact on Environmental Health to drink from wells until further
Permit compliance			To overes my	to armik from wells until further
Permit compliance expl	lained to operators	and sampling techniq	ues review	ved
		. 0	GOO TO FICE	reu,
Permit Condition Deviation (Ide	ntify each permit on disi-			
Permit Condition Deviation (Ide arameter (e.g. BOD pH)	entify each permit condition	n exceeded during the event.)		
Total Ob Dill	Fermit Limit	Exceedance (sample		Sample Date
The object	Permit Limit 2.0 mg/L	Exceedance (sample 1.89 mg/L		Sample Date
	Fermit Limit	Exceedance (sample		
Total Ob Dill	Fermit Limit	Exceedance (sample		Sample Date
Effluent D.O.	2.0 mg/L	Exceedance (sample 1.89 mg/L	result)	Sample Date 10/31/2012
iffluent D.O.	2.0 mg/L	Exceedance (sample 1.89 mg/L	result)	Sample Date 10/31/2012
iffluent D.O.	2.0 mg/L	Exceedance (sample 1.89 mg/L	result)	Sample Date
iffluent D.O.	2.0 mg/L	Exceedance (sample 1.89 mg/L	result)	Sample Date 10/31/2012
Effluent D.O.	2.0 mg/L	Exceedance (sample 1.89 mg/L	result)	Sample Date 10/31/2012
	2.0 mg/L cription of corrective action	Exceedance (sample 1.89 mg/L	result)	Sample Date 10/31/2012
orrective Actions (Attach a descriptions of recurrence.)	2.0 mg/L cription of corrective action	1.89 mg/L ns taken to restore the system	result)	Sample Date 10/31/2012
orrective Actions (Attach a description of recurrence.) Environmental Damage: (if yes, etual /Potential Impact on Environmental Impact on Environment	2.0 mg/L cription of corrective action	1.89 mg/L ns taken to restore the system	result) to normal ope	Sample Date 10/31/2012 Tration and to minimize or eliminate
orrective Actions (Attach a description of recurrence.) Environmental Damage: (if yes, itual /Potential Impact on Envir	2.0 mg/L eription of corrective action provide details below) mament/Public Health (des	Exceedance (sample 1.89 mg/L 1.89 mg/L with the system as taken to restore the system scribe in detail)	to normal ope	Sample Date 10/31/2012 Tration and to minimize or eliminate
orrective Actions (Attach a description of recurrence.) Invironmental Damage: (if yes, tual /Potential Impact on Environmental Damage)	2.0 mg/L cription of corrective setion provide details below) comment/Public Health (des	Exceedance (sample 1.89 mg/L 1.89 mg/L was taken to restore the system of the system o	to normal ope	Sample Date 10/31/2012 ration and to minimize or eliminate
orrective Actions (Attach a description of recurrence.) Invironmental Damage: (if yes, tual /Potential Impact on Environmental Damage: (if yes, et al.)	2.0 mg/L eription of corrective action provide details below) mement/Public Health (des	Exceedance (sample 1.89 mg/L 1.89 mg/L were prepared under my direction in detail)	to normal ope	Sample Date 10/31/2012 Tration and to minimize or eliminate Vulnknown
orrective Actions (Attach a description of recurrence.) Environmental Damage: (if yes, etual /Potential Impact on Environmental Damage of Imp	provide details below) enment/Public Health (description and all attachments cription gather and evaluate the inception of the control of th	1.89 mg/L 1.89 mg/L Wes scribe in detail) Were prepared under my direction formation submitted. Based on m	to normal ope	Sample Date 10/31/2012 Tration and to minimize or eliminate Vinknown In accordance with a system designed
orrective Actions (Attach a description of recurrence.) Invironmental Damage: (if yes, tual /Potential Impact on Environmental Damage: (if yes, et al., or those persons directly personnel properties, or those persons directly persons.)	provide details below) enment/Public Health (description and all attachments cription gather and evaluate the inception of the control of th	1.89 mg/L 1.89 mg/L Wes scribe in detail) Were prepared under my direction formation submitted. Based on m	to normal ope	Sample Date 10/31/2012 Tration and to minimize or eliminate Vinknown In accordance with a system designed
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invironmental Damage: (if yes, tual /Potential Impact on Environmental Damage) that this issure that qualified personnel properties, and complete. I am aware that wing violations.	2.0 mg/L 2.0 mg/L provide details below) penment/Public Health (description and all attachments and evaluate the information of there are significant penaltic	1.89 mg/L 1.89 mg/L Wes Seribe in detail) Were prepared under my direction formation submitted. Based on mustion, the information submitted is for submitting false information.	to normal ope	Sample Date 10/31/2012 Tration and to minimize or eliminate This in accordance with a system designed person or persons who manage the my knowledge and belief, true, possibility of fine and imprisonment for
orrective Actions (Attach a description of recurrence.) invironmental Damage: (if yes, tual /Potential Impact on Environmental provide details below) provide details below) comment/Public Health (details below) document and all attachments below attachments and evaluate the innsible for gathering the information of these are significant penaltic. Title: QA Manager	1.89 mg/L 1.89 mg/L Wes Seribe in detail) Were prepared under my direction formation submitted. Based on mustion, the information submitted is for submitting false information.	to normal ope No No nor supervision by inquiry of the lis, to the best of a, including the p	Sample Date 10/31/2012 Tration and to minimize or eliminate in accordance with a system designed person or persons who manage the my knowledge and belief, true, cossibility of fine and imprisonment for	