

EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

November, 2011

FLOWS											INFLUENT					EFFLUENT					MISCELLANEOUS		
DAY	DATE	INFLUENT MGD	WASTE SLUDGE 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 RESIDUAL mg/L	CL USED LBS	NAS2O3 USED LBS		
SUN	30	0.10024	0.00150	12.2	8.5	3.8					12.6	8.4	1.9						0.24	3.35	8.37		
MON	31	0.05557	0.00300	12.2	8.5	3.8					11.3	7.3	3.7					0.42	3.35	6.82			
TUE	1	0.08233	0.00300	11.3	8.0	6.3					12.9	7.3	3.6					0.15	3.35	9.30			
WED	2	0.07345	0.00300	11.3	8.0	6.3												0.29	2.68	2.68			
THU	2	0.08387	0.00300	11.5	8.0	6.3												0.17	0.81	3.72			
FRI	4	0.07989	0.00300	11.5	8.0	6.3												0.82	0.82	6.70			
SAT	5	0.06865	0.00300	11.2	7.8	5.8					12.6	7.4	4.2					0.33	6.70	6.51			
SUN	5	0.10220	0.00300	11.2	7.8	5.8					12.5	7.3	3.8	2	1	5	3	0.13	4.02	6.82			
MON	7	0.06087	0.00300	11.3	7.7	5.9												0.07	5.36	5.58			
TUE	8	0.07243	0.00300	11.4	7.7	6.3					12.7	6.8	3.7					0.01	4.02	7.13			
WED	9	0.06901	0.00300	11.4	7.7	6.3												0.00	1.34	5.58			
THU	10	0.07942	0.00300	12.1	7.7	5.7												0.44	4.59	4.03			
FRI	11	0.09540	0.00300	12.1	7.7	5.7					12.1	7.3	2.1					0.14	4.02	7.75			
SAT	12	0.06990	0.00300	10.4	7.6	6.4					12.5	7.3	3.9					0.15	4.02	6.70			
SUN	14	0.06748	0.00300	10.4	7.6	6.4					12.0	7.5	4.0					0.32	7.75	8.04			
MON	14	0.06142	0.00300	10.9	7.8	6.2												0.12	4.02	4.96			
TUE	14	0.07198	0.00300	11.8	7.4	3.7												0.07	2.68	4.56			
WED	14	0.07198	0.00300	11.8	7.4	3.7												0.36	2.68	4.55			
THU	17	0.07198	0.00300	11.8	7.4	3.7												0.03	2.01	6.20			
FRI	18	0.07092	0.00300	11.8	7.4	3.7												0.03	2.01	8.06			
SAT	19	0.09904	0.00000	10.6	8.0	5.8												0.03	2.01	4.56			
SUN	20	0.05594	0.00200	10.6	8.0	5.8												0.01	2.68	4.65			
MON	21	0.07259	0.00300	8.9	7.7	7.1												0.00	0.00	3.72			
TUE	22	0.05578	0.00300	8.9	7.7	7.1												0.00	2.68	16.12			
WED	23	0.05190	0.00300	8.9	7.7	7.1												0.00	2.68	16.12			
THU	24	0.05809	0.00300																0.00	2.01	13.02		
FRI	25	0.05483	0.00300																				
SAT	26	0.06167	0.00300																				
TOTAL		2.01647	0.07850																				
MAXIMUM		0.10220	0.00300	12.2	10.8	7.1	401	231	167	96	12.9	8.4	4.2	2	1	5	3		0.92	106.90	16.12		
MINIMUM		0.05190	0.00000	8.0	7.6	3.8	401	231	167	96	11.1	6.8	1.9	2	1	5	3		0.00	8.03	8.03		
AVERAGE		0.07202	0.00280	10.8	8.1	6.0	401	231	167	96	12.2	7.4	3.5	2	1	5	3		0.20	1.34	3.72		
NO OF ANALYSIS		28	28	12	12	12	1	1	1	1	12	12	12	1	1	1	1		28	3.92	6.90		

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

WEEK	BOD mg/L	BOD lbs	TSS mg/L	TSS lbs	CHLORINE mg/L	CHLORINE lbs	FECAL COLIFORM Geo Mean
1	5	3	2	0	0.35	3.8	20
2					0.26	4.7	
3					0.19	4.6	
4					0.01	2.2	
MAX	5	3	2	0	0.35	5	20

% REMOVAL	BOD	SS
	97	100

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: 10	30	2011
		To: 11	26	2011

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

Discharge 1

Flow Rate (effluent or influent)	Estmt'd Measure		0.0720		0.1022	28		mgd	Daily 5/week	Measured/recorded
	Permit Limits	N/A	report	N/A	0.16	report	report			
Biochemical Oxygen Demand (influent)	Analytical Results		167	167	167	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		5	5	5	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		3	3	3	1		lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Biochemical Oxygen Demand % removal	Analytical Results	97						%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids (influent)	Analytical Results		401	401	401	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	Analytical Results		2	2	2	1		mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent)	Analytical Results		1	1	1	1		lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Total Suspended Solids % removal	Analytical Results	100						%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Fecal Coliform Bacteria (effluent)	Analytical Results		20		20	1		#/100 ml	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Analytical Results	1.9				12	1	mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Analytical Results	6.8			8.4	12		Std. Units	3/week	Grab
	Permit Limits	6.0	N/A	N/A	9.0	report	report			
Total Residual Chlorine (effluent)	Analytical Results		0.20		0.82	26		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 Nathan McCombs QA Manager	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		12/10/2011	907	586
		DATE	TELEPHONE	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:	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: Denn Kay
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period		
		From: 10	30	2011
		To: 11	26	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	6.0	N/A	N/A	17.0	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	0.01	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			
Nathan McCombs QA Manager			12/10/2011	907 586 0760
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)		DATE	TELEPHONE	
<input type="checkbox"/> 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

Owner or Operator: CBJ	PERMIT# (if any): AKG-57-1000-013	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	Name of DEC Staff Contacted: Chris Foley
Date/Time Event was Noticed: 11/4/2012 1100	Date/Time Reported: 11/4/2012 1530		

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
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 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 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.