

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska
April 2012

FLOWS		INFLUENT										EFFLUENT					MISCELLANEOUS					
DAY	DATE	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	Ch RESIDUAL mg/L	Ch USED LBS	Na2SO3 USED LBS	
SUN	1	0.059	0.000																0.00	2.01	3.10	
MON	2	0.051	0.000																0.03	2.01	3.10	
TUE	3	0.065	0.003	10.3	8.0	7.2	152	83	371	202	12.8	7.6	4.2	8	4	12	7		0.00	2.01	3.10	
WED	4	0.054	0.003	10.5	8.0	7.4							4.2						0.03	3.36	4.96	
THU	5	0.074	0.003																0.04	2.66	5.59	
FRI	6	0.095	0.003																0.02	4.69	5.27	
SAT	7	0.068	0.003																0.00	2.68	2.79	
SUN	8	0.069	0.006								12.8	7.6	4.6						0.07	2.68	3.72	
MON	9	0.048	0.005	9.4	7.9	7.6													0.01	2.66	6.34	
TUE	10	0.095	0.009								12.0	7.5	3.7						0.03	4.02	6.34	
WED	11	0.056	0.006	11.1	8.3	7.5					12.6	7.6	3.5						0.01	2.66	3.10	
THU	12	0.062	0.011	12.2	8.2	6.8					11.4	7.6	3.6						0.00	2.66	3.41	
FRI	13	0.045	0.004	11.1	7.7	5.3					11.3	7.6	4.1						0.02	4.02	3.41	
SAT	14	0.049	0.004	11.0	7.7	6.7													0.00	4.02	3.41	
SUN	15	0.069	0.000																0.97	7.37	4.96	
MON	16	0.051	0.005	11.2	8.1	6.8					12.4	7.7	4.5						0.05	9.38	21.39	
TUE	17	0.067	0.005	10.7	8.4	5.7					12.7	7.5	5.1						0.06	4.02	8.06	
WED	18	0.065	0.003	10.9	7.9	7.2					12.4	7.7	4.2						0.01	2.66	10.54	
THU	19	0.065	0.006	11.1	7.9	6.5					12.3	7.5	3.5						0.00	2.01	8.06	
FRI	20	0.053	0.003	11.3	7.9	6.5					12.6	7.5	3.4						0.00	4.02	3.10	
SAT	21	0.041	0.004																0.02	4.02	4.96	
SUN	22	0.062	0.000																0.13	4.02	4.96	
MON	23	0.058	0.003	10.8	8.0	6.5					12.4	7.2	3.2						0.02	3.35	6.51	
TUE	24	0.053	0.006	12.2	7.8	6.8					12.6	7.3	3.6						0.03	3.35	3.10	
WED	25	0.058	0.003	11.6	8.5	6.0					12.5	7.4	4.7						0.04	2.68	3.10	
THU	26	0.049	0.000	12.4	8.0	6.6					12.6	7.4	3.6						0.01	1.34	4.43	
FRI	27	0.072	0.002	9.6	7.3	6.5					12.2	7.3	3.6						0.02	4.02	3.10	
SAT	28	0.046	0.002																0.02	4.02	3.41	
TOTAL		1.658	0.099																	97.79		
MAXIMUM		0.095	0.011	12.4	8.5	7.6	152	83	371	202	12.8	7.7	5.1	8	4	12	7		0.97	9.38	21.39	
MINIMUM		0.041	0.000	9.4	7.3	5.3	152	83	371	202	11.3	7.2	3.2	8	4	12	7		0.00	1.34	2.79	
AVERAGE		0.059	0.004	11.0	8.0	6.7	152	83	371	202	12.4	7.5	4.0	8	4	12	7		0.06	3.49	5.25	
OF ANALYSIS		28	28	17	17	17	1	1	1	1	16	17	17	1	1	1	1		25	28	28	

WEEK		WEEKLY AVERAGE					WEEKLY				
		BOD mg/l	TSS lbs	CHLORINE mg/l	COLIFORM Geo Mean		BOD lbs	TSS lbs	CHLORINE lbs	COLIFORM Geo Mean	
1	12.0	6.5	8.0	4.4	0.02	2.8	45				
2					0.02	3.3					
3					0.19	4.8					
4					0.04	3.2					
MAX	12.0	6.54	9	4	0.19	5	45				

% REMOVAL	
B.O.D.	S.S.
97	95

used to calculate average fecal coliform colonies



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):	
Owner or Operator: CBJ		Facility Name: Auke Bay WWTP	Facility Location: Glacier HWY, Juneau
Person Reporting: Nathan McCombs		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): phone
Date/Time Event was Noticed: 4/12/2012 1500		Date/Time Reported: 4/12/2012 1600	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): 4/2/2012		End Date/Time (exact): 4/8/2012
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):			
Description of the noncompliance and its cause (be specific): Operator error resulted in 2 pH checks/week instead of 3/week.			
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) pH's will be taken Monday - Friday.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
pH	3/week	2/week	4/2/2012 to 4/8/2012
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) <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 McCombs	Title: WWTP Supervisor	Signature: <i>Nathan D. McCombs</i>	Date: 4/13/2012

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

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: Nathan McCombs
Location: Auke Bay, Juneau	Phone: (907)586-0393

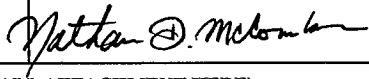
Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period			
		From:	4	1	2012
		To:	4	28	2012

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		0.059		0.095	28	0	mgd	Daily 5/week	Measured/ recorded
	Permit Limits	N/A	report	N/A	0.16	report	report			
Biochemical Oxygen Demand (influent)	Analytical Results		371	371	371	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		12	12	12	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results		7	7	7	1	0	lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Biochemical Oxygen Demand % removal	Analytical Results	97					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Total Suspended Solids (influent)	Analytical Results		152	152	152	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	report	report	report	report	report			
Total Suspended Solids (effluent)	Analytical Results		8	8	8	1	0	mg/l	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent)	Analytical Results		4	4	4	1	0	lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	40	60	80.1	report	report			
Total Suspended Solids % removal	Analytical Results	95					0	%	1/month	Calculated
	Permit Limits	85%	N/A	N/A	N/A	report	report			
Fecal Coliform Bacteria (effluent)	Analytical Results		45		45	1	0	#/100 ml	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	report			
Dissolved Oxygen (effluent)	Analytical Results	3.2				17		mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	report			
pH (effluent)	Analytical Results	7.2			7.7	17	1	Std. Units	3/week	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Total Residual Chlorine (effluent)	Analytical Results		0.1		0.97	25	0	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		
Nathan McCombs Wastewater Treatment Supervisor		5-10-12 DATE	907-586-0393 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 to:	ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.
ADEC File number: 1513.45.009			

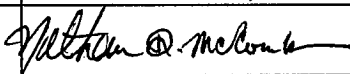
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Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Nathan McCombs
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period		
		From:	To:	Year
		4	1	2012
		4	28	2012

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						0	#/100 ml	Twice per year – 2/year	Grab
	Permit Limits	N/A	14	N/A	43	report	report			
Fecal Coliform Bacteria (Shoreline)	Analytical Results						0	#/100 ml	Twice per year – 2/year	Grab
	Permit Limits	N/A	NA	N/A	NA	report	report			
Dissolved Oxygen	Analytical Results						0	mg/l	Upon request by ADEC	Grab
	Permit Limits	6	N/A	N/A	17	report	report			
pH	Analytical Results						0	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						0	mg/l	Twice per year – 2/year	Grab
	Permit Limits	N/A	N/A	N/A	0.01	report	report			

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NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Nathan McCombs Wastewater Treatment Supervisor		5-10-12	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