

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

July 2012

DAY	EFFLUENT										MISCELLANEOUS											
	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	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	NazS03 USED LBS	
SUN	1	0.08	0.00	14.2	7.5	6.2	69	43	164	102	15.3	7.0	3.7	4	2	6	4		0.06	0.58	0.73	8.03
MON	2	0.07	0.00	14.5	7.7	4.6	69	43	164	102	15.0	7.1	3.7	4	2	6	4		0.29	0.03	0.00	3.41
TUE	3	0.07	0.00	12.6	7.5	6.9	69	43	164	102	15.1	7.2	4.2	4	2	6	4	7	0.03	0.00	0.00	4.34
WED	4	0.07	0.00	15.3	7.8	5.0	69	43	164	102	15.4	6.9	4.3	4	2	6	4		0.03	0.00	0.00	3.72
THU	5	0.06	0.00	15.2	7.7	4.9	69	43	164	102	15.5	6.9	4.2	4	2	6	4		0.35	0.00	0.00	2.48
FRI	6	0.07	0.00	13.8	7.7	4.7	69	43	164	102	15.7	7.0	3.6	4	2	6	4		0.06	0.00	0.00	2.79
SAT	7	0.07	0.00	13.8	7.7	4.7	69	43	164	102	16.2	7.1	3.7	4	2	6	4		0.08	2.86 gal	2.86 gal	4.34
SUN	8	0.08	0.00	14.3	7.7	5.0	69	43	164	102	15.8	7.1	3.9	4	2	6	4		0.02	5 gal	5 gal	3.10
MON	9	0.08	0.00	14.6	7.9	5.6	69	43	164	102	15.2	7.2	3.8	4	2	6	4		0.30	0.00	0.00	1.24
TUE	10	0.08	0.00	13.7	7.7	6.1	69	43	164	102	15.2	7.2	3.8	4	2	6	4		0.02	3.00	3.00	2.48
WED	11	0.08	0.00	13.9	7.7	6.2	69	43	164	102	15.2	7.2	3.6	4	2	6	4		0.04	4.00	4.00	3.10
THU	12	0.08	0.00	13.4	7.4	5.4	69	43	164	102	15.7	7.1	3.5	4	2	6	4		0.07	0.00	0.00	3.10
FRI	13	0.07	0.00	16.6	7.6	4.5	69	43	164	102	16.7	7.1	3.1	4	2	6	4		0.04	6.00	6.00	3.72
SAT	14	0.07	0.00	16.7	8.1	4.3	69	43	164	102	15.7	7.0	3.9	4	2	6	4		0.22	7.00	7.00	2.48
SUN	15	0.06	0.00	16.7	8.1	4.3	69	43	164	102	15.7	7.0	3.9	4	2	6	4		0.28	5.00	5.00	3.72
MON	16	0.07	0.00	14.8	7.5	3.8	69	43	164	102	15.5	7.1	3.2	4	2	6	4		0.02	4.00	4.00	3.72
TUE	17	0.06	0.00	14.0	7.8	5.2	69	43	164	102	15.8	7.1	3.6	4	2	6	4		0.06	5.00	5.00	3.10
WED	18	0.06	0.00	14.3	7.9	5.8	69	43	164	102	15.6	7.2	3.5	4	2	6	4		0.05	5.00	5.00	3.10
THU	19	0.08	0.00	16.6	7.6	4.5	69	43	164	102	16.7	7.1	3.1	4	2	6	4		0.06	1.42	1.42	3.10
FRI	20	0.06	0.00	15.6	7.5	5.1	69	43	164	102	16.4	7.1	3.7	4	2	6	4		0.11	5.00	5.00	3.10
SAT	21	0.07	0.00	15.6	7.5	5.1	69	43	164	102	16.4	7.1	3.4	4	2	6	4		0.05	5.00	5.00	3.10
SUN	22	0.06	0.00	15.8	7.9	4.8	69	43	164	102	16.4	7.1	3.4	4	2	6	4		0.92	4.00	4.00	3.10
MON	23	0.07	0.00	15.5	7.5	4.9	69	43	164	102	16.7	7.2	3.5	4	2	6	4		0.04	5.00	5.00	15.50
TUE	24	0.05	0.00	15.5	7.5	4.9	69	43	164	102	16.7	7.2	3.5	4	2	6	4		0.04	4.50	4.50	4.03
WED	25	0.06	0.00	15.3	7.6	4.0	69	43	164	102	16.8	7.2	3.8	4	2	6	4		0.03	8.70	8.70	4.03
THU	26	0.06	0.00																			
FRI	27	0.08	0.00																			
SAT	28	0.05	0.00																			
TOTAL		1.95	0.08																		79.61	
MAXIMUM		0.09	0.00	16.7	8.1	6.9	69	43	164	102	16.8	7.2	4.3	4	2	6	4	7	0.92	8.70	8.70	15.50
MINIMUM		0.05	0.00	12.6	7.4	3.8	69	43	164	102	15.0	6.9	3.1	4	2	6	4	7	0.02	0.00	0.00	1.24
AVERAGE		0.07	0.00	14.7	7.7	5.1	69	43	164	102	15.8	7.1	3.7	4	2	6	4	7	0.13	3.62	3.62	3.92
OF ANALYSIS		28	28	20	20	20	1	1	1	1	20	20	20	1	1	1	1	1	28	22	22	28

COMMENTS:
*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
Auke Bay Treatment Plant Started Using Iuiquid C12 for disinfection on 7-3-2012

% REMOVAL	
B.O.D.	96
S.S.	94

WEEK	WEEKLY AVERAGE			WEEKLY		
	BOD mg/l	TSS mg/l	CHLORINE mg/l	COLIFORM Geo. Mean	WEEKLY AVERAGE	WEEKLY
1	6.0	4.0	0.12	7.0	1	1
2	6.0	4.0	0.12	7.0	1	1
3	6.0	4.0	0.12	7.0	1	1
4	6.0	4.0	0.12	7.0	1	1
MAX	6.0	4.0	0.12	7.0	1	1

Permit number: AKG-57-1000-013 Expires: July 20, 2009 Submit this report to: ADGC and EPA to the addresses on Part D

ADFC 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: Nathan McCombs
 Phone: (907)586-0393

Required Reporting Frequency Monthly
 Discharge: Secondary treated wastewater discharged into Auke Bay

Sample Period
 From: 7 To: 7
 2012 2012

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	Min. Value	Average 30 day	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
Flow Rate (effluent or influent)	Estmt'd/Measure	0.070	report	N/A	0.16	report	mgd	Daily/5/week	Measured/recorded
Biochemical Oxygen Demand (influent)	Analytical Results	164	164	164	1	0	mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (influent)	Permit Limits	N/A	report	report	report	report	mg/l	1/month	Composite
Biochemical Oxygen Demand (effluent)	Analytical Results	6	6	6	1	0	mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	Permit Limits	N/A	30	45	60	report	lbs/day	1/month	Grab or Composite
Biochemical Oxygen Demand % removal	Analytical Results	96					%	1/month	Calculated
Biochemical Oxygen Demand % removal	Permit Limits	85%	N/A	N/A	N/A	report	%	1/month	Calculated
Total Suspended Solids (influent)	Analytical Results	69	69	69	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (influent)	Permit Limits	N/A	report	report	report	report	mg/l	1/month	Composite
Total Suspended Solids (effluent)	Analytical Results	4	4	4	1	0	lbs/day	1/month	Grab or Composite
Total Suspended Solids (effluent)	Permit Limits	N/A	40	60	80.1	report	lbs/day	1/month	Grab or Composite
Total Suspended Solids (effluent)	Analytical Results	94					%	1/month	Calculated
Total Suspended Solids (effluent)	Permit Limits	85%	N/A	N/A	N/A	report	%	1/month	Calculated
Fecal Coliform Bacteria (effluent)	Analytical Results	7	7	7	1	0	#/100 ml	1/month	Grab
Fecal Coliform Bacteria (effluent)	Permit Limits	N/A	200	N/A	800	report	#/100 ml	1/month	Grab
Dissolved Oxygen (effluent)	Analytical Results	3.1					mg/l	1/month	Grab
Dissolved Oxygen (effluent)	Permit Limits	2	N/A	N/A	N/A	report	mg/l	1/month	Grab
pH (effluent)	Analytical Results	6.9					Std. Units	3/week	Grab
pH (effluent)	Permit Limits	6	N/A	N/A	9	report	Std. Units	3/week	Grab
Total Residual Chlorine (effluent)	Analytical Results	0.1					mg/l	3/week	Grab
Total Residual Chlorine (effluent)	Permit Limits	N/A	0.5	N/A	1	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. 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 Wastewater Treatment Supervisor

SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

DATE: 8-12-12 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

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/W Utilities Superintendent
 Phone / email: (907)586-0393
 Onsite Contact: Nathan McCombs
 Phone: (907)586-0393

Required Reporting Frequency Monthly		Discharge: Secondary treated wastewater	
2012	1	From:	7
2012	28	To:	7

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method	Fecal Coliform (Edge of MZ)		Fecal Coliform (Shoreline)		Dissolved Oxygen		pH		Total Chlorine (if chlorine is used as disinfectant)	
										Analytical Results	Permit Limits	Analytical Results	Permit Limits	Analytical Results	Permit Limits	Analytical Results	Permit Limits		
Fecal Coliform	N/A	14	N/A	43	report	report	#/100 ml	Twice per year - 2/year	Grab	0	0	0	0	0	0	0	0	0	0
Fecal Coliform	N/A	14	N/A	43	report	report	#/100 ml	Twice per year - 2/year	Grab	0	0	0	0	0	0	0	0	0	0
Dissolved Oxygen	N/A	6	N/A	17	report	report	mg/l	Upon request by ADEC	Grab	0	0	0	0	0	0	0	0	0	0
pH	N/A	6.5	N/A	8.5	report	report	Sid Units	Upon request by ADEC	Grab	0	0	0	0	0	0	0	0	0	0
Total Chlorine (if chlorine is used as disinfectant)	N/A	N/A	N/A	0.01	report	report	mg/l	Twice per year - 2/year	Grab	0	0	0	0	0	0	0	0	0	0

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
 Nathan McCombs Wastewater Treatment Supervisor
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 DATE: 8-10-12
 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