

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska
AUG 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	CHLORINE RESIDUAL mg/L	CHL. USED GALLONS	Na2SO3 USED LBS	
SUN	29	0.062	0.002	15.5	7.6	4.5					16.2	7.0	3.4						0.04	0.04	3.50	4.03
MON	30	0.079	0.005	14.7	7.5	4.6					16.1	7.0	3.4						0.28	0.28	5.00	3.72
WED	1	0.077	0.003	14.6	7.6	4.3	192	124	216	139	15.6	7.0	3.5	1	1	6	4	7	0.07	5.68	1.03	1.03
THU	2	0.065	0.003	14.7	7.7	5.3					15.5	7.6	4.6						0.05	5.88	3.10	3.10
FRI	3	0.085	0.003	15.2	7.7	4.7					15.2	7.6	4.3						0.03	4.26	4.03	4.03
SAT	4	0.077	0.001																0.03	4.26	4.03	4.03
SUN	5	0.075	0.000																0.04	2.82	2.46	2.46
MON	6	0.089	0.012	14.5	7.4	6.5					15.8	7.1	3.8						0.02	4.00	4.00	2.48
TUE	7	0.103	0.003	16.2	7.8	5.1	380	326	134	115	15.6	7.1	3.6	28	24	8	7		0.46	7.85	8.37	
WED	8	0.081	0.003	14.9	7.4	5.4					16.2	7.1	3.7						0.01	4.50	4.50	4.65
THU	9	0.082	0.006	13.7	7.6	6.6					14.9	7.1	4.4						0.62	4.50	2.48	2.48
FRI	10	0.078	0.003	13.5	7.5	6.6					14.9	7.1	4.4						0.62	4.50	3.62	3.62
SAT	11	0.063	0.003																	16.50	3.72	3.72
SUN	12																			4.00	4.00	3.10
MON	13	0.076	0.004	16.4	7.8	5.3					16.2	7.0	3.9						0.93	4.50	3.10	2.48
TUE	14	0.084	0.003	16.4	7.5	5.6					17.1	7.0	3.3						0.02	4.50	2.48	2.48
WED	15	0.085	0.004	13.5	7.3	6.6					16.1	7.0	3.7						1.70	4.00	3.72	3.72
THU	16	0.085	0.006	15.1	7.7	3.7					16.4	7.0	3.3						0.02	3.00	2.79	2.79
FRI	17	0.087	0.003	15.5	7.9	4.0					16.2	7.0	3.6						0.03	4.00	3.72	3.72
SAT	18	0.054	0.000																	1.75	2.48	0.00
SUN	19	0.071	0.000																	0.32	4.50	4.65
MON	20	0.074	0.003	15.4	7.6	5.6					16.7	7.0	3.2						0.10	4.50	3.10	3.10
TUE	21	0.056	0.003	15.9	7.7	5.2					16.7	7.0	2.9						0.02	4.50	3.10	3.10
WED	22	0.071	0.003	15.9	7.9	4.8					16.7	7.0	3.1						0.01	6.00	2.17	2.17
THU	23	0.092	0.003	14.4	7.5	6.0					16.2	7.1	2.8						0.01	6.00	1.55	1.55
FRI	24	0.087	0.003	16.3	8.4	5.7					17.7	6.9	2.7							4.25	2.48	2.48
SAT	25	0.086	0.003																			
TOTAL		1.951	0.147																		132.55	
MAXIMUM		0.103	0.065	16.4	8.4	6.6	380	326	216	139	17.7	7.6	4.6	28	24	8	7	7	1.70	16.50	8.37	
MINIMUM		0.054	0.000	13.5	7.3	3.7	192	124	134	115	14.9	6.9	2.7	1	1	6	4	7	0.01	0.00	0.00	
AVERAGE		0.072	0.005	15.1	7.7	5.3	286	225	175	127	16.1	7.1	3.6	15	12	7	5	7	0.24	4.73	3.27	
OF ANALYSIS		27	27	20	20	20	2	2	2	2	20	20	20	2	2	2	2	2	23	28	28	28

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

WEEK	BOD			TSS			CHLORINE		WEEKLY AVERAGE		WEEKLY	
	mg/L	lbs	mg/L	mg/L	lbs	mg/L	lbs	mg/L	lbs	Geo. Mean	WEEKLY	
1	6	4	1	1	1	0.0743	4.6	7	7			
2	8	7	28	24	24	0.2850	6.4	4	4			
3						0.5400	3.7					
4						0.0920	4.3					
MAX	8	7	28	24	24	0.5400	6	6	7			

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

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 Iregu/W 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
 From: 7 To: 8
 Sample Period 2012 25 2012 29

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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Discharge 1		Flow Rate (effluent or influent)	Estmt'd/ Measure	0.072	0.103	27	mgd	Daily 5/week recorded	Permit Limits	N/A	report	report	report
Biochemical Oxygen Demand (influent)	Biochemical Oxygen Demand	mg/l	Analytical Results	175	175	216	2	report	Permit Limits	N/A	report	report	report
				7	7	8	2	report	Permit Limits	N/A	report	report	report
Biochemical Oxygen Demand (effluent)	Biochemical Oxygen Demand	mg/l	Analytical Results	30	45	60	1/ month Composite	report	Permit Limits	N/A	report	report	report
				5	5	7	2	report	Permit Limits	N/A	report	report	report
Biochemical Oxygen Demand (effluent)	Biochemical Oxygen Demand	lbs/day	Analytical Results	40	60	80.1	1/ month Composite	report	Permit Limits	N/A	report	report	report
				96	85%	N/A	report	Permit Limits	N/A	report	Permit Limits	N/A	report
Total Suspended Solids (effluent)	Total Suspended Solids	mg/l	Analytical Results	286	286	380	2	report	Permit Limits	N/A	report	report	report
				15	15	28	2	report	Permit Limits	N/A	report	report	report
Total Suspended Solids (effluent)	Total Suspended Solids	mg/l	Analytical Results	30	45	60	1/ month Composite	report	Permit Limits	N/A	report	report	report
				12	12	24	2	report	Permit Limits	N/A	report	report	report
Total Suspended Solids (effluent)	Total Suspended Solids	lbs/day	Analytical Results	40	60	80.1	1/ month Composite	report	Permit Limits	N/A	report	report	report
				95	85%	N/A	report	Permit Limits	N/A	report	Permit Limits	N/A	report
Fecal Coliform Bacteria (effluent)	Fecal Coliform Bacteria	#/100 ml	Analytical Results	7	7	800	1/ month Grab	report	Permit Limits	N/A	report	report	report
				2.7	2.7	20	1/ month Grab	report	Permit Limits	N/A	report	report	report
Dissolved Oxygen (effluent)	Dissolved Oxygen	mg/l	Analytical Results	2	N/A	N/A	1/ month Grab	report	Permit Limits	N/A	report	report	report
				6.9	N/A	7.6	3/ week Grab	report	Permit Limits	N/A	report	report	report
pH (effluent)	pH (effluent)	Std. Units	Analytical Results	6	N/A	9	3/ week Grab	report	Permit Limits	N/A	report	report	report
				0.237	N/A	1.7	3/ week Grab	report	Permit Limits	N/A	report	report	report
Total Residual Chlorine (effluent)	Total Residual Chlorine	mg/l	Analytical Results	0.5	N/A	1.00	3/ week Grab	report	Permit Limits	N/A	report	report	report
				1	1	1	3/ week Grab	report	Permit Limits	N/A	report	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 Wastewater Treatment Supervisor
 SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT
 DATE 9-11-12
 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 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/WW Utilities Superintendent
 Phone / email: (907)586-0393
 Onsite Contact: Nathan McCombs
 Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharged into Auke Bay		
	From:	To:	Sample Period
	29	7	2012
	25	8	2012

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

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
Nathan McCombs

DATE
 7-1-12

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

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

Name: Nathan McCombs Title: WWTP Supervisor Signature: *Nathan McCombs* Date: 8/21/2012

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.

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

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

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
CL2 Residual	1.0 mg/L avg./day	1.7 mg/L avg./day	8/15/2012

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

The operators have been instructed to keep a closer eye on the de-chlorination and to take multiple samples to maintain the residual within permitted parameters. 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)

Description of the noncompliance and its cause (be specific): Only 2 samples were pulled for Chlorine Residual. The first was 1.97 mg/L due to lack of de-chlor tabs in the channel. The tabs were added and 1 hour later a sample was pulled with a 0.40 mg/L result. More sampling would have kept the effluent in compliance.

Estimated Quantity involved (volume or weight):

If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:

Period of Noncompliance Start Date/Time (exact): 8/15/2012 0800 End Date/Time (exact): 8/15/2012 1630

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

PERMIT# (if any): AKG-57-1000	Owner or Operator	Facility Name:	Facility Location:
	CBJ	Auke Bay WWTP	Glacier HWY, Juneau
	Person Reporting:	Phone Numbers of Person Reporting:	Reported How? (e.g. by phone):
	Nathan McCombs	586-0741	phone
	Date/Time Event was Noticed:	Date/Time Reported:	Name of DEC Staff Contacted:
	8/20/2012 1600	8/20/2012 1600	Chris Foley

NONCOMPLIANCE NOTIFICATION

Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

