

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska
August 2013

DAY	DATE	FLOWS					INFLUENT					EFFLUENT					MISCELLANEOUS								
		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	FOG mg/L	NH3	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	NH3	FOCAL COLIFORM /100 ml	Cl- RESIDUAL mg/L	Cl- USED GAL	Na2SO3 USED LBS
SUN	28	0.057	0.000	18.1																					
MON	29	0.060	0.004	16.7																					
TUE	30	0.062	0.004	18.0																					
WED	31	0.058	0.003	18.2																					
THU	1	0.051	0.000	17.9	8.3	5.2																			
FRI	2	0.059	0.003	17.3	8.2	5.2																			
SAT	3	0.053	0.005	17.8	8.3	5.2																			
SUN	4	0.062	0.000																						
MON	5	0.067	0.002	17.7	8.2	4.7																			
TUE	6	0.063	0.004	17.6	8.2	5.0																			
WED	7	0.048	0.004	18.0	8.2	4.9																			
THU	8	0.063	0.003	17.0	8.2	5.3																			
FRI	9	0.063	0.003	17.0	8.2	5.2																			
SAT	10	0.050	0.002	17.5	8.2	5.2																			
SUN	11	0.058	0.003																						
MON	12	0.056	0.006	17.6	8.3	4.4																			
TUE	13	0.053	0.003	18.2	8.2	5.2																			
WED	14	0.059	0.003	16.1	7.9	4.8																			
THU	15	0.067	0.003	16.4	7.8	4.6																			
FRI	16	0.064	0.000	17.1	7.4	5.1																			
SAT	17	0.064	0.003	16.5	8.1	5.1																			
SUN	18	0.084	0.002																						
MON	19	0.079	0.003	16.7	8.2	5.1																			
TUE	20	0.061	0.003	16.9	8.2	4.9																			
WED	21	0.072	0.003	16.7	8.2	5.8																			
THU	22	0.053	0.002	16.3	7.3	5.6																			
FRI	23	0.068	0.006	16.4	8.2	5.3																			
SAT	24	0.074	0.003	16.1	8.2	5.1																			
TOTAL		1.735	0.082																						
MAXIMUM		0.084	0.006	18.2	8.3	5.8																			
MINIMUM		0.048	0.000	16.1	7.3	4.4																			
AVERAGE		0.062	0.003	17.2		5.1																			
NO. OF ANALYSIS		28	28	28	21	21	11	11	10	10	0	0	3	3	25	25	25	11	11	10	10	0	0	3	3

% REMOVAL	
B.O.D.	92
S.S.	98

WEEK	BOD			TSS			CHLORINE			COLIFORM		
	mg/l	lbs	Gal	mg/l	lbs	Gal	mg/l	lbs	Gal	Geo. Mean	WEEKLY	
1	30	15	8	4	0.0286	3.1	6					
2	40	18	8	4	0.0217	3.4	8					
3	36	20	8	4	0.0333	3.3	1					
4	35	21	8	4	0.0367	3.3	5					
MAX	40	21	8	4	0.0367	3	8					

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

COMMENTS:

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Jim Westcott
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

FACILITY: Auke Bay WWTF
 LOCATION: 11825 GLACIER HWY
 Juneau, AK 99801

PERMIT NUMBER: AKG572004
 MONITORING PERIOD: 7/28/2013 TO 8/24/2013
 NO DISCHARGE:

Parameter	Quantity or Loading		Quality or Concentration		Units	No. Frequency of Ex. Analysis	Sample Type
	Maximum	Average	Minimum	Average			
Dissolved Oxygen	Sample meas.	3.0	2.0	3.0	mg/l	Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	19	53	35	mg/l	Monthly	Grab-Composite
	Permit reqmt.	40	80	30	mg/l	Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	21	60	40	mg/l	Monthly	Grab-Composite
	Permit reqmt.	60	60	45	mg/l	Monthly	Grab-Composite
pH	Sample meas.	6.9	6.0	6.9	S.U.	3X Weekly	Grab
	Permit reqmt.	6.0	9.0	6.0	S.U.	3X Weekly	Grab
Total Suspended Solids	Sample meas.	4	7	8	mg/l	Monthly	Grab-Composite
	Permit reqmt.	40	80	30	mg/l	Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	468	468	468	mg/l	Monthly	Grab-Composite
	Permit reqmt.	468	468	468	mg/l	Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	4	7.6	7.6	mg/l	Monthly	Grab-Composite
	Permit reqmt.	60	60	45	mg/l	Monthly	Grab-Composite
Flow	Sample meas.	0.062	0.084	0.062	MGD	5X Weekly	Measured
	Permit reqmt.	0.16	0.16	0.16	MGD	5X Weekly	Measured
Total Residual Chlorine	Sample meas.	0.03	0.08	0.03	mg/l	3X Weekly	Grab
	Permit reqmt.	0.5	1.0	0.5	mg/l	3X Weekly	Grab
Enterococci	Sample meas.	*****	*****	*****	Report	See Permit Requirements	Grab
	Permit reqmt.	*****	*****	*****	Report	See Permit Requirements	Grab
Fecal Coliform	Sample meas.	4	8	4	ct/100 ml	Monthly	Grab
	Permit reqmt.	200	800	200	ct/100 ml	Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	92	92	92	%	Monthly	Calculation
	Permit reqmt.	85	85	85	%	Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	98	98	98	%	Monthly	Calculation
	Permit reqmt.	85	85	85	%	Monthly	Calculation

COMMENTS:
 W = Average Weekly Effluent Limits;
 For Enterococci Bacteria monitoring requirements see Section 2.4 of the permit

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	DATE
Jim Westcott / Supervisor	8/28/2013
OFFICER OR AUTHORIZED AGENT	AREA NUMBER
Signature	AKG572004
Y M D	

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Jim Westcott
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801
 FACILITY: Auke Bay WWTF
 LOCATION: 11825 GLACIER HWY
 Juneau, AK 99801

PERMIT NUMBER: AK6572004
 OUTFALL / MONITORING POINT: MX21 Mixing Zone for Outfall 001
 MONITORING PERIOD: 7/28/2013 TO 8/24/2013
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average	Maximum			
Dissolved Oxygen	Sample	*****		*****				Grab	
	Permit	00300		6	17			Upon Request	
pH	Sample	*****		*****				Grab	
	Permit	00400		6.5	8.5			Upon Request	
Total Residual Chlorine	Sample	*****		*****				Grab	
	Permit	50060		0.0075	0.013			2X Annually	
Enterococci	Sample	*****		*****				Grab	
	Permit	61211		Report				See Permit Requirements	
Fecal Coliform	Sample	*****		*****				Grab	
	Permit	74055		14	43			2X Annually	
Fecal Coliform	Sample	*****		*****				Grab	
	Permit	74055		200	400			2X Annually	

COMMENTS: For Enterococci Bacteria monitoring requirements see Section 2.4 of the permit

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

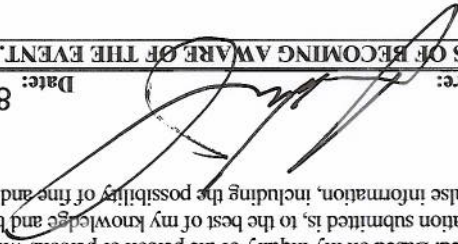
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	James Westcott / Supervisor		
TYPE D OR PRINTED			
certify under penalty of law that this document and all statements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	OFFICER OR AUTHORIZED AGENT	AREA NUMBER
			907.556.0744 / 15/9/19
			DATE


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



GENERAL INFORMATION		PERMIT# (if any):	
Owner or Operator:	CBJ	Facility Name:	Auke Bay WWTP
Person Reporting:	Jim Westcott	Phone Numbers of Person Reporting:	907-586-0741
		Reported How? (e.g. by phone):	Phone
Date/Time Event was Noticed:	7/30/13	Name of DEC Staff Contacted:	Honor Carpenter
		Date/Time Reported:	8/24/13 1630
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): 7/30/13	End Date/Time (exact): 8/24/13	1630
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): 19 LBS. BOD			
Description of the noncompliance and its cause (be specific): A substance of unknown nature had caused a significant process deterioration for a period of several days.			
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) A substance of unknown nature had caused a significant process deterioration for a period of several days. No significant process changes were implemented due to the size of the system. Aeration DO levels are consistently being monitored in all contact basins. Influent and effluent Sampling has been increased to 5 days a week.			
Permit Condition Deviation (Identify each permit condition exceeded during the event):			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD	30 mg/l monthly limit	35 mg/l monthly average	8/4/13 - 8/24/13
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) No significant process changes were implemented due to the size of the system. Aeration DO levels are consistently being monitored in all contact basins. Influent and effluent Sampling has been increased to 5 days a week.			
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:	Jim Westcott	Title:	WWTP Supervisor
Signature:			
Date:	8/26/2013		
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

GENERAL INFORMATION		PERMIT# (if any):	
Owner or Operator:	CBJ	Facility Name:	Auke Bay WWTP
Person Reporting:	Jim Westcott	Phone Numbers of Person Reporting:	907-586-0741
Date/Time Event was Noticed:	9/5/13	Reported How? (e.g. by phone):	Phone
Name of DEC Staff Contacted:	Honor Carpenter	Facility Location:	11825 Glacier Highway, Juneau
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):	End Date/Time (exact):
		8/19/13	8/19/13 1630
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):			
53 LBS, BOD			
Description of the noncompliance and its cause (be specific):			
A substance of unknown nature had caused a significant process deterioration for a period of several days.			
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)			
A substance of unknown nature had caused a significant process deterioration for a period of several days. No significant process changes were implemented due to the size of the system. Aeration DO levels are consistently being monitored in all contact basins. Influent and effluent Sampling has been increased to 5 days a week.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD, pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD	60 mg/l daily limit	80 mg/l daily max.	8/19/13
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
No significant process changes were implemented due to the size of the system. Aeration DO levels are consistently being monitored in all contact basins. Influent and effluent Sampling has been increased to 5 days a week.			
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:	Jim Westcott	Title:	WWTP Supervisor
Signature:			
Date:	8/26/2013		
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

	<p style="text-align: center;">Alaska Department of Environmental Conservation</p> <p style="text-align: center;">Division of Water, Compliance and Enforcement Program</p> <p style="text-align: center;">555 Cordova Street Anchorage, Alaska 99501</p> <p style="text-align: center;">Nationwide Toll Free: (1877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov</p>
---------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NONCOMPLIANCE NOTIFICATION