

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

September 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 mg/L	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 mg/L	FECAL COLIFORM/100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED Gal	Na2SO2 USED LBS
SUN	25	0.061	0.003	17.1	8.5	5.4	410	278	530	360		16.9	8.1	3.8	7	5	49	33				4	0.05	3.0	6.51
MON	26	0.081	0.002	16.9	7.7	6.0	280	142	400	203		17.9	7.0	4.3	6	3	55	28					0.02	4.0	5.58
TUE	27	0.061	0.020	15.4	7.3	5.8	410	187	671	305		16.6	7.0	4.3	12	5	44	20					0.01	4.0	5.58
WED	28	0.055	0.006	16.3	7.2	5.5	370	194	410	215		16.4	7.1	3.8	18	9	64	34					0.02	3.0	4.96
THU	29	0.063	0.004	15.4	7.6	4.4						16.7	7.1	3.8									0.03	3.0	5.58
FRI	30	0.066	0.003	16.1	8.2	5.2						16.5	8.1	4.3									0.02	3.0	5.27
SAT	31	0.086	0.003	15.9	8.4	5.5						16.2	8.1	4.2									0.03	3.0	8.06
SUN	1	0.086	0.002	14.7	6.8	4.7						16.3	6.8	4.4								4	0.05	4.0	8.99
MON	2	0.076	0.005	14.6	6.9	4.8						16.3	6.8	4.2									0.06	3.0	5.58
TUE	3	0.091	0.003	15.8	7.1	6.6	200	151			10	16.3	6.8	4.2	7	5					18	0.04	3.0	5.58	
WED	4	0.091	0.002	16.2	7.0	6.6	270	182	240	162	23	16.2	6.7	3.9	6	4	11	7			18	0.02	3.0	9.30	
THU	5	0.081	0.002	15.9	7.1	6.0			310	183		16.2	6.6	3.9			12	7				0.02	3.0	4.65	
FRI	6	0.071	0.002	15.9	7.1	6.0						16.2	6.8	3.8									0.02	3.0	4.34
SAT	7	0.092	0.003	15.8	8.3	5.2						16.5	7.9	3.5									0.07	4.0	5.58
SUN	8	0.080	0.002	16.1	7.1	6.6	240	133	350	194		16.0	6.7	3.8	9	5	10	6			32	0.03	3.0	3.72	
MON	9	0.079	0.003	17.0	7.8	5.9			260	184	26	16.2	6.2	3.8			13	9			19	0.03	3.0	3.72	
TUE	10	0.085	0.004	17.3	7.1	5.6	230	115	260	130		16.4	6.7	3.5	4	2	10	5				0.08	3.0	9.30	
WED	11	0.060	0.004	15.5	7.4	5.8			410	224	31	17.4	7.0	3.6			12	7			17	0.09	4.0	4.34	
THU	12	0.066	0.003																				0.05	3.0	3.72
FRI	13	0.059	0.003																				0.04	3.0	4.34
SAT	14	0.071	0.002																				0.00	3.0	9.30
SUN	15	0.082	0.002																				0.08	5.0	5.27
MON	16	0.063	0.003	15.1	7.9	4.9	250	132			24	16.2	7.4	3.7	4	3	12	8			19	0.02	4.0	3.10	
TUE	17	0.088	0.005	17.5	7.8	5.9	110	81	140	92		14.6	7.6	5.5			9	7				0.03	3.0	5.89	
WED	18	0.079	0.004	15.6	7.5	4.9			450	346	30	15.3	7.3	3.4	5	4	9	7			15	0.03	3.0	4.96	
THU	19	0.092	0.004	15.6	7.5	4.9																	0.02	4.0	7.44
FRI	20	0.086	0.002																				0.02	4.0	7.44
SAT	21	0.082	0.002																				0.01	4.0	6.51
SUN	22	0.088	0.003	15.8	7.8	5.3	70	51	130	96		15.6	7.3	3.6	4	3	8	6			13	0.01	4.0	5.58	
MON	23	0.050	0.006	14.3	7.8	5.3	200	133	210	84		15.4	7.4	3.8	4	3	8	3				0.11	3.0	6.20	
TUE	24	0.080	0.006	14.2	7.9	6.3			140	140		15.4	7.4	3.9	4	3	9	6				0.10	3.0	3.72	
WED	25	0.062	0.005	15.3	8.0	5.1	280	120	370	159		15.4	7.4	3.6	6	3	9	4				0.10	4.0	8.60	
THU	26	0.062	0.005	16.0	8.0	5.1	190	100	280	147		15.5	7.4	3.7	7	4	8	4			20	0.03	3.0	9.30	
FRI	27	0.063	0.007																				0.04	4.0	4.96
SAT	28	0.057	0.122																				0.04	4.0	4.96
TOTAL		2.577	0.020	17.5	8.5	6.8	510	392	671	360	34	17.9	8.1	5.5	26	17	64	34			20	0.11	5.0	9.30	
MINIMUM		0.050	0.002	14.2	6.8	4.4	70	51	130	84	10	14.6	6.2	3.2	4	2	8	3			15	4	0.00	3.0	3.10
AVERAGE		0.074	0.004	15.9	7.6	5.6	268	162	331	193	25	16.2	7.3	3.9	8	5	19	11			18	12	0.04	3.4	5.91
OF ANALYSIS		35	32	27	27	27	17	17	19	19	0	7	27	27	16	16	19	19	0	7	5	7	32	35	35

% REMOVAL	
B.O.D.	94
S.S.	98

WEEK	BOD			TSS			CHLORINE			WEEKLY COLIFORM		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	mg/l	Gal	Geo. Mean			
1	53	29	11	6	0.03	3.43	4					
2	12	7	7	5	0.03	3.14	4					
3	11	7	13	8	0.06	3.57	32					
4	10	7	5	3	0.03	3.57	35					
5	8	5	5	3	0.07	3.43	13					
MAX	53	29	13	8	0.07	3.57	35					

*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: 8/25/2013

TO 9/28/2013

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen	Sample meas.	*****	*****		3.2	*****	*****				
	1 - Final Effluent 00300 Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	11	34		*****	19	64				
	1 - Final Effluent 00310 Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	*****		*****	331	*****				
	G - Influent 00310 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	29	*****		*****	53	*****				
	W - See Comments 00310 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		6.2	*****	8.1				
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	5	17		*****	8	26				
	1 - Final Effluent 00530 Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	*****	*****		*****	268	*****				
	G - Influent 00530 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	8	*****		*****	13	*****				
	W - See Comments 00530 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.074	0.092		*****	*****	*****				
	1 - Final Effluent 50050 Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.10	0.01				
	1 - Final Effluent 50060 Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.	*****	*****		*****	*****					
	1 - Final Effluent 61211 Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	12	35				
	1 - Final Effluent 74055 Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		94	*****	*****				
	K - Percent Removal 81010 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98	*****	*****				
	K - Percent Removal 81011 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		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 <i>Jim Westcott</i> TYPED OR PRINTED	I certify under penalty of law that this discharge 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 907.586.0741	DATE 13.10.15
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>

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: 8/25/2013

TO 9/28/2013

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

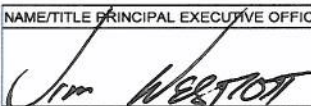
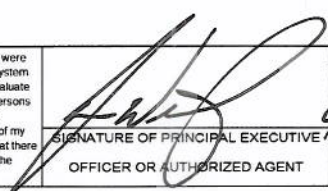
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen 3 - Outside edge of MZ 00300	Sample meas.	*****	*****			*****	7.8			1	
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****			*****	8.8			1	
	Permit reqmt.	*****	*****		6.5 daily minimum	*****	8.5 daily maximum	S.U.		Upon Request	Grab
Total Residual Chlorine 3 - Outside edge of MZ 50060	Sample meas.	*****	*****		*****	0.04				1	
	Permit reqmt.	*****	*****		*****	0.0075 monthly average		mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****	10			1	
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****	2				1	
	Permit reqmt.	*****	*****		*****	14 monthly geometric mean	43 daily maximum	cts/100 ml		2X Annually	Grab
Fecal Coliform 4 - Shoreline in MZ 74055	Sample meas.	*****	*****		*****	58				1	
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	400 daily maximum	cts/100 ml		2X Annually	Grab

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  TYPED OR PRINTED	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.	TELEPHONE 907.526.0744	DATE 13 10.15
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA NUMBER Y M D



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: 11825 Glacier Highway, Juneau
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0741	Reported How? (e.g. by phone): Mail
Date/Time Event was Noticed: 9/9/13	Date/Time Reported: 9/23/13	Name of DEC Staff Contacted:

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): 8/29/13	End Date/Time (exact): 8/29/13
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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):
34 lbs. BOD

Description of the noncompliance and its cause (be specific):
A brief process deterioration had occurred 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.

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)
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.

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD	60 mg/L daily limit	64 mg/l daily max.	9/29/2013
BOD	45 mg/L weekly ave.	53 mg/L weekly max.	9/29/2013
pH	8.5 outside mix zone	8.8 pH	9/9/2013

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) Yes No 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:** 10/9/2013

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