

February 11, 2014

Sally Wanstall
Alaska Department of Environmental Conservation
410 Willoughby Ave. #303
Juneau, AK 99801

Auke Bay WWTP Permit Number AKG-57-2004
Juneau-Douglas WWTP Permit Number AK-002321-3

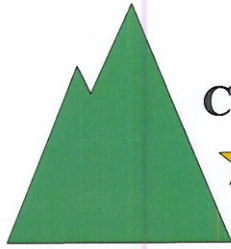
Dear Ms. Wanstall,

The City and Borough of Juneau (CBJ) has recognized that we did not include all the reportable effluent Total Suspended Solids (TSS) and Biochemical Oxygen Demand (BOD) results in monthly Discharge Monitoring Reports (DMRs) for the Juneau Douglas and Auke Bay Wastewater Treatment Plants in 2013. This letter is to disclose those reporting omissions to ADEC and to describe our corrected reporting practice.

The results in question are from TSS and BOD analyses from May 2013 through December 2013 that were below the laboratory's Practical Quantification Levels (PQLs). For example, CBJ's contract laboratory, Admiralty Environmental in Juneau Alaska, presents TSS results that are below its PQL as "<4 mg/L." CBJ staff had not understood that those results must be included in the DMR and that the permits for both plants describe how results below the PQL (called ML or "Minimum Level" in the permits) are to be averaged and reported on the DMR.

There is no chance that effluent failed to comply with permit requirements during this period. CBJ had been sampling at greater-than-required frequencies, and the omitted results were only those where TSS or BOD concentrations were lower than their respective PQLs; In other words, the results from effluent samples having the highest quality were the ones that were not represented on the DMR and were not included in the monthly average.

Wastewater Utility Division
2009 Radcliffe Road
Juneau, AK 99801
Phone: (907) 586-0393 fax: (907) 789-1681



**CITY & BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY**

Ms. Wanstall
February 11, 2014
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Going forward, CBJ will be reporting as prescribed in General Permit AKG-57-2000 and Permit AK-002321-3. On the DMRs for January 2014 and subsequent months, when CBJ enters results to be used in calculating monthly averages that are detectable but are below the PQL, we will enter them as the numeric value of the Method Detection Limit (MDL). The resulting monthly average, if in between the MDL and PQL, will be written as "<" followed by the numerical value of the PQL.

Please let us know if you have any concerns about the above or require any additional information.

Sincerely,

Samantha Stoughtenger
Wastewater Utility Superintendent

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

January 2014

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	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 mg/L	Cl ₂ USED Gal	Na2SO2 USED LBS							
SUN	29	0.072	0.003	9.3	7.9	8.1	88.0	38.7	150.0	66.0			9.1	7.0	5.4	5.0	2.2	5.0	2.2			1	0.00	3.0	3.0	4.34						
MON	30	0.053	0.003	8.6	7.6	8.5							9.3	7.1	6.1								0.00	3.0	3.0	5.58						
TUE	31	0.062	0.003	8.6	8.3	9.6							8.3	7.1	5.9							0.08	3.0	3.0	4.65							
WED	1	0.067	0.003	6.9	7.9	8.7	110.0	61.8	200.0	112.3			8.5	7.1	5.9	1.0	0.5	4.0	2.2			0.01	3.0	3.0	5.89							
THU	2	0.060	0.002	6.5	7.8	8.3	170.0	84.9	230.0	114.7			8.8	7.0	5.6	1.0	0.5	5.0	2.5			0.00	3.0	3.0	4.96							
FRI	3	0.060	0.002																				0.00	3.0	3.0	8.68						
SAT	4	0.060	0.002																				0.00	3.0	3.0	8.68						
SUN	5	0.088	0.000	6.6	7.6	9.3	130.0	85.4	150.0	98.5			8.6	7.0	6.1	4.20	27.6	0.5	0.3			0.09	2.0	2.0	9.30							
MON	6	0.079	0.003	7.6	6.8	9.2	140.0	91.6	200.0	130.9			8.0	7.0	6.7	5.0	3.3	0.5	0.3			0.04	4.0	4.0	5.58							
TUE	7	0.078	0.005	7.6	7.6	8.2	78.0	41.6	110.0	58.6			8.4	7.0	5.9	1.0	0.5	4.0	2.1			0.05	3.0	3.0	7.44							
WED	8	0.064	0.002	7.6	7.6	9.1	120.0	79.6	110.0	73.0			8.4	7.0	6.3	1.0	0.7	4.0	2.7			0.03	3.0	3.0	6.20							
THU	9	0.080	0.003	6.3	7.5	7.9	140.0	73.1	180.0	94.0			8.7	7.0	5.8	1.0	0.5	0.5	0.3			0.03	3.0	3.0	6.82							
FRI	10	0.063	0.003	7.9	7.8	8.3																	0.02	4.0	4.0	6.82						
SAT	11	0.070	0.002																				0.03	4.0	4.0	6.82						
SUN	12	0.062	0.000																				0.02	4.0	4.0	4.65						
MON	13	0.100	0.002	9.5	7.9	7.6	230.0	191.9	160.0	133.5			9.4	6.9	4.3	1.0	0.8	6.0	5.0			0.05	4.0	3.0	3.10							
TUE	14	0.128	0.005	6.8	7.6	10.0	99.0	105.4	120.0	127.7			7.3	7.0	7.3	2.0	21.3	8.0	8.5			0.10	3.0	3.0	4.96							
WED	15	0.101	0.002	7.5	8.1	9.6	110.0	92.8	130.0	109.7			7.8	7.3	6.8	4.0	3.4	8.0	6.8			0.06	3.0	3.0	8.37							
THU	16	0.110	0.004	7.5	7.7	8.5	420.0	384.4	300.0	274.5			8.5	7.0	5.8	4.0	3.7	7.0	6.4			0.07	4.0	4.0	7.44							
FRI	17	0.075	0.005	8.8	7.5	8.3	180.0	111.9	220.0	136.8			8.5	7.1	6.0	1.0	0.6	17.0	10.6			0.14	4.0	4.0	6.82							
SAT	18	0.077	0.000																				0.02	3.0	3.0	5.58						
SUN	19	0.078	0.000																				0.02	3.0	3.0	7.44						
MON	20	0.074	0.003	9.5	7.8	10.0	128.0	78.5	140.0	85.9			10.2	7.1	4.2	1.0	0.6	5.0	3.1			0.09	2.0	2.0	4.34							
TUE	21	0.059	0.003	8.0	7.7	9.0	98.0	48.2	130.0	64.0			10.2	7.6	4.9	1.0	0.5	13.0	6.4			0.05	3.0	3.0	6.20							
WED	22	0.094	0.005	7.6	7.8	8.1	136.0	106.8	180.0	141.3			9.9	6.9	4.0	1.0	0.8	10.0	7.9			0.04	3.0	3.0	5.89							
THU	23	0.082	0.004	9.2	7.8	8.5	100.0	76.5	170.0	130.0			9.0	7.0	5.6	1.0	0.8	7.0	5.4			0.04	3.0	3.0	7.75							
FRI	24	0.075	0.002	9.4	7.6	8.0	444.0	278.4	920.0	576.8			9.4	7.1	5.0	4.0	2.5	6.9	4.3			0.09	3.0	3.0	8.37							
SAT	25	0.077	0.002																				0.00	3.0	3.0	6.20						
SUN	26	0.077	0.000																				0.03	3.0	3.0	6.20						
MON	27	0.077	0.003	8.9	7.9	7.7	272.0	174.7	260.0	167.0			10.3	7.0	4.1	1.0	0.6	3.8	2.4			0.03	2.0	2.0	5.27							
TUE	28	0.064	0.003	8.8	8.2	8.9	252.0	135.1	190.0	101.8			10.3	7.0	3.8	1.0	0.5	7.0	3.8			0.04	4.0	4.0	6.20							
WED	29	0.063	0.003	11.6	8.0	7.4	156.0	81.7	200.0	104.7			10.4	6.9	3.8	1.0	0.5	6.2	3.2			0.05	3.0	3.0	6.20							
THU	30	0.070	0.001	10.5	8.0	7.8	144.0	84.5	210.0	123.3			10.0	6.9	3.8	1.0	0.6	4.0	2.3			0.07	3.0	3.0	6.82							
FRI	31	0.058	0.003	10.6	7.8	7.2	120.0	58.1	170.0	82.4			10.1	7.0	3.6	1.0	0.5	4.7	2.3			0.03	3.0	3.0	5.89							
SAT	1	0.056	0.002																				0.00	3.0	3.0	10.54						
TOTAL		2.623	0.081																					109.6	4.0	10.54						
MAXIMUM		0.128	0.005	11.6	8.3	10.0	444.0	384.4	920.0	576.8			10.4	7.6	7.3	4.20	27.6	17.0	10.6			2	0.14	4.0	10.54							
MINIMUM		0.052	0.000	6.3	6.8	7.2	78.0	38.7	110.0	58.6			7.3	6.9	3.6	1.0	0.5	0.5	0.3			1	0.00	2.0	3.10							
AVERAGE		0.075	0.002	8.4	7.5	8.5	168.0	111.5	210.0	135.1			9.1	7.1	5.3	4.3	3.2	6.0	4.0			1	0.05	3.1	6.19							
OF ANALYSIS		35	34	25	25	25	23	23	23	23	0	0	25	25	25	23	23	23	23	23	0	0	5	28	35	35						

COMMENTS:

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

WEEK	BOD			WEEKLY AVERAGE			CHLORINE			WEEKLY		
	mg/L	lbs	mg/L	TSS	lbs	mg/L	mg/L	Gal	Geo. Mean	mg/L	Gal	Geo. Mean
1	4.7	2.3	2.3	1.1	0.02	3.12	1	1	1			
2	1.9	1.1	10.0	6.5	0.07	3.57	2	2	2			
3	9.2	7.4	6.0	6.0	0.05	2.86	1	1	1			
4	8.4	5.4	1.6	1.0	0.04	3.00	1	1	1			
5	5.1	2.8	1.0	0.6	0.04	3.00	1	1	1			
MAX	9.2	7.4	10.0	6.5	0.07	3.57	2	2	2			

%REMOVAL	
B.O.D.	97
S.S.	98

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
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: 12/29/2013 TO 2/1/2014

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 1 - Final Effluent 00300	Sample meas.	*****	*****		3.6	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	4.0	10.6		*****	6.0	17.0				
	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) G - Influent 00310	Sample meas.	*****	*****		*****	210.0	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	7.4	*****		*****	9.2	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.9	*****	7.6				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	3.2	27.6		*****	4.3	42.0				
	Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Total Suspended Solids G - Influent 00530	Sample meas.	*****	*****		*****	168.0	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	6.5	*****		*****	10	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.075	0.128		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.06	0.03				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	*****				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	1	2				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		98	*****	*****				
	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 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	DATE
<i>Jim Westcott</i>	<i>[Signature]</i>	907.566.0993	12/2/10
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	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: AKG572004

MONITORING PERIOD: 12/29/2013

TO 2/1/2014

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.	*****	*****			*****					
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****			*****					
	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.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	14 monthly geometric mean	43 daily maximum	cts/100 ml		2X Annually	Grab
Fecal Coliform 4 - Shoreline in MZ 74055	Sample meas.	*****	*****		*****						
	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 <i>Jim Westcott</i>	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE	DATE
			907-860-0593	14/2/14
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D