

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

CONTACT NAME: Catherine Carlson
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 5/1/2017

TO 5/31/2017

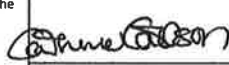
OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

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.	*****	*****		4.0	*****	*****				
	1 - Final Effluent 00300 Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	3	4		*****	8	12				
	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.	*****	*****		*****	313	*****				
	G - Influent 00310 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	4	*****		*****	10	*****				
	W - See Comments 00310 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		7.1	*****	7.4				
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	1	3		*****	2	8				
	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.	*****	*****		*****	275	*****				
	G - Influent 00530 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	2	*****		*****	5	*****				
	W - See Comments 00530 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.05	0.07		*****	*****	*****				
	1 - Final Effluent 50050 Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.2	1.2		1		
	1 - Final Effluent 50060 Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.	*****	*****		*****	*****	170				
	1 - Final Effluent 61211 Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	2.0	8.0				
	1 - Final Effluent 74055 Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		97.5	*****	*****				
	K - Percent Removal 81010 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		99.1	*****	*****				
	K - Percent Removal 81011 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS: PLEASE SEE THE ATTACHED NONCOMPLIANCE NOTIFICATION FOR 5/10/2017
 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 PRINCIPLE EXECUTIVE OFFICE	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 evaluated 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	TELEPHONE	DATE
CATHERINE CARLSON/Wastewater Treatment Plant Operator			907 586-0393	5/7/06/08
TYPED OR PRINTED			AREA/NUMBER	YY/MM/DD



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 Permit # AKG 572004	Facility Location: 11825 Glacier Highway, Juneau, AK 99803	
Person Reporting: Catherine Carlson	Phone Numbers of Person Reporting: 907 586-0393 or (907)723-7849	Reported How? (e.g. by phone): Phone- National non-compliance hot-line	
Date/Time Event was Noticed: 5/17/2017 7:00 am	Date/Time Reported: 5/17/2017 8:45am	Name of DEC Staff Contacted: 1-907-269-4114 Left msg. on hotline	
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): 5/10/2017 7:20 am	End Date/Time (exact): 5/10/2017 7:20 am	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): The facility exceeded its Total Residual Chlorine Maximum Daily limit on 5/10/2017.			
Description of the noncompliance and its cause (be specific): The total residual chlorine recorded for the day had exceeded the maximum daily limit and the follow up sampling and analysis was not conducted to ensure that the plants final effluent total residual chlorine was within established permit limits.			
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) Please see corrective actions listed below.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Total Residual Chlorine	1.0mg/l Maximum Daily	1.18mg/l	5/10/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Senior operations staff member reviewed the facility's DMR and sampling SOP's with the plant operator to ensure a better understanding of the procedures and permit limitations. The operator understands the importance of follow up sampling and analysis to ensure that the plant maintains an average total residual chlorine of <0.50 mg/l in the final effluent and to notify senior operations staff in the future for assistance.			
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): Unknown			
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: Catherine Carlson		Title: Operator	Signature:  Date: 05/18/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			