



Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
50050	Flow, in conduit or thru treatment plant	Smpl. =0.064	=0.123	03 - MGD					0	05/WK - Five Per Week	MS - MEASRD
1 - Effluent Gross											
Season: 0		Req. Req Mon MO AVG	<=.16 DAILY MX	03 - MGD						05/WK - Five Per Week	MS - MEASRD
NODI: -		NODI									
50060	Chlorine, total residual	Smpl. =0.02		19 - mg/L			=0.22		0	03/07 - Three Per Week	GR - GRAB
1 - Effluent Gross											
Season: 0		Req. Req. Mon MO AVG	<=.5 MO AVG	19 - mg/L			<=1 DAILY MX			03/07 - Three Per Week	GR - GRAB
NODI: -		NODI									
61211	Enterococci	Smpl. =490		13 - #/100mL					0	09/99 - See Permit	GR - GRAB
1 - Effluent Gross											
Season: 0		Req. Req. Mon DAILY MX	Req Mon DAILY MX	13 - #/100mL						09/99 - See Permit	GR - GRAB
NODI: -		NODI									
74055	Coliform, fecal general	Smpl. =3		13 - #/100mL			=10		0	01/30 - Monthly	GR - GRAB
1 - Effluent Gross											
Season: 0		Req. Req. MO GEOMN	<=200 MO GEOMN	13 - #/100mL			<=800 DAILY MX			01/30 - Monthly	GR - GRAB
NODI: -		NODI									
81010	BOD, 5-day, percent removal	Smpl. =98		23 - %					0	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0		Req. Req. MO MIN	>=85 MO MIN	23 - %						01/30 - Monthly	CA - CALCTD
NODI: -		NODI									
81011	Solids, suspended percent removal	Smpl. =99		23 - %					0	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0		Req. Req. MO MIN	>=85 MO MIN	23 - %						01/30 - Monthly	CA - CALCTD
NODI: -		NODI									

Submission Note



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

CONTACT NAME: Catherine Carlson  
 MAILING ADDRESS: 2009 Raddiffe  
 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: 8/1/2017

TO 8/31/2017

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Dissolved Oxygen	Sample meas.	*****		3.3	*****		0		
	Permit reqmt.	*****		2.0	*****			Monthly	Grab
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent								
	00300	Permit reqmt.		daily minimum	*****			Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	<del>3.3</del>		*****	<del>6.3</del>		0		
	Permit reqmt.	40 monthly average	lbs/day	*****	30 monthly average	60 daily maximum		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent								
	00310	Permit reqmt.		*****	270	*****	0	Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	<del>4.4</del>		*****	<del>7.7</del>		0		
	Permit reqmt.	60 weekly average	lbs/day	*****	45 weekly average	*****		Monthly	Grab-Composite
pH	Sample meas.	*****		7.1	*****		0		
	Permit reqmt.	*****		6.0	*****			3X Weekly	Grab
Total Suspended Solids	1 - Final Effluent								
	00400	Permit reqmt.		daily minimum	*****	9.0 daily maximum			
Total Suspended Solids	Sample meas.	2		*****	<del>3.5</del>	<del>7.2</del>	0		
	Permit reqmt.	40 monthly average	lbs/day	*****	30 monthly average	60 daily maximum		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	*****		*****	226	*****	0		
	Permit reqmt.	*****		*****	Report monthly average	*****		Monthly	Grab-Composite
Total Suspended Solids	1 - Influent								
	00530	Sample meas.		*****	<del>6.4</del>	*****	0		
Total Suspended Solids	Sample meas.	<del>3.7</del>		*****	<del>6</del>	*****	0		
	Permit reqmt.	4		*****		*****			

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

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 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: 8/1/2017

TO

8/31/2017  
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type		
			Average	Maximum					Minimum	Maximum
W - See Comments 00530	Permit reqmt. 60 weekly average	lbs/day	*****	*****	*****	45 weekly average	*****	Monthly	Grab-Composite	
Flow 1 - Final Effluent 50050	Sample meas. 0.064	MGD	*****	0.123	*****	*****	*****	0	Measured	
	Permit reqmt. Report monthly average		*****	0.16 daily maximum	*****	*****				
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas. *****	*****	*****	*****	*****	0.02	0.22	0	3X Weekly	Grab
	Permit reqmt. *****		*****	*****	*****	0.5 monthly average	1.0 daily maximum			
Enterococci 1 - Final Effluent 61211	Sample meas. *****	*****	*****	*****	*****	*****	490	0	See Permit Requirements	
	Permit reqmt. *****		*****	*****	*****	*****	Report daily maximum			
Fecal Coliform 1 - Final Effluent 74055	Sample meas. *****	*****	*****	*****	*****	3.4	10.0	0	Monthly	Grab
	Permit reqmt. *****		*****	*****	*****	200 monthly geometric mean	800 daily maximum			
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas. *****	*****	98	*****	98	*****	*****	0	Monthly	Calculation
	Permit reqmt. *****		*****	*****	*****	*****	*****			
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas. *****	*****	98	*****	98	*****	*****	0	Monthly	Calculation
	Permit reqmt. *****		*****	*****	*****	*****	*****			

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

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

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 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: 8/1/2017

TO 8/31/2017  
 NO DISCHARGE:

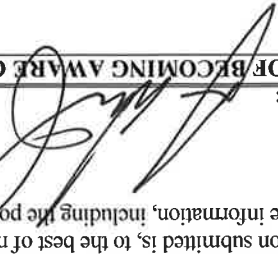
Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				

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.

<b>NAME/TITLE PRINCIPLE EXECUTIVE OFFICE</b>	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.				<b>TELEPHONE</b>	<b>DATE</b>
CATHERINE CARLSON/Wastewater Treatment Plant Operator					907 586-0393	
TYPED OR PRINTED					<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA/NUMBER</b>



**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](mailto:dec-wqreporting@alaska.gov)

<b>GENERAL INFORMATION</b>		PERMIT# (if any): AKG572000	
<b>Owner or Operator:</b>	City and Borough of Juneau	<b>Facility Name:</b>	Auke bay Wastewater Treatment Facility
<b>Person Reporting:</b>	Jim Westcott	<b>Phone Numbers of Person Reporting:</b>	907-586-0393
<b>Date/Time Event was Noticed:</b>	8/30/2017 @ 1615 pm	<b>Date/Time Reported:</b>	8/31/2017 @ 1530 pm
<b>Name of DEC Staff Contacted:</b>	Hotline	<b>Reported How? (e.g. by phone):</b>	Phone
<b>VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE</b>			
<b>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</b>			
<b>Period of Noncompliance</b>	Start Date/Time (exact): 8/22/2017 @ 0903 am	End Date/Time (exact): 8/22/2017 @ 0920 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): Unknown			
Description of the noncompliance and its cause (be specific): Permit exceedance of Auke bay FC shoreline and mixing zone grab samples.			
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)			
N/A			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<b>Parameter (e.g. BOD pH)</b>	<b>FC shoreline sample</b>	<b>Permit Limit</b>	400 daily limit
<b>FC mixing zone sample</b>		<b>Exceedance (sample result)</b>	> 600
<b>Sample Date</b>	8/22/2017		8/22/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
N/A			
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.			
<b>Name:</b>	Jim Westcott	<b>Title:</b>	Senior Operator
<b>Signature:</b>			
<b>Date:</b>	8/31/2017		
<b>FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.</b>			

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

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 MAILING ADDRESS: 2009 Radcliffe  
 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004  
 OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

MONITORING PERIOD: 8/1/2017 TO 8/31/2017

NO DISCHARGE

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	Frequency of Sample Type
	Average	Maximum		Minimum	Average	Maximum		
Dissolved Oxygen	Sample	*****	11.2	*****	11.2	mg/l	Grab	
	Permit	*****	6	*****	17	mg/l	Upon Request	
pH	Sample	*****	8.4	*****	8.4	S.U.	Grab	
	Permit	*****	6.5	*****	8.5	S.U.	Upon Request	
Total Residual Chlorine	Sample	*****	0.070	*****	0.011	mg/l	Grab	
	Permit	*****	0.0075	*****	0.013	mg/l	2X Annually	
Enterococci	Sample	*****	*****	*****	270	cts/100 ml	See Permit Requirements	
	Permit	*****	*****	*****	Report	cts/100 ml	Grab	
Fecal Coliform	Sample	*****	370	*****	370	cts/100 ml	Grab	
	Permit	*****	14	*****	43	cts/100 ml	2X Annually	
Fecal Coliform	Sample	*****	>600	*****	>600	cts/100 ml	Grab	
	Permit	*****	200	*****	400	cts/100 ml	2X Annually	

COMMENTS: Shoreline waters dark brown a lot of wildlife on the shore and at the shore and dead fish in the shore area. Receiving water area had a lot of boats in area and fish clean up had just taken place.

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 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	CATHERINE CARLSON/Wastewater Treatment Plant Operator	TYPED OR PRINTED
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 AUTHORIZED AGENT <i>Catherine Carlson</i>	AREA/NUMBER
DATE	TELEPHONE	907 586-0393
		17/09/12