

AUKE BAY WASTEWATER TREATMENT FACILITY- JUNEAU, ALASKA

Juneau, Alaska

JULY 2016

| 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 | Enterococci /100 ml | FECAL COLIFORM /100 ml | Cl ₂ RESIDUAL mg/L | Cl ₂ USED GAL | Na2SO3 USED LBS | |
| FRI | 1 | 0.06209 | 0.00250 | | | | | | | | | | | | | | | | | | | | | | | |
| SAT | 2 | 0.06235 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| SUN | 3 | 0.06031 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| MON | 4 | 0.05152 | 0.00200 | 15.4 | 7.51 | 3.64 | | | | | | 16.2 | 7.21 | 4.10 | | | | | | | | | | | | |
| TUE | 5 | 0.05557 | 0.00200 | 14.5 | 7.53 | 5.11 | 175.0 | 81.1 | 270.0 | 125.1 | | 16.0 | 7.35 | 4.37 | 8.4 | 3.9 | 11.0 | 5.1 | | 160 | 18 | | | | | |
| WED | 6 | 0.05173 | 0.00200 | 15.6 | 7.60 | 5.42 | 172.0 | 74.2 | 210.0 | 90.6 | | 16.1 | 7.33 | 4.09 | 7.6 | 3.3 | 9.8 | 4.2 | | | | | | | | |
| THU | 7 | 0.05609 | 0.00200 | 15.7 | 7.51 | 5.28 | | | | | | 16.3 | 7.29 | 3.72 | | | | | | | | | | | | |
| FRI | 8 | 0.05468 | 0.00300 | 15.9 | 7.34 | 5.43 | | | | | | 16.8 | 7.29 | 4.24 | | | | | | | | | | | | |
| SAT | 9 | 0.05443 | 0.00200 | | | | | | | | | | | | | | | | | | | | | | | |
| SUN | 10 | 0.05729 | 0.00200 | | | | | | | | | | | | | | | | | | | | | | | |
| MON | 11 | 0.04987 | 0.00300 | 16.1 | 7.94 | 5.55 | | | | | | 16.9 | 7.30 | 4.21 | | | | | | | | | | | | |
| TUE | 12 | 0.04373 | 0.00250 | 18.8 | 7.72 | 5.44 | 252.0 | 91.9 | 270.0 | 98.5 | | 16.9 | 7.29 | 4.11 | 8.0 | 2.9 | 8.3 | 3.0 | | | | | | | | |
| WED | 13 | 0.05578 | 0.00250 | 16.7 | 8.00 | 5.30 | 314.0 | 146.1 | 300.0 | 139.6 | | 17.2 | 7.30 | 4.33 | 9.6 | 4.5 | 11.0 | 5.1 | | | | | | | | |
| THU | 14 | 0.04653 | 0.00250 | 16.1 | 7.63 | 4.70 | | | | | | 17.2 | 7.33 | 4.74 | | | | | | | | | | | | |
| FRI | 15 | 0.04751 | 0.00250 | 14.7 | 8.82 | 6.82 | | | | | | 17.2 | 7.28 | 3.65 | | | | | | | | | | | | |
| SAT | 16 | 0.05552 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| SUN | 17 | 0.05058 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| MON | 18 | 0.04843 | 0.00250 | 18.2 | 7.95 | 4.94 | | | | | | 17.9 | 7.37 | 2.89 | | | | | | | | | | | | |
| TUE | 19 | 0.05033 | 0.00200 | 17.7 | 8.40 | 3.98 | 175.0 | 73.5 | 260.0 | 109.1 | | 17.6 | 7.31 | 3.65 | 19.0 | 8.0 | 21.0 | 8.8 | | | | | | | | |
| WED | 20 | 0.05391 | 0.00250 | 17.8 | 8.37 | 4.11 | 360.0 | 161.9 | 320.0 | 143.9 | | 17.7 | 7.47 | 4.33 | 18.0 | 8.1 | 24.0 | 10.8 | | | | | | | | |
| THU | 21 | 0.05012 | 0.00300 | 17.8 | 7.80 | 4.30 | | | | | | 17.1 | 7.42 | 3.71 | | | | | | | | | | | | |
| FRI | 22 | 0.06632 | 0.00250 | 15.9 | 7.83 | 5.58 | | | | | | 17.1 | 7.44 | 3.63 | | | | | | | | | | | | |
| SAT | 23 | 0.06990 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| SUN | 24 | 0.06830 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| MON | 25 | 0.06964 | 0.00400 | 15.5 | 7.88 | 5.84 | | | | | | 18.2 | 7.41 | 2.84 | | | | | | | | | | | | |
| TUE | 26 | 0.08305 | 0.00300 | 17.2 | 8.05 | 5.48 | 247.0 | 171.1 | 270.0 | 187.0 | | 18.0 | 7.40 | 3.68 | 54.0 | 37.4 | 50.0 | 34.6 | | | | | | | | |
| WED | 27 | 0.09518 | 0.00300 | 15.8 | 7.67 | 5.41 | 200.0 | 158.8 | 220.0 | 174.6 | | 16.1 | 7.42 | 3.51 | 46.0 | 36.5 | 32.0 | 25.4 | | | | | | | | |
| THU | 28 | 0.07269 | 0.00400 | 16.5 | 7.59 | 5.30 | 100.0 | 60.6 | 110.0 | 66.7 | | 16.0 | 7.42 | 3.38 | 32.0 | 19.4 | 24.0 | 14.5 | | | | | | | | |
| FRI | 29 | 0.07011 | 0.00300 | 16.4 | 7.67 | 4.69 | 164.0 | 95.9 | 200.0 | 116.9 | | 16.1 | 7.37 | 4.23 | 36.0 | 21.0 | 27.0 | 15.8 | | | | | | | | |
| SAT | 30 | 0.06130 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| SUN | 31 | 0.05373 | 0.00150 | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | 1.82859 | 0.07200 | | | | | | | | | | | | | | | | | | | | | | | |
| MAXIMUM | | 0.09518 | 0.00400 | 18.8 | 8.82 | 6.82 | 360.0 | 171.1 | 320.0 | 187.0 | | 17.9 | 7.47 | 4.74 | 54.0 | 37.4 | 50.0 | 34.6 | | | | | | | | |
| MINIMUM | | 0.04373 | 0.00150 | 14.5 | 7.34 | 3.64 | 100.0 | 60.6 | 110.0 | 66.7 | | 16.0 | 7.21 | 2.84 | 7.6 | 2.9 | 8.3 | 3.0 | | | | | | | | |
| AVERAGE | | 0.05899 | 0.00232 | 16.4 | | 5.12 | 215.9 | 111.5 | 243.0 | 125.2 | | 16.7 | | 3.87 | 23.9 | 14.5 | 21.8 | 12.7 | | | | | | | | |
| NO. OF ANALYSIS | | 31 | 31 | 28 | 28 | 28 | 18 | 18 | 18 | 18 | | 20 | 20 | 20 | 10 | 10 | 10 | 10 | 10 | 10 | 1 | 6 | 21 | 31 | 31 | 31 |

July 1-31 used to calculate the monthly data.
July 3-July 30 used to calculate the weekly averages only.

| WEEK | WEEKLY AVERAGE | | | | | | WEEKLY COLIFORM Geo. Mean |
|------|----------------|------|------|------|----------|-----|---------------------------|
| | BOD | | TSS | | CHLORINE | | |
| | mg/l | lbs | mg/l | lbs | mg/l | Gal | |
| 1 | 10.4 | 4.7 | 8.0 | 3.6 | 0.0160 | 1.7 | 18.0 |
| 2 | 9.7 | 4.1 | 8.8 | 3.7 | 0.0120 | 1.9 | 28.0 |
| 3 | 22.5 | 9.8 | 18.5 | 8.0 | 0.0200 | 2.3 | 100.0 |
| 4 | 33.3 | 22.6 | 42.0 | 28.6 | 0.1517 | 3.7 | 256.4 |
| MAX | 33.3 | 22.6 | 42.0 | 28.6 | 0.1517 | 3.7 | 256.4 |

| % REMOVAL | |
|-----------|----|
| B.O.D. | 91 |
| S.S. | 89 |

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
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: 2/1/2016

TO 2/29/2016

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. | ***** | ***** | | 3.9 | ***** | ***** | | 0 | | |
| | Permit reqmt. | ***** | ***** | | 2.0 daily minimum | ***** | ***** | mg/l | | Monthly | Grab |
| Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 | Sample meas. | 13 | 35 | | ***** | 22 | 50 | | 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. | ***** | ***** | | ***** | 243 | ***** | | 0 | | |
| | Permit reqmt. | ***** | ***** | | ***** | Report monthly average | ***** | mg/l | | Monthly | Grab-Composite |
| Biochemical Oxygen Demand (BOD5) W - See Comments 00310 | Sample meas. | 23 | ***** | | ***** | 33 | ***** | | 0 | | |
| | Permit reqmt. | 60 weekly average | ***** | lbs/day | ***** | 45 weekly average | ***** | mg/l | | Monthly | Grab-Composite |
| pH 1 - Final Effluent 00400 | Sample meas. | ***** | ***** | | 7.2 | ***** | 7.5 | | 0 | | |
| | Permit reqmt. | ***** | ***** | | 6.0 daily minimum | ***** | 9.0 daily maximum | S.U. | | 3X Weekly | Grab |
| Total Suspended Solids 1 - Final Effluent 00530 | Sample meas. | 14 | 37 | | ***** | 24 | 54 | | 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. | ***** | ***** | | ***** | 216 | ***** | | 0 | | |
| | Permit reqmt. | ***** | ***** | | ***** | Report monthly average | ***** | mg/l | | Monthly | Grab-Composite |
| Total Suspended Solids W - See Comments 00530 | Sample meas. | 29 | ***** | | ***** | 42 | ***** | | 0 | | |
| | Permit reqmt. | 60 weekly average | ***** | lbs/day | ***** | 45 weekly average | ***** | mg/l | | Monthly | Grab-Composite |
| Flow 1 - Final Effluent 50050 | Sample meas. | 0.059 | 0.095 | | ***** | ***** | ***** | | 0 | | |
| | Permit reqmt. | Report monthly average | 0.16 daily maximum | MGD | ***** | ***** | ***** | | | 5X Weekly | Measured |
| Total Residual Chlorine 1 - Final Effluent 50060 | Sample meas. | ***** | ***** | | ***** | 0.05 | 0.41 | | 0 | | |
| | Permit reqmt. | ***** | ***** | | ***** | 0.5 monthly average | 1.0 daily maximum | mg/l | | 3X Weekly | Grab |
| Enterococci 1 - Final Effluent 61211 | Sample meas. | ***** | ***** | | ***** | ***** | 160 | | 0 | | |
| | Permit reqmt. | ***** | ***** | | ***** | Report daily maximum | cts/100 ml | | | See Permit Requirements | Grab |
| Fecal Coliform 1 - Final Effluent 74055 | Sample meas. | ***** | ***** | | ***** | 97 | 3900 | | 1 | | |
| | Permit reqmt. | ***** | ***** | | ***** | 200 monthly geometric mean | 800 daily maximum | cts/100 ml | | Monthly | Grab |
| BOD5 Minimum % Removal K - Percent Removal 81010 | Sample meas. | ***** | ***** | | 91 | ***** | ***** | | 0 | | |
| | Permit reqmt. | ***** | ***** | | 85 minimum percent removal | ***** | ***** | % | | Monthly | Calculation |
| Total Suspended Solids Minimum % Removal K - Percent Removal 81011 | Sample meas. | ***** | ***** | | 89 | ***** | ***** | | 0 | | |
| | Permit reqmt. | ***** | ***** | | 85 minimum percent removal | ***** | ***** | % | | Monthly | Calculation |

COMMENTS: Please see the attached Noncompliance Notification for 7/27/2016.

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. | TELEPHONE | DATE |
| CATHERINE CARLSON/Wastewater Treatment Plant Operator |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 907 586-0393 | 10/0/11 |
| 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 | |
| Person Reporting: Catherine Carlson | | Facility Location: 11825 Glacier Highway, Juneau, AK 99803 | |
| Date/Time Event was Noticed: 8/4/2016 8:30am | | Phone Numbers of Person Reporting: 907 586-0393 or (907)723-7849 | |
| Date/Time Reported: 8/4/2016 9:16am | | Reported How? (e.g. by phone): Phone- National non-compliance hot-line | |
| 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): 7/26/2016 8:05am | End Date/Time (exact): 7/26/2016 8:05am | |
| 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 daily maximum fecal colonies by discharging 3900/100 ml on 7/26/2016. | | | |
| Description of the noncompliance and its cause (be specific): Exceedance of maximum daily fecal coliform limit due to inadequate disinfection. | | | |
| 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) 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 |
| Daily fecal coliform limit | 800/100/mls | 3900 col/100/mls | 7/26/2016 |
| Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) On 7/25/2016 operations logged upon entry that the plant appeared to have been impacted by a large volume of septic material. Aerations basins had black sludge with filamentous bacteria overgrowth and white foam. The process was evaluated and adjustments were made to minimize the impact and restore the plant to normal operations. The Cl ₂ and Na ₂ SO ₃ dosages were increased. Waste and return rates were also increased and the air distribution was adjusted. The Cl ₂ dosing was closely monitored to maintain a higher residual in the chlorine contact chamber while maintaining a <0.50 mg/l avg. in the final effluent. Follow up sampling of BOD, TSS and fecal coliform continued through Friday to monitor the effluent quality. | | | |
| 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: Wastewater Treatment Plant Operator | |
| | | Signature: | |
| | | Date: 08/09/2016 | |
| FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. | | | |