

EPA REPORT

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

March 2012

DAY	DATE	FLOWS											INFLUENT							EFFLUENT							MISCELLANEOUS				
		INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml	CHL. RESIDUAL mg/L	CHL. USED LBS	NARSI02 USED LBS										
SUN	26	0.062	0.000	9.7	8.1	7.8	252	131	252	10.3	7.9	4.3	9.0	4.7	7.0	3.6	54	0.43	2.68	8.38											
MON	27	0.063	0.002	9.7	8.1	7.8	252	131	252	10.3	7.9	4.3	9.0	4.7	7.0	3.6	54	0.43	2.68	8.38											
TUE	28	0.072	0.005	9.0	8.8	8.7	252	131	252	9.3	7.5	3.9	9.0	4.7	7.0	3.6	54	0.05	3.35	4.96											
WED	29	0.062	0.003	9.0	8.8	8.7	252	131	252	9.3	7.5	3.9	9.0	4.7	7.0	3.6	54	0.09	3.35	5.56											
THU	1	0.086	0.003	10.9	8.5	6.5				10.3	7.6	5.0						0.10	2.68	4.96											
FRI	2	0.070	0.003															0.00	2.01	4.96											
SAT	3	0.032	0.003															0.00	1.94	4.03											
SUN	4	0.065	0.000															0.00	0.67	3.10											
MON	5	0.056	0.002	9.8	9.6	8.7				10.2	7.5	5.8						0.02	4.69	5.56											
TUE	6	0.062	0.003							12.2	7.4	4.8						0.00	2.68	3.72											
WED	7	0.078	0.003	11.7	8.3	7.1												0.00	4.02	6.20											
THU	8	0.080	0.003															0.02	4.02	6.20											
FRI	9	0.080	0.003	11.5	8.5	7.4				9.2	7.4	4.0						0.08	4.69	2.50											
SAT	10	0.051	0.003															0.03	5.36	4.34											
SUN	11	0.052	0.000	10.7	8.2	6.7				11.1	7.4	3.7						0.07	1.55	3.10											
MON	12	0.055	0.000															0.05	2.01	3.72											
TUE	13	0.064	0.005															0.00	2.01	3.72											
WED	14	0.060	0.003	10.5	8.3	7.3				11.8	7.4	3.2						0.01	3.35	5.99											
THU	15	0.060	0.003															0.06	4.02	4.34											
FRI	16	0.064	0.003	10.4	8.2	7.4				11.6	7.3	3.3						0.00	3.35	4.65											
SAT	17	0.039	0.003															0.00	3.35	4.96											
SUN	18	0.064	0.000															0.10	1.34	2.48											
MON	19	0.054	0.000	10.7	8.4	7.4				10.9	7.3	4.2						0.01	4.02	3.41											
TUE	20	0.056	0.003															0.03	2.01	8.44											
WED	21	0.060	0.003	11.1	7.6	7.4				10.2	7.4	4.1						0.07	2.01	3.10											
THU	22	0.058	0.003															0.02	2.68	3.72											
FRI	23	0.071	0.045	10.4	8.1	6.8				11.1	7.1	2.7						0.00	4.02	4.96											
SAT	24	0.047	0.000															0.00	2.68	2.17											
SUN	25	0.062	0.000															0.00	2.68	2.17											
MON	26	0.070	0.000	10.2	8.1	7.1				10.8	7.4	3.0						0.00	2.68	3.10											
TUE	27	0.059	0.006	10.3	8.2	7.2				11.8	7.4	3.1						0.00	1.34	3.10											
WED	28	0.066	0.003															0.00	2.01	6.20											
THU	29	0.072	0.003	11.5	7.8	7.5				11.7	7.4	4.3						0.03	3.35	3.10											
FRI	30	0.054	0.003															0.00	2.68	6.51											
SAT	31	0.093	0.003															0.02	3.35	4.34											
TOTAL		2.187	0.123	11.7	8.6	7.8	282	131	282	12.2	7.9	5.6	9.0	4.7	7.0	3.6	54	0.43	89.37	3.41											
MAXIMUM		0.093	0.045	9.0	7.6	6.5	282	131	282	12.2	7.9	5.6	9.0	4.7	7.0	3.6	54	0.43	89.37	8.44											
MINIMUM		0.032	0.000	10.6	8.3	7.1	252	131	252	9.2	7.1	2.7	9.0	4.7	7.0	3.6	54	0.00	0.67	2.17											
AVERAGE		0.062	0.004	10.6	8.3	7.1	252	131	252	10.8	7.4	3.9	9.0	4.7	7.0	3.6	54	0.04	2.84	4.43											
NO. OF ANALYSIS		35	35	15	15	15	1	1	1	15	15	15	1	1	1	1	1	34	35	35											

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

WEEK	WEEKLY AVERAGE					WEEKLY	
	BOD mg/L	TSS lbs	CHLORINE mg/L	CHLORINE lbs	COLIFORM Geo Mean	% REMOVAL BOD	% REMOVAL SS
1	7.0	3.6	9.0	4.7	7.0	97	88
2	7.0	3.6	9.0	4.7	7.0	97	88
3	7.0	3.6	9.0	4.7	7.0	97	88
4	7.0	3.6	9.0	4.7	7.0	97	88
5	7.0	3.6	9.0	4.7	7.0	97	88
MAX	7.0	3.6	9.0	4.7	7.0	97	88

Permit number: AKG-57-1000-013	Expires: July 20, 2009	Submit this report to:	ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.
ADEC File number: 1513.45.009			

Applicant Name: City and Borough of Juneau	Responsible party: Tom Trego/WW Utilities Superintendent
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Nathan McCombs
Location: Auke Bay, Juneau	Phone: (907)586-0393

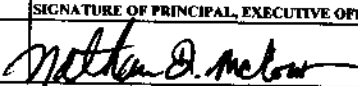
Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period			
		From:	2	26	2012
		To:	3	31	2012

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
-----------	------------	----------------	---------------	------------	--------------------	----------------------	-------	-----------------------	---------------

Discharge 1

Flow Rate (effluent or influent)	Estmt'd/ Measure		0.062		0.093	35			
	Permit Limits	N/A	report	N/A	0.16	report	report	mgd	Daily 5/week
Biochemical Oxygen Demand (influent)	Analytical Results		262	262	262	1		mg/l	1/month
	Permit Limits	N/A	report	report	report	report	report	mg/l	1/month
Biochemical Oxygen Demand (effluent)	Analytical Results		7	7	7	1		mg/l	1/month
	Permit Limits	N/A	30	45	60	report	report	mg/l	1/month
Biochemical Oxygen Demand (effluent)	Analytical Results		4	4	4	1		lbs/day	1/month
	Permit Limits	N/A	40	60	80.1	report	report	lbs/day	1/month
Biochemical Oxygen Demand % removal	Analytical Results	97						%	1/month
	Permit Limits	85%	N/A	N/A	N/A	report	report	%	1/month
Total Suspended Solids (influent)	Analytical Results		252	252	252	1		mg/l	1/month
	Permit Limits	N/A	report	report	report	report	report	mg/l	1/month
Total Suspended Solids (effluent)	Analytical Results		9	9	9	1		mg/l	1/month
	Permit Limits	N/A	30	45	60	report	report	mg/l	1/month
Total Suspended Solids (effluent)	Analytical Results		5	5	5	1		lbs/day	1/month
	Permit Limits	N/A	40	60	80.1	report	report	lbs/day	1/month
Total Suspended Solids % removal	Analytical Results	98						%	1/month
	Permit Limits	85%	N/A	N/A	N/A	report	report	%	1/month
Fecal Coliform Bacteria (effluent)	Analytical Results		54		54	1		#/100 ml	1/month
	Permit Limits	N/A	200	N/A	800	report	report	#/100 ml	1/month
Dissolved Oxygen (effluent)	Analytical Results	2.7				15		mg/l	1/month
	Permit Limits	2.0	N/A	N/A	N/A	report	report	mg/l	1/month
pH (effluent)	Analytical Results	7.1			7.8	15		Std Units	3/week
	Permit Limits	6.0	N/A	N/A	9.0	report	report	Std Units	3/week
Total Residual Chlorine (effluent)	Analytical Results		0.04		0.43	34		mg/l	3/week
	Permit Limits	N/A	0.5	N/A	1	report	report	mg/l	3/week

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, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Nathan McCombs Wastewater Treatment Supervisor	 DATE: 4-9-12 TELEPHONE: 907 586 0393		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)			
CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD			

Permit number: AKG-57-1000-013	Expires: July 20, 2009	Submit this report to:	ADEC and EPA to the addresses on Part D 11 of the NPDES general permit.
ADEC File number: 1513.45.009			


Applicant Name: City and Borough of Juneau	Responsible party: Tom Trego/WW Utilities Superintendent
Address: 155 South Seward, Juneau, AK 99801	Phone / email: (907)586-0393
Facility: Auke Bay Wastewater Treatment Facility	Onsite Contact: Nathan McCombs
Location: Auke Bay, Juneau	Phone: (907)586-0393

Required Reporting Frequency Monthly	Discharge: Secondary treated wastewater discharged into Auke Bay	Sample Period		
		From: 2	26	2012
		To: 3	31	2012

Mixing Zone

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	Units	Frequency of Analysis	Sample Method
Fecal Coliform Bacteria (Edge of MZ)	Analytical Results							Twice per year - 2/year	Grab
	Permit Limits	N/A	14	N/A	43	report	report		
Fecal Coliform Bacteria (Shoreline)	Analytical Results						#/100 ml	Twice per year - 2/year	Grab
	Permit Limits	N/A	NA	N/A	NA	report			
Dissolved Oxygen	Analytical Results						mg/l	Upon request by ADEC	Grab
	Permit Limits	6	N/A	N/A	17	report			
pH	Analytical Results						Std. Units	Upon request by ADEC	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report			
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results						mg/l	Twice per year - 2/year	Grab
	Permit Limits	N/A	N/A	N/A	0.0075	report			

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, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Nathan McCombs Wastewater Treatment Supervisor		4-7-12	907 586 0393
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)		DATE	TELEPHONE:
CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD			