

Alaska Department of Environmental Conservation

Division of Water

AUTHORIZATION TO DISCHARGE

AUTHORIZATION TO DISCHARGE UNDER THE ALASKA POLLUTANT ELIMINATION SYSTEM (APDES) FOR SMALL PUBLICLY OWNED TREATMENT WORKS AND OTHER SMALL TREATMENT WORKS PROVIDING SECONDARY TREATMENT OF DOMESTIC WASTEWATER AND DISCHARGING TO SURFACE WATER

FACILITY ASSIGNED AUTHORIZATION NUMBER: AKG572004

GENERAL PERMIT NUMBER: AKG572000 See this General Permit for all permit requirements.

The following facility is authorized to discharge in accordance with the terms of the State of Alaska General Permit AKG572000 and any site specific requirements listed in this authorization.

The authorization effective date is November 1, 2012

The authorization to discharge shall expire at midnight, October 31, 2017

SECTION 1 – RESPONSIBLE PARTY INFORMATION

Issued to:

Tom Trego, Wastewater Utilities Superintendent

City and Borough of Juneau

SECTION 2 - FACILITY INFORMATION

Facility Name:

Auke Bay Wastewater Treatment Facility (WWTF)

11825 Glacier Highway

Facility Location:

Juneau, Alaska

Latitude: 58° 23' 06" N

Longitude: 134° 38' 55" W

Type of Facility:

Activated Sludge Secondary Treatment Package Plant

Waterbody Discharged to:

Auke Bay

Type of Disinfection:

Chlorination

SECTION 3 -EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Effluent Compliance Point: at the end of the treatment process prior to discharge to Auke Bay

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Effluent Parameter	Units	Average Monthly Limit	Average Weekly Limit	Maximum Daily Limit	Minimum Daily Limit	Average Monthly Percent Removal	Sample Location	Sample Frequency	Sample Type				
Flow	mgd	Report	N/A	0.16	N/A	N/A	effluent	daily (5/week)	measured				
рН	standard pH units (s.u.)	N/A	N/A	9.0	6.0	N/A	effluent						
Total Residual Chlorine ^a	mg/L	0.5	N/A	1.0	N/A	N/A	effluent	3/week	grab				
Dissolved Oxygen	mg/L	N/A	N/A	N/A	2.0	N/A	effluent	1/month	grab				
	mg/L	30	45	60	N/A	27/4	effluent c	1/	grab or				
Biochemical	lbs/day b	40	60	80		IV/A	IV/A	IVA	14/74	IVA	N/A	erriuent	1/month
Oxygen Demand, 5-day (BOD ₅₎	mg/L	report	N/A	N/A	N/A	N/A	influent ^c	1/month	grab or composite d				
(BOD3)	% removal ^e	N/A	N/A	N/A	N/A	85 (minimum)	effluent and influent	1/month	calculation				
	mg/L	30	45	60	N/A	N/A	effluent c	1/month	grab or				
	lbs/day b	40	60	80	14/1	IN/A	emuem	1/111011111	composite				
Total Suspended Solids (TSS)	mg/L	report	N/A	N/A	N/A	N/A	influent c	1/month	grab or composite d				
	% removal ^e	N/A	N/A	N/A	N/A	85 (minimum)	effluent and influent	1/month	calculation				
Fecal Coliform Bacteria (FC) ^f	FC/ 100 mL	200	N/A	800	N/A	N/A	effluent	1/month	grab				
Enterococci Bacteria ^f	count/100 mL	N/A	N/A	report	N/A	N/A	effluent	1/month (May-Sept) ^g	grab				

Footnotes:

- a. Monitoring for total residual chlorine is not required if chlorine is not used as a disinfectant or introduced elsewhere in the treatment process.
- b. $lbs/day = [(BOD \text{ or TSS concentration in mg/L}) \times (facility design flow in gpd) \times (conversion factor of 8.34)/1,000,000]$
- c. Influent and effluent samples must be taken over approximately the same time period.
- See Appendix C of AKG572000 permit for a definition.
- e. Minimum % Removal = [(monthly average influent concentration in mg/L monthly average effluent concentration in mg/L) / (monthly average influent concentration in mg/L)] x 100. The monthly percent removal must be calculated using the arithmetic mean of the influent value and the arithmetic mean of the effluent value for that month.
- f. All fecal coliform bacteria and enterococci bacteria average results must be reported as the geometric mean. When calculating the geometric mean, replace all results of zero, 0, with a one, 1. The geometric mean of "n" quantities is the "nth" root of the quantities. For example the geometric mean of 100, 200, and 300 is $(100 \times 200 \times 300)^{1/3} = 181.7$.
- g. Monitoring is only required May- Sept when discharging to marine water.

SECTION 4 – MIXING ZONE AND RECEIVING WATER INFORMATION

Receiving Area Compliance Point:

boundary of the mixing zone

Mixing Zone Authorization:

This discharge is assigned a mixing zone to meet the Alaska Water Quality Standards (18 AAC 70) for fecal coliform bacteria, total residual chlorine, dissolved oxygen, and pH.

Mixing Zone Description:

The mixing zone for this discharge is defined as the area of 30 meter radius circle, centered over the diffuser, from the end of pipe to the surface.

Mixing zone samples should be collected, if safely possible, just outside of the mixing zone boundary. Shoreline samples must be collected from within the mixing zone at the shoreline area of human use closest to the point of discharge.

The Permittee shall provide the Department of Environmental Conservation (DEC) prior written notice if water from inside of the mixing zone is used, or is intended to be used as a water supply for aquaculture, human consumption, food processing, or contact recreation. These water uses are defined in the Alaska Water Quality Standards (18 AAC 70).

RECEIVING AREA LIMITATIONS AND MONITORING REQUIREMENTS

Mixing Zone (MZ) Parameter	Units	Monthly Average	Minimum Value	Maximum Value	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria ^a (outside boundary of MZ)	FC/100 mL	14	N/A	43 ^b	2/year ^c	grab
Total Residual Chlorine ^d (outside boundary of MZ)	mg/L	0.0075	N/A	0.013	2/year ^c	grab
pH (outside boundary of MZ)	s.u.	N/A	6.5	8.5	upon request e	grab
Dissolved Oxygen (outside boundary of MZ)	mg/L	N/A	6	17	upon request e	grab
Fecal Coliform Bacteria ^a (shoreline in MZ)	FC/100 mL	200	N/A	400	2/year ^c	grab
Enterococci Bacteria ^a (shoreline in MZ)	count/100 mL	N/A	N/A	report	2/year ^f	grab

Footnotes:

- a. All fecal coliform bacteria and enterococci bacteria average results must be reported as the geometric mean.
- b. Not more than 10% of the samples taken during the reporting period may exceed this value.
- c. Twice per year shall consist of two time periods during the calendar year, (Oct. through April and May through Sept.). When sampling is not possible during the stated time period, twice per year shall be one sample in the summer and the other just before freeze up.
- d. The total residual chlorine limits are not quantifiable using EPA-approved analytical methods. DEC will use the minimum level of 0.1 mg/L as the compliance evaluation level for this parameter. Monitoring for chlorine is not required if chlorine is not used as a disinfectant or introduced elsewhere in the treatment process.
- e. Since exceedance of the pH and dissolved oxygen limits is not expected when the treatment system is operated according to design, monitoring is not required unless requested by DEC.
- f. Monitoring of enterococci bacteria is required twice during the time period of May through September. Each sampling event should take place in a different month.

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ISECTION 5 – SITE SPECIFIC REQUIREMENTS	
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(In addition to these provinced in the ADDEC personal persons to	
(In addition to those required in the APDES general permit.)	
(

None

If you have any technical questions regarding this authorization or the requirements of the general permit, please contact Sally Wanstall at (907) 465-5216 or sally.wanstall@alaska.gov.

SECTION 6 - CERTIFICATION/SIGNATURE	
B	October 1, 2012
Signature	Date
Brian Doyle	Environmental Program Manager
Printed Name	Title

STATE OF ALASKA AUTHORIZATION: ATTACHMENT 1

AUTHORIZATION TO DISCHARGE UNDER THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) FOR SMALL PUBLICLY OWNED TREATMENT WORKS (POTW's) AND OTHER SMALL TREATMENT WORKS TREATING DOMESTIC SEWAGE TO SECONDARY STANDARDS AND DISCHARGING TO MARINE WATERS

FACILITY ASSIGNED NUMBER AKG-57-1000-013

NPDES PERMIT NUMBER: AKG-57-1000 See this General Permit for additional permit requirements

THE FOLLOWING FACILITY IS AUTHORIZED TO DISCHARGE IN ACCORDANCE WITH THE TERMS OF NPDES GENERAL PERMIT AKG-57-1000 AND ANY SITE SPECIFIC REQUIREMENTS LISTED IN THIS AUTHORIZATION:

Issued to:

City and Borough of Juneau

Facility Name:

Auke Bay Wastewater Treatment Facility

Location of Discharge: Auke Bay, Alaska

Latitude:

58° 23' 18" N

Longitude:

134° 38' 52" W

Waterbody or Surface

Auke Bay

discharged to:

Maximum Volume:

0.16 million gallons per day (MGD)

Type of Disinfection:

Chlorination

Type of Facility:

Secondary treatment plant

NPDES Permit

Category:

Effluent Compliance

Point

End of the treatment process prior to discharge into the receiving water

Waterbody

Outer edge of the mixing zone

Compliance Point

SITE SPECIFIC PERMIT REQUIREMENTS UNDER THIS AUTHORIZATION (in addition to those required in the NPDES general permit):

- 1. This authorization is effective on July 21, 2004 and expires on July 20, 2009. The ADEC written authorization shall be effective for five (5) years. If general permit AKG 57-1000 is modified or renewed during the term of the written authorization, the new permit requirements apply.
- 2. See the attached discharge monitoring report for site specific limitations and monitoring requirements.
- 3. In response to the City and Borough of Juneau's (CBJ) request for a modified effluent total chlorine residual (TCR) limit, a compliance schedule for the Auke Bay Wastewater Treatment Facility is being implemented. The CBJ is changing the method of disinfection from chlorination to ultra-violet light disinfection. The new disinfection system will be installed and operational by December 31, 2007. In the interim period between issuance of the authorization and December

31, 2007 a modified TCR limit of 1.0 mg/l 30 day average and 2.0 mg/l daily maximum for the effluent will granted till the new ultra-violet disinfection system is operational and Approval to Operate is granted by ADEC, but no later than December 31, 2007. Beginning January 1, 2008, the TCR will return to the limits in the General permit, 0.5 mg/l 30 day average, 1.0 mg/l daily maximum.

EFFLUENT LIMITATIONS AND MONITORING:

Effluent Characteristic	Minimum Value	30 Day Average	7 Day Average	Maximum Value	Units	Frequency of Analysis	Sample Type	
Total Flow (effluent or influent)	N/A	N/A	N/A	0.16	mgd	Daily 5/week	measured / recorded	
5-day Biochemical	report	report	report	report	mg/l	1/month	Grab or composite ³	
Oxygen Demand (influent)	report	report	report	report	lbs/day			
5-day Biochemical	N/A	30	45	60	mg/l	1/month	Grab or composite ³	
Oxygen Demand (effluent)	N/A	40.0	60.0	80.1	lbs/day			
Total Suspended	report	report	report	report	mg/l	1/month	Grab or composite ³	
Solids (influent)	report	report	report	report	lbs/day			
Total Suspended Solids (effluent)	N/A	30	45	60	mg/l	1/month	Grab or composite ³	
Bonds (emach)	N/A	40.0	60.0	80.1	lbs/day			
TSS minimum %	6 removal: 85	%	BOD minimum % removal: 85%		%	1/month	Calculated ⁴	
Fecal Coliform Bacteria (effluent) ¹	N/A	200	N/A	800	FC per 100 ml	1/month	Grab	
Dissolved Oxygen (effluent)	2	N/A	N/A	N/A	mg/l	1/month	Grab	
pH (effluent)	6	N/A	N/A	9	S.U.	3/week	Grab	
Total Residual Chlorine	N/A	1.0 till 12/31/07	N/A	2.0 till 12/31/07	mg/l	3/week	Grab	
(effluent) ²		0.5 after 12/31/07	3	1.0 after 12/31/07				

Footnotes

All effluent fecal coliform average results must be reported as the geometric mean

Test not required if chlorine is not used as disinfectant.

Composite samples must consist of at least four equal volume grab samples, two of which must be taken during periods of peak flow (7-9 a.m. and 6-

Percent removal should be calculated with the influent and effluent concentration (mg/l)

MIXING ZONE AUTHORIZATION:

This discharge is assigned a mixing zone to meet the Alaska Water Quality Standards (18 AAC 70) for fecal coliform bacteria, chlorine, pH and dissolved oxygen. The mixing zone for this discharge is defined as the area of a 30 meter radius circle centered over the diffuser or end of pipe (if no diffuser), from the end of pipe to the surface. It shall be the responsibility of the permittee to inform this department, in writing, if water from inside of the mixing zone is used, or is intended to be used, as a water supply for aquaculture, human consumption or food processing, or if any area inside the mixing zone is used for contact water recreation or the harvesting for human consumption of raw mollusks or other raw aquatic life. These water uses are defined in the Alaska Water Quality Standards (18 AAC 70).

Mixing zone samples should be collected, if safely possible, from the down current leading edge of the plume, just outside of the mixing zone boundary. Shoreline samples, if required, must be collected from within the mixing zone at the shoreline area of human use closest to the effluent line outlet or center of the diffuser. If flow does not extend to the edge of the mixing zone boundary during the required monitoring period, sample collection is not required and the reason for the absence of flow should be indicated on the discharge monitoring report.

MIXING ZONE LIMITATIONS AND MONITORING:

Mixing Zone Characteristic	Minimum Value	30 Day Average	Maximum Value	Units	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria (Outside edge of MZ) ¹	N/A	14	432	FC per 100 ml	Twice per year 2/year ⁵	Grab
Fecal Coliform Bacteria (Shoreline in MZ) ¹	N/A	NA	NA ²	FC per 100 ml	Twice per year 2/year ⁵	Grab
Total Chlorine ³ (Outside edge of MZ)	N/A	N/A	0.0075	mg/l	Twice per year 2/year ⁵	Grab
pH (Outside edge of MZ) ⁴	6.5	N/A	8.5	S.U.	Upon Request by ADEC	Grab
Dissolved Oxygen	6.0	N/A	17	mg/l	Upon Request by ADEC	Grab

Footnotes

- 1. All mixing zone fecal coliform results must be reported as the geometric mean;
- 2. Not more than 10% of the samples taken during the reporting period may exceed this value;
- 3. The Alaska Water Quality Standards, (18 AAC 70), limit is 0.0075 mg/l for total residual chlorine, but the detection limit for monitoring purposes in this permit is 0.1 mg/L; test not required if chlorine is not used as disinfectant.
- 4. pH for marine waters must be within 0.2 S.U. of background.
- Twice per year shall consist of two time periods during the calendar year, (Oct. through April and May through Sept.). When sampling is not possible during the stated time period, twice per year shall be, one sample in the summer and the other just before freeze up.

WARNING SIGNS:

At least one sign must be posted near the discharge area, during discharge. The sign/s must provide the identity and telephone numbers of the discharger, must inform the public that treated wastewater is being discharged, and that users of the area should exercise caution. If a mixing zone is authorized, the sign/s must also inform the public that a mixing zone exists and shall include the size and location of the mixing zone.

SIGNATURE: SIGNATURE ON FILE	June 23, 2004
Signature	Date
William D. McGee	Technical Engineer
Printed Name	Title

Discharge Monitoring Report (DMR) - PAGE 1 of 2

Permit number:	AKG-57-1000-013	Expir	es: July 20		Subr	nit this repo	ort to:	ADI	C and F	PA to the	ddresses
ADEC File numb		Lingin			Juoi	The tims repo		ADEC and EPA to the addresses on Part D 11 of the NPDES			
								general permit.			
Applicant Nam	e: City and Borough	of June	au		Res	sponsible p	arty:		t Jeffers erintend	s/WW Utili	ities
Address: 155 Sc	outh Seward, Juneau	, AK 99	801			Phone / er	mail:)586-03		
Facility: Auke Bay Wastewater Treatment Fac						Onsite Con			Tempe		
Location: Auke	Bay, Juneau		***************************************				one:)586-03		
						1			San	nple Period	i
	rting Frequency			indary treat	ed wastev	vater discharg	ged			rom:	
Monthly			ike Bay			,				To:	
	ameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Numb Violat		<u>Units</u>	Frequency of Analysis	Sample Method
Discharge 1	T				-		·	,			
Flow Rate (effluent or influent)	Estmt'd/ Measure								mgd	Daily	Measured/
Biochemical	Permit Limits	N/A	report	N/A	0.16	report	repo	ort		5/week	recorded
Oxygen Demand	Analytical Results								mg/l	1/month	Grab or
(influent)	Permit Limits	N/A	report	report	report	report	repo	ort			Composite
Biochemical Oxygen Demand	Analytical Results								ma/I	1/month	Grab or
(effluent)	Permit Limits	N/A	30	45	60	report	repo	ori	mg/l	1/month	Composite
Biochemical	Analytical Results					i i					Grab or
Oxygen Demand (effluent)	Permit Limits	N/A	40.0	60.0	80.1	report	repo	ort	lbs/day	1/month	Composite
Biochemical	Analytical Results										
Oxygen Demand % removal	Permit Limits	85%	N/A	N/A	N/A	report	repo	ort %		1/month	Calculated
Total Suspended	Analytical Results								/5	47 .3	Grab or
Solids (influent)	Permit Limits	N/A	report	report	report	report	repo	ort	mg/l	1/month	Composite
Total Suspended Solids (effluent)	Analytical Results								mg/l	1/month	Grab or
	Permit Limits	N/A	30	45	60	report	repo	ort	mg/1	1/111011111	Composite
Total Suspended Solids (effluent)	Analytical Results								lbs/day	1/month	Grab or
Total Suspended	Permit Limits	N/A	40.0	60.0	80.1	report	repo	ort			Composite
Solids	Analytical Results								%	1/month	Calculated
% removal	Permit Limits	85%	N/A	N/A	N/A	report	repo	ort			
Fecal Coliform Bacteria (effluent)	Analytical Results					-			#/100	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	repo	ort	ml	1/11101111	Giao
Dissolved Oxygen (effluent)	Analytical Results								mg/l	1/month	Grab
, ,	Permit Limits	2	N/A	N/A	N/A	report	repo	ort			
pH (effluent)	Analytical Results								Std.	3/week	Grab
	Permit Limits	6	N/A	N/A	9 .	report	repo	ort	Units		
Total Residual Chlorine (effluent)	Analytical Results										
CHOTHE (chiuch)	Permit Limits till		1.0		2.0	, ga			mg/l	3/week	Grab
	12/31/07 Permit Limits after	N/A		N/A		report	repo	ort	mg i	J/ WOOR	Giao
	12/31/07		0.5		1.0						
SUPERVISION IN A THE INFORMATION DIRECTLY RESPON BELIEF, TRUE, ACC INCLUDING THE PO	PENALTY OF LAW THA' CCORDANCE WITH A S' N SUBMITTED. BASED (ISIBLE FOR GATHERING URATE, AND COMPLET DSSIBILITY OF FINE AN PRINCIPAL EXECUTIVE	YSTEM D ON MY IN THE INF E. I AM A D IMPRIS	ESIGNED TO QUIRY OF ORMATION AWARE THA ONMENT FO	O ASSURE T THE PERSON I, THE INFOI AT THERE A OR KNOWIN	HAT QUA I OR PERS RMATION RE SIGNIF IG VIOLAT	LIFIED PERSO ONS WHO MA SUBMITTED I	NNEL F NAGE I IS, TO T LTIES F	ROPEI THE SY HE BES OR SU	RLY GATH YSTEM, OH ST OF MY BMITTING	HER AND EVA R THOSE PER KNOWLEDG FALSE INFO	SONS E AND PRMATION,
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COMMENT AND E	XPLANATION OF ANY	VIOLATI	ONS (REFE	RENCEAL	LATTACI	IMENT HEDE		ATE	TELEP	HONE	
CHECK HE	ERE IF THERE WAS NO I	DISCHAR	GE DURING	THE ENTIR	E REPORT	ING PERIOD					

Discharge Monitoring Report (DMR) - PAGE 2 of 2

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

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

Required Reporting Frequency	Discharge: Secondary treated wastewater discharged	Sample Period
Monthly	into Auke Bay.	From:
		To:

<u>Parameter</u>	·	Min. Value	30 day Average	7 day Average	<u>Max.</u> <u>Value</u>	Number analysés	Number violations	Units	Frequency of Analysis	Sample Method	
Fecal Coliform Bacteria (Edge of	Analytical Results							#/100	Twice per	Grab	
MZ)	Permit Limits	N/A	14	N/A	43	report	report	ml	year – 2/year		
Fecal Coliform Bacteria (Shoreline)	Analytical Results							#/100	#/100	Twice per year –	Grab
Bacteria (Shoreline)	Permit Limits	N/A	NA	N/A	NA	report	report	ml	2/year	Grao	
Dissolved Oxygen	Analytical Results							mg/l	Upon request by ADEC	Grab	
Oxygen	Permit Limits	6.0	N/A	N/A	17	report	report	IIIg/1		Grab	
рН	Analytical Results							Std.	Upon request by	Grab	
	Permit Limits	6.5	N/A	N/A	8.5	report	report	Units	ADEC	Grab	
Total Chlorine (if chlorine is used as disinfectant)	Analytical Results							/1	Twice per	Grab	
	Permit Limits	N/A	N/A	N/A	0.0075	report	report	mg/l	year – 2/year	Grab	

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)

CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD

Alaska Department of Environmental Conservation

Division of Water, Wastewater Discharge Program

FAIRBANKS

Phones: ANCHORAGE (907) 269-3059, Fax: 269-7508 (907) 451-2130, Fax: 451-2187

JUNEAU

(907) 465-5300, Fax: 465-5274

NONCOMPLIANCE NOTIFICATION1

SENERAL INFORMATION PERMIT/AUTHORIZATION #: AKG-57-1000-0.13 PPPLICANT/COMPANY: FACILITY NAME: Ake Bay Wastewater Treatment Facility and Borough of Juneau Ake Bay Wastewater Treatment Facility and Borough of Juneau Ake Bay Wastewater Treatment Facility Auke Bay, Juneau, AK PERSON REPORTING PHONE NUMBER OF PERSON REPORTING REPORTED HOW? (e.g. by phone) DATE/TIME EVENT WAS NOTICED DATE/TIME REPORTED NAME OF ADEC STAFF CONTACTED NAME SIGNATURE: DATE: PACIFIC NAME: Act of			Activities and the second second	AND THE PROPERTY OF THE PERSON	ATT 0 55 1	000 012	MECHANICAL STREET, STR
Auke Bay Auke Bay, Juneau, AK Auke Bay Mastewater Treatment Facility Auke Bay, Juneau, AK Auke Bay Mastewater Treatment Facility Auke Bay, Juneau, AK Auke Bay Mastewater Treatment Facility Auke Bay, Juneau, AK Auke Bay Mastewater Treatment Facility Auke Bay, Juneau, AK	GENERAL INFORMATION				AKG-57-1	J00-013	V LOCATION:
Actions Actions Actions a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence. Environmental DAMAGE: Yes No Environment/Public 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)].	APPLICANT/COMPANY:				D = 1114		
DATE/TIME EVENT WAS NOTICED DATE/TIME REPORTED NAME OF ADEC STAFF CONTACTED VERBAL NOTIFICATION MUST BE MADE TO ADEC & EPA WITHIN 24 HOURS OF DISCOVERY INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary) DESCRIBE THE EVENT (include amounts of wastewater involved) CAUSE OF EVENT (be specific) PERMIT CONDITION DEVIATION (identify each permit condition exceeded during the event. Attach additional sheets if necessary). Parameter (e.g. BOD, pH) Permit Limit Exceedance (sample result) Sample date CORRECTIVE ACTIONS Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence. ENVIRONMENTAL DAMAGE: Tyes No Unknown If yes, provide details below ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (describe in detail.) ACTIONS TAKEN TO REDUCE OR ELIMINATE ACTUAL/POTENTAIL IMPACT ON ENVIRONMENT/PUBLIC 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)]. COMMENTS Based on Information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete. NAME: SIGNATURE: DATE:	City and Borough of Juneau						
DATE/TIME EVENT WAS NOTICED DATE/TIME REPORTED NAME OF ADEC STAFF CONTACTED VERBAL NOTIFICATION MUST BE MADE TO ADEC & EPA WITHIN 24 HOURS OF DISCOVERY INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary) DESCRIBE THE EVENT (include amounts of wastewater involved) CAUSE OF EVENT (be specific) PERMIT CONDITION DEVIATION (identify each permit condition exceeded during the event. Attach additional sheets if necessary). Parameter (e.g. BOD, pH) Permit Limit Exceedance (sample result) Sample date CORRECTIVE ACTIONS Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence. ENVIRONMENTAL DAMAGE: Yes No Unknown If yes, provide details below aCTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (describe in detail. Attach additional sheets as needed.) ACTIONS TAKEN TO REDUCE OR ELIMINATE ACTUAL/POTENTAIL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (idescribe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)]. COMMENTS Based on Information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete. NAME: SIGNATURE: DATE:	PERSON REPORTING		PHONE NUMB	ER OF PERSON REPO	ORTING	REPORT	TED HOW? (e.g. by phone)
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^{1.} Includes noncompliance caused by upset. Note that there are other noncompliance reporting that do not require 24 hour reporting. See Part III H of the general permit.

Alaska Department of Environmental Conservation

Division of Water, Wastewater Discharge Program

FAIRBANKS

Phones: ANCHORAGE (907) 269-3059, Fax: 269-7508 (907) 451-2130, Fax: 451-2187

JUNEAU

(907) 465-5300, Fax: 465-5274

ACCIDENTAL DISCHARGE / SPILL NOTIFICATION1

GENERAL INFORMATION:	PI	ERMIT/AUTHORIZATION #:	AKG-57-1000	-013			
APPLICANT/COMPANY:		ACILITY NAME:		FACILITY LO	CATION		
City and Borough of Juneau	A	Auke Bay Wastewater Treatment Facility Auke Bay, Juneau, AK					
PERSON REPORTING	Pi	PHONE NUMBER OF PERSON REPORTING REPORTED HOW? (e.g. by phone)					
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DATE/TIME OF SPILL	D	ATE/TIME REPORTED		NAME OF DEC	STAFF CONTACTED		
5/11 2 1 11112 51 51 112	1000		-				
VERBAL NOTIFICATION MUS	TDEMAD	ETO ADEC & EDA WITHE	N 24 HOLIDS (DISCOVEDY	OE SDILL		
THE RESIDENCE OF THE PROPERTY			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	or Discovered	Of SI ILL.		
INCIDENT DETAILS (attach add	litional sheet	ts, lab reports and photos as n	source of SP	YF T			
PRODUCT SPILLED (e.g. sewage, secon etc)	ndary treated &	disinfected wastewater, glycol,	SOURCE OF SP	ILL			
QUANTITY SPILLED (volume or weig	abt) [QUANTITY CONTAINED	QUANTITY RE	COVERED	QUANTITY		
QUANTITY SPILLED (Volume of weig	giiti	QUANTITI CONTAINED	Q O A I I I I I I	.ooverteb	DISPOSED		
CAUSE OF SPILL AND ACTIONS TA	KEN TO COR	RRECT THE CAUSE (be specific	c)				
		*					
CLEANUP ACTIONS (describe in det	tail)						
CLEAROF ACTIONS (describe in de-	tany						
			9		**		
DISPOSAL METHODS AND LOCATION	ON (describe	in detail)					
STATUS OF CLEANUP ACTIONS (If	clean un has	not begun provide estimated	time to begin an	d complete clean	up and reasons for the		
delay)	olouli up iluo	not nogun, province commune			, ,		
SURFACE AREA AFFECTED (square	e feet):	#3 T	SURFACE TYPE	(e.g. tundra,			
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ENVIRONMENTAL DAMAGE:	Yes	T No	Unkn	own If yes,	provide details below.		
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Name		Signature		Date	2		
FORMS MUST BE SENT TO DI	EC WITHIN			Dute			
LOKING MOST BE SENT TO DE	EC MITHIN	DAIS OF THE EVENT.	*				

^{1.} Includes all overflows and unanticipated bypass that exceeds the effluent limits in the authorization.

STATE OF ALASKA AUTHORIZATION: ATTACHMENT 1

AUTHORIZATION TO DISCHARGE UNDER THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) FOR SMALL PUBLICLY OWNED TREATMENT WORKS (POTW's) AND OTHER SMALL TREATMENT WORKS TREATING DOMESTIC SEWAGE TO SECONDARY STANDARDS AND DISCHARGING TO MARINE WATERS

FACILITY ASSIGNED NUMBER AKG-57-1000-013

NPDES PERMIT NUMBER: AKG-57-1000 See this General Permit for additional permit requirements

THE FOLLOWING FACILITY IS AUTHORIZED TO DISCHARGE IN ACCORDANCE WITH THE TERMS OF NPDES GENERAL PERMIT AKG-57-1000 AND ANY SITE SPECIFIC REQUIREMENTS LISTED IN THIS AUTHORIZATION:

Issued to:

City and Borough of Juneau

Facility Name:

Auke Bay Wastewater Treatment Facility

Location of Discharge: Auke Bay, Alaska

Latitude:

58° 23' 18" N

Longitude:

134° 38' 52" W

Waterbody or Surface

Auke Bay

discharged to:

Maximum Volume:

0.16 million gallons per day (MGD)

Type of Disinfection:

Chlorination

Type of Facility:

Secondary treatment plant

NPDES Permit

1

Category:

Effluent Compliance

Point

End of the treatment process prior to discharge into the receiving water

Waterbody

Outer edge of the mixing zone

Compliance Point

SITE SPECIFIC PERMIT REQUIREMENTS UNDER THIS AUTHORIZATION (in addition to those required in the NPDES general permit):

- 1. This authorization is effective on July 21, 2004 and expires on July 20, 2009. The ADEC written authorization shall be effective for five (5) years. If general permit AKG 57-1000 is modified or renewed during the term of the written authorization, the new permit requirements apply.
- 2. See the attached discharge monitoring report for site specific limitations and monitoring requirements.
- 3. In response to the City and Borough of Juneau's (CBJ) request for a modified effluent total chlorine residual (TCR) limit, a compliance schedule for the Auke Bay Wastewater Treatment Facility is being implemented. The CBJ is changing the method of disinfection from chlorination to ultra-violet light disinfection. The new disinfection system will be installed and operational by December 31, 2007. In the interim period between issuance of the authorization and December

31, 2007 a modified TCR limit of 1.0 mg/l 30 day average and 2.0 mg/l daily maximum for the effluent will granted till the new ultra-violet disinfection system is operational and Approval to Operate is granted by ADEC, but no later than December 31, 2007. Beginning January 1, 2008, the TCR will return to the limits in the General permit, 0.5 mg/l 30 day average, 1.0 mg/l daily maximum.

EFFLUENT LIMITATIONS AND MONITORING:

Effluent Characteristic	Minimum Value	30 Day Average	7 Day Average	Maximum Value	Units	Frequency of Analysis	Sample Type
Total Flow (effluent or influent)	N/A	N/A	N/A	0.16	mgd	Daily 5/week	measured / recorded
5-day Biochemical	report	report	report	report	mg/l	1/month	Grab or composite ³
Oxygen Demand (influent)	report	report	report	report	lbs/day		
5-day Biochemical	N/A	30	45	60	mg/l	1/month	Grab or composite ³
Oxygen Demand (effluent)	N/A	40.0	60.0	80.1	lbs/day		
Total Suspended	report	report	report	report	mg/l	1/month	Grab or composite ³
Solids (influent)	report	report	report	report	lbs/day		
Total Suspended Solids (effluent)	N/A	30	45	60	mg/l	1/month	Grab or composite ³
Bonds (Circum)	N/A	40.0	60.0	80.1	lbs/day		
TSS minimum %	6 removal: 85	%	BOD minii 85%	num % removal:	%	1/month	Calculated ⁴
Fecal Coliform Bacteria (effluent) ¹	N/A	200	N/A	800	FC per 100 ml	1/month	Grab
Dissolved Oxygen (effluent)	2	N/A	N/A	N/A	mg/l	1/month	Grab
pH (effluent)	6	N/A	N/A	9	S.U.	3/week	Grab
Total Residual Chlorine	N/A	1.0 till 12/31/07	N/A	2.0 till 12/31/07	mg/l	3/week	Grab
(effluent) ²		0.5 after 12/31/07		1.0 after 12/31/07	1 93		

Test not required if chlorine is not used as disinfectant.

Percent removal should be calculated with the influent and effluent concentration (mg/l).

MIXING ZONE AUTHORIZATION:

This discharge is assigned a mixing zone to meet the Alaska Water Quality Standards (18 AAC 70) for fecal coliform bacteria, chlorine, pH and dissolved oxygen. The mixing zone for this discharge is defined as the area of a 30 meter radius circle centered over the diffuser or end of pipe (if no diffuser), from the end of pipe to the surface. It shall be the responsibility of the permittee to inform this department, in writing, if water from inside of the mixing zone is used, or is intended to be used, as a water supply for aquaculture, human consumption or food processing, or if any area inside the mixing zone is used for contact water recreation or the harvesting for human consumption of raw mollusks or other raw aquatic life. These water uses are defined in the Alaska Water Quality Standards (18 AAC 70).

All effluent fecal coliform average results must be reported as the geometric mean

Composite samples must consist of at least four equal volume grab samples, two of which must be taken during periods of peak flow (7-9 a.m. and 6-

Mixing zone samples should be collected, if safely possible, from the down current leading edge of the plume, just outside of the mixing zone boundary. Shoreline samples, if required, must be collected from within the mixing zone at the shoreline area of human use closest to the effluent line outlet or center of the diffuser. If flow does not extend to the edge of the mixing zone boundary during the required monitoring period, sample collection is not required and the reason for the absence of flow should be indicated on the discharge monitoring report.

MIXING ZONE LIMITATIONS AND MONITORING:

Mixing Zone Characteristic	Minimum Value	30 Day Average	Maximum Value	Units	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria (Outside edge of MZ) ¹	N/A	14	43 ²	FC per- 100 ml	Twice per year 2/year ⁵	Grab
Fecal Coliform Bacteria (Shoreline in MZ) ¹	N/A	NA	NA ²	FC per 100 ml	Twice per year 2/year ⁵	Grab
Total Chlorine ³ (Outside edge of MZ)	N/A	N/A	0.0075	mg/l	Twice per year 2/year ⁵	Grab
pH (Outside edge of MZ) ⁴	6.5	N/A	8.5	S.U.	Upon Request by ADEC	Grab
Dissolved Oxygen	6.0	N/A	17	mg/l	Upon Request by ADEC	Grab

Footnotes

- 1. All mixing zone fecal coliform results must be reported as the geometric mean;
- Not more than 10% of the samples taken during the reporting period may exceed this value;
- The Alaska Water Quality Standards, (18 AAC 70), limit is 0.0075 mg/l for total residual chlorine, but the detection limit for monitoring purposes in this permit is 0.1 mg/L; test not required if chlorine is not used as disinfectant.
- 4. pH for marine waters must be within 0.2 S.U. of background.
- 5. Twice per year shall consist of two time periods during the calendar year, (Oct. through April and May through Sept.). When sampling is not possible during the stated time period, twice per year shall be, one sample in the summer and the other just before freeze up.

WARNING SIGNS:

At least one sign must be posted near the discharge area, during discharge. The sign/s must provide the identity and telephone numbers of the discharger, must inform the public that treated wastewater is being discharged, and that users of the area should exercise caution. If a mixing zone is authorized, the sign/s must also inform the public that a mixing zone exists and shall include the size and location of the mixing zone.

SIGNATURE: SIGNATURE ON FILE	June 23, 2004
Signature	Date
William D. McGee	Technical Engineer
Printed Name	Title

Discharge Monitoring Report (DMR) – PAGE 1 of 2

Permit number:	AKG-57-1000-013	Expir	es: July 2	0. 2009	Subr	nit this repo	ort to:	AD	FC and F	EPA to the	addresses
ADEC File numb					- Judi		711 10.	ADEC and EPA to the addresses on Part D 11 of the NPDES			
									eral pern	Manual Control	
Applicant Nam	e: City and Borough	of June	au		Res	ponsible p	arty:			s/WW Util	ities
Address: 155 So	outh Seward, Juneau	. AK 99	801			Phone / er	mail.		perintend 7)586-03		
	Bay Wastewater Trea				—	Onsite Con			o Tempe		
Location: Auke	Bay, Juneau						one:		7)586-03		
									Sar	nple Perio	d
	rting Frequency			ondary treat	ed wastew	ater discharg	ged '			rom:	
Monthly			uke Bay	7.1	1: 1/					To:	
	ameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number Violat		<u>Units</u>	Frequency of Analysis	Sample Method
Discharge 1				7			,				
Flow Rate (effluent or influent)	Estmt'd/ Measure								mgd	Daily	Measured/
Biochemical	Permit Limits	N/A	report	N/A	0.16	report	repo	ort		5/week	recorded
Oxygen Demand	Analytical Results			-					mg/l	1/month	Grab or
(influent)	Permit Limits	N/A	report	report	report	report	repo	ort			Composite
Biochemical Oxygen Demand	Analytical Results								mg/l	1/month	Grab or
(effluent)	Permit Limits	N/A	30	45	60	report	repo	orí	111g/1	1/monui	Composite
Biochemical	Analytical Results								11 / 1 -	1,/	Grab or
Oxygen Demand (effluent)	Permit Limits	N/A	40.0	60.0	80.1	report	repo	ort	lbs/day	1/month	Composite
Biochemical	Analytical Results										
Oxygen Demand % removal	Permit Limits	85%	N/A	N/A	N/A	report	repo	ort %		1/month	Calculated
Total Suspended	Analytical Results						-				Grab or
Solids (influent)	Permit Limits	N/A	report	report	report	report	repo	ort	mg/l	1/month	Composite
Total Suspended Solids (effluent)	Analytical Results								mg/l 1/month	Grab or	
	Permit Limits	N/A	30	45	60	report	repo	ort	mg/1	, month	Composite
Total Suspended Solids (effluent)	Analytical Results	3377	10.0						lbs/day	1/month	Grab or
Total Suspended	Permit Limits	N/A	40.0	60.0	80.1	report	repo	rt			Composite
Solids	Analytical Results								%	1/month	Calculated
% removal	Permit Limits	85%	N/A	N/A	N/A	report	repo	rt			
Fecal Coliform Bacteria (effluent)	Analytical Results						7.		#/100	1/month	Grab
	Permit Limits	N/A	200	N/A	800	report	repo	rt	ml		
Dissolved Oxygen (effluent)	Analytical Results								mg/l	1/month	Grab
	Permit Limits	2	N/A	N/A	N/A	report	repo	rt.			
pH (effluent)	Analytical Results								Std.	3/week	Grab
Total Residual	Permit Limits	6	N/A	N/A	9	report	repo	rt	Units		
Chlorine (effluent)	Analytical Results						A PARTY.				
+ 12	Permit Limits till 12/31/07		1.0		2.0		1 7		mg/l	3/week	Grab
	Permit Limits after	N/A	0.5	N/A	1.0	report	repo	rt			
	12/31/07		0.5		1.0	No. comment of the Professional State of the Comment of the Commen	-				
I CERTIFY UNDER I SUPERVISION IN AG	PENALTY OF LAW THAT CCORDANCE WITH A SY	THIS DO	DCUMENT A ESIGNED T	AND ALL AT O ASSURE T	TACHMEN HAT OUAL	ITS WERE PRI	EPARED	UND	ER MY DII	RECTION OR	LILATE
THE INFORMATION	SUBMITTED. BASED (ON MY IN	QUIRY OF	THE PERSON	OR PERSO	ONS WHO MA	NAGE T	HES	YSTEM OF	R THOSE PER	SONS
BELIEF, TRUE, ACC	SIBLE FOR GATHERING URATE, AND COMPLET	E. IAM	AWARE TH	AT THERE A	RE SIGNIF	ICANT PENA!	LTIES FO	OR SU	BMITTING	KNOWLEDG FALSE INFO	E AND RMATION.
INCLUDING THE PC	SSIBILITY OF FINE AND	D IMPRIS	ONMENT F	OR KNOWIN	IG VIOLAT	IONS. L, EXECUTIV					
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									()	-	
COMPENSA	(m)							ATE	TELEP	HONE	
COMMENT AND EX	XPLANATION OF ANY	VIOLATI	ONS (REFE	RENCE AL	L ATTACE	IMENT HERE	E)				
CHECK HE	RE IF THERE WAS NOT	MISCHAR	GE DUDING	THE ENTIR	E DEDODT	INC DEDICE					

Discharge Monitoring Report (DMR) - PAGE 2 of 2

Permit number: AKG-57-1000-013	Expires: July 20, 2009	Submit this report to:	ADEC and EPA to the addresses
Permit number: ARG-37-1000-013	Expires. July 20, 2009		on Part D 11 of the NPDES
ADEC File number: 1513.45.009			
			general permit.

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

Required Reporting Frequency	Discharge: Secondary treated wastewater discharged	Sample Period	
Monthly	into Auke Bay.	From:	
	882	To:	

<u>Parameter</u>	*	Min. Value	30 day Average	7 day Average	Max. Value	Number analyses	Number violations	<u>Units</u>	Frequency of Analysis	Sample Method
Fecal Coliform Bacteria (Edge of	Analytical Results							#/100	Twice per	Grab
MZ)	Permit Limits	N/A	14	N/A	43	report	report	ml	year – 2/year	Giao
Fecal Coliform	Analytical Results							#/100	Twice per year – 2/year	Grab
Bacteria (Shoreline)	Permit Limits	N/A	NA	N/A	NA	report	report	ml		Grac
Dissolved	Analytical Results							mg/l	Upon request by ADEC	Grab
Oxygen	Permit Limits	6.0	N/A	N/A	17	report	report	Ing/1		Olab
рН	Analytical Results							Std.	Upon request by	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report	report	Units	ADEC	Grab
Total Chlorine	Analytical Results							ma/1	Twice per	Grab
disinfectant)	Permit Limits	N/A	N/A	N/A	0.0075	report	report	mg/l	year – 2/year	Grab

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)

CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD

Alaska Department of Environmental Conservation

Division of Water, Wastewater Discharge Program

FAIRBANKS

Phones: ANCHORAGE (907) 269-3059, Fax: 269-7508 (907) 451-2130, Fax: 451-2187

JUNEAU

(907) 465-5300, Fax: 465-5274

NONCOMPLIANCE NOTIFICATION1

	NAME OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER, WHEN PERSON		22 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	AVG 57	1000-013	The second secon
GENERAL INFORMATION			ORIZATION #:	AKU-37-	FACILIT	Y LOCATION:
APPLICANT/COMPANY:	F	ACILITY NAM	1E: astewater Treatn	nent Facility		ay, Juneau, AK
City and Borough of Juneau					DEDOR	TED HOW? (e.g. by phone)
PERSON REPORTING	F	PHONE NUMB	BER OF PERSON	REPORTING	KEFUK	ILD HOVE (c.g. b) phone,
					NAME C	F ADEC STAFF CONTACTED
DATE/TIME EVENT WAS NOTICE	D [DATE/TIME R	EPORTED		NAME	OF ADEC STAFF CONTACTED
- gradupt				ALCA HOUDE	OF DISCO	WEDV
VERBAL NOTIFICATION M	UST BE MADI	E TO ADEC	& EPA WITHI	N 24 HOURS	JF DISCO	VERT
INCIDENT DETAILS (attach ac	Iditional sheets.	lab reports a	nd photos as nece	essary)		
DESCRIBE THE EVENT (include a	amounts of wast	tewater involv	ved)			
DESCRIBE THE EVERY (MOISSON						
CAUSE OF EVENT (be specific)						
PERMIT CONDITION DEVIATION	(Identify each p	ermit condition	on exceeded duri	ng the event. At	tach additio	onal sheets if necessary).
	Permit L		Exceedance (sample result)		Sample date
Parameter (e.g. BOD, pH)	Pennit	1			\top	
			u .			
CORRECTIVE ACTIONS Attach a description of corrective recurrence.	ve actions taken	to restore the	e system to norma	al operation and	l to minimiz	
ENVIRONMENTAL DAMAGE:	T Yes		∏ No		nown	If yes, provide details below
ACTUAL/POTENTIAL IMPACT O	N ENVIRONMEN	NT/PUBLIC HI	EALTH (describe	in detail. Attach	additional	sheets as needed.)
AGTORIZA						
ACTIONS TAKEN TO REDUCE (ACTUAL /DOT	ENTAIL IMPACT	ON ENVIRONME	NT/PUBLIC	HEALTH [(describe in detail)
ACTIONS TAKEN TO REDUCE (e.g. Supplied drinking water to	OR ELIMINATE A	ners and info	rmed well owners	not to drink fro	m wells un	til further notice)].
(e.g. Supplied drilking water to	moundy monomic					<u>.</u>
COMMENTS	, 1					gris commonte
196						28 TE
Based on information and belie document are true, accurate, as	of formed after re	easonable inq	uiry, I certify that	the statements	and inform	ation in and attached to this
NAME:	n (SIGNATURE:				DATE:
THE RESERVE OF THE PARTY OF THE		N. C. DANC (OF THE EVENT			
FORMS MUST BE SENT TO	O DEC MITHI	N 3 DAYS	JE THE EVENT	. •		

1. Includes noncompliance caused by upset. Note that there are other noncompliance reporting that do not require 24 hour reporting. See Part III H of the general permit.

Alaska Department of Environmental Conservation

Division of Water, Wastewater Discharge Program

FAIRBANKS

Phones: ANCHORAGE (907) 269-3059, Fax: 269-7508 (907) 451-2130, Fax: 451-2187

JUNEAU

(907) 465-5300, Fax: 465-5274

ACCIDENTAL DISCHARGE / SPILL NOTIFICATION¹

GENERAL INFORMATION:	PERMIT/AUTHORIZATION #:	AKG-57-1000	0-013	
APPLICANT/COMPANY:	FACILITY NAME:		FACILITY LO	CATION
City and Borough of Juneau	Auke Bay Wastewater Treats	ment Facility	Auke Bay, June	eau, AK
PERSON REPORTING	PHONE NUMBER OF PERSON	REPORTING	REPORTED HO	W? (e.g. by phone)
T ENGONNET GIVING				
DATE/TIME OF SPILL	DATE/TIME REPORTED		NAME OF DEC	STAFF CONTACTED
DATE/TIME OF OFFICE				
	A PER	DI MINITER (DE DISCOVEDA	OF CDILI
VERBAL NOTIFICATION MUST BE			JF DISCOVERY	OF SPILL.
INCIDENT DETAILS (attach additiona	l sheets, lab reports and photos as	necessary)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PRODUCT SPILLED (e.g. sewage, secondary tr	eated & disinfected wastewater, glycol,	SOURCE OF SI	PILL	
etc)				
				T =
QUANTITY SPILLED (volume or weight)	QUANTITY CONTAINED	QUANTITY R	ECOVERED	QUANTITY
	O CORPORT THE CALLER (he cannot	fis)		Dici 0025
CAUSE OF SPILL AND ACTIONS TAKEN T	O CORRECT THE CAUSE (be speci	TIC)		
CLEANUP ACTIONS (describe in detail)				
				£ .
DISPOSAL METHODS AND LOCATION (de	scribe in detail)			
STATUS OF CLEANUP ACTIONS (If clean	up has not begun, provide estimate	d time to begin a	nd complete clean	up and reasons for the
delay)				
SURFACE AREA AFFECTED (square feet)	- 1	SURFACE TYP		
		land covered w		
ENVIRONMENTAL DAMAGE: Yes	s No	☐ Unkr	nown If yes,	, provide details below.
ACTUAL/POTENTIAL IMPACT ON ENVIRO	NIMENT/DUBLIC HEALTH (describe	in detail)		
ACTUAL/POTENTIAL IMPACT ON ENVIRO	MINERALL ODEN HEALTH (describe	downj		
COMMENTS				
	The state of the s			
Based on information and belief formed a	for reasonable inquiry. I cortify the	t the statements	and information in	and attached to this
Based on information and belief formed a document are true, accurate, and complete	iter reasonable inquiry, reertify that e.	t the statements o	ma miorination m	and attached to time
			_ 000200	
Name	Signature		Date	
FORMS MUST BE SENT TO DEC W	ITHIN 5 DAYS OF THE EVENT	Г.		

^{1.} Includes all overflows and unanticipated bypass that exceeds the effluent limits in the authorization.