STATE OF ALASKA
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

AUTHORIZATION TO DISCHARGE SECONDARY TREATED DOMESTIC WASTEWATER FROM WASTE STABILIZATION PONDS WITH SEASONAL DISCHARGES FROM COMMUNITIES WITH LESS THAN 1,000 RESIDENTS

GENERAL PERMIT NO. 2003-DB0091

See this General Permit for additional permit requirements. The GP is available online at:

http://www.state.ak.us/dec/water/index.htm

AUTHORIZATION NUMBER 1001

THE FOLLOWING FACILITY IS AUTHORIZED TO DISCHARGE IN ACCORDANCE WITH THE GENERAL PERMIT 2003DB0091 AND ANY SITE SPECIFIC REQUIREMENTS LISTED IN THIS AUTHORIZATION:

Issued to:	The Bering Straits School District		
Facility Name:	Teller School Wastewater Treatment Facility (WWTF)		
Location of Discharge:	Teller, Alaska		
Latitude:	65° 15' 48.8" N	**Longitude:**	166° 21' 57.7" W
Waterbody or Surface discharged to:	Port Clarence Bay		
Maximum Volume:	500,000 gallons per year		
Type of Disinfection:	None		
Type of Facility:	One-cell passive waste stabilization pond (non-aerated lagoon)		
Effluent Compliance Point:	End of the treatment process prior to discharge into the receiving water		
Waterbody Compliance Point:	Outer edge of the mixing zone		

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

1. See the attached discharge monitoring report for site specific limitations and monitoring requirements.

MIXING ZONE AUTHORIZATION:

This discharge is assigned a mixing zone to meet the Alaska Water Quality Standards (18 AAC 70) for fecal coliform bacteria, pH and dissolved oxygen. The mixing zone for this discharge is defined as the area of **100 meters radius** from the end of pipe. 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).

WARNING SIGNS:

Legible signs should be placed on the fence or the perimeter of the waste stabilization pond (sewage lagoon), at a maximum of 500-foot intervals and at all gates and access points. The signs shall indicate that the pond contains sewage, and there shall be no trespassing. Signs must include the name and phone number of the owner of the facility.

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. Sign/s must also inform the public that a mixing zone exists. The size and location of the mixing zone must be depicted.

SIGNATURE:

SIGNATURE ON FILE	April 13, 2004
Signature	Date
William D. McGee	Technical Engineer
Printed Name	Title

enc: Permit No. 2003DB0091
QAPP

cc: For File 550.45.001
Abigail Ogbe, ADEC/Fairbanks
Tim Wingerter, ADEC/Fairbanks

DISCHARGE MONITORING REPORT FORM

General Permit #: **2003DB0091**	Expires: **02/28/2009**	Submit this report to:	Alaska Department of Environmental Conservation
File Number: 550.45.001	**Authorization Number: 1001**		Appropriate Address Listed in Section 1.4 of the GP

Facility name:	Teller School Wastewater Treatment Facility	**Responsible Party's Phone**	907-624-4250
Facility address:	100 Airport Avenue, Teller, AK 99778	**Fax**	907-624-3524
		Email:	rried@bssd.org
Facility location:	Teller, Alaska	**Onsite Contact:**	Jonathan Kakaruk
Responsible party:	Richard Ried	**Phone**	907-642-3041

Discharge: Secondary treated wastewater into Port Clarence Bay	**Reporting Period:**	
	From:	
Required Reporting Frequency: Monthly	**To:**	

Effluent Monitoring

Parameter		Min. Value	Monthly Ave.	Weekly Ave.	Max Value	Number analyses	Number Violations	Units	Frequency of Analysis	Sample Method
Flow Rate	Estimated or Measured	N/A	N/A	N/A	500,000			gpy	Daily during discharge	Estimated or Metered
	Permit Limits	N/A	N/A	N/A		report	report			
Biochemical Oxygen Demand	Analytical Results	N/A			--			mg/l	3/ discharge event	Grab or Composite
	Permit Limits	N/A	45	65	--	report	report			
Total Suspended Solids	Analytical Results	N/A		N/A				mg/l	3/ discharge event	Grab or Composite
	Permit Limits	N/A	70	N/A	--	report	report			
Fecal Coliform Bacteria	Analytical Results	N/A						#/100 ml	3/ discharge event	Grab
	Permit Limits	N/A	200	400	800	report	report			
Total Residual Chlorine	Analytical Results	N/A	N/A	N/A	N/A			mg/l	3/ discharge event	Grab
	Permit Limits	N/A	N/A	N/A	N/A	report	report			
pH	Analytical Results		N/A	N/A				Std. Units	3/ discharge event	Grab
	Permit Limits	6	N/A	N/A	9	report	report			
Dissolved Oxygen	Analytical Results		N/A	N/A				mg/l	Upon request by the Dept	Grab
	Permit Limits	2	N/A	N/A	17	report	report			

Receiving Body Monitoring

Fecal Coliform Bacteria (Outside edge of MZ)	Analytical Results	N/A		N/A				#/100 ml	1/ discharge event	Grab
	Permit Limits	N/A	14	N/A	43	report	report			
Fecal Coliform Bacteria (Shoreline)	Analytical Results			N/A				#/100 ml	1/ discharge event	Grab
	Permit Limits	N/A	100	N/A	200	report	report			
Total Residual Chlorine	Analytical Results	N/A	N/A	N/A	N/A			mg/l	1/ discharge event	Grab
	Permit Limits	N/A	N/A	N/A	N/A	report	report			
pH	Analytical Results			N/A				Std. Units	Upon request by the Dept	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report	report			
Dissolved Oxygen	Analytical Results		N/A	N/A				mg/l	Upon request by the Dept	Grab
	Permit Limits	6	N/A	N/A	17	report	report			

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and, based on my inquiry of those individuals immediately responsible for obtaining that information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE		
			( ) _____-_____
		DATE	TELEPHONE

COMMENTS 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

Phones: ANCHORAGE (907) 269-3059, Fax: 269-7508
FAIRBANKS (907) 451-2130, Fax: 451-2187
JUNEAU (907) 465-5300, Fax: 465-5274
E-mail address: wq_permit@dec.state.ak.us

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any): 2003-DB0091-1001	
Applicant Company: Bering Straits School District	**Facility Name:** Teller School WWTF	**Facility Location:** Teller, Alaska
Person Reporting:	**Phone Numbers of Person Reporting**	**Reported How? (e.g. by phone)**
Date/Time Event was Noticed	**Date/Time Reported**	**Name of DEC Staff Contacted**

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)

Estimated Quantity involved (volume or weight)

Cause of the event (be specific)

Permit Condition Deviation (Identify each permit condition exceeded during the event)

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)

Actions taken to reduce or eliminate 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)

COMMENTS

Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: **Signature:** **Date:**

FORMS MUST BE SENT TO DEC WITHIN 7 DAYS OF THE EVENT.

Alaska Department of Environmental Conservation

Division of Water, Wastewater Discharge Program

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JUNEAU (907) 465-5300, Fax: 465-5274
E-mail address: wq_permit@dec.state.ak.us

ACCIDENTAL DISCHARGE/SPILL NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any): 2003-DB0091-1001	
Applicant Company: Bering Straits School District	**Facility Name** Teller School WWTF	**Facility Location:** Teller, Alaska.
Person Reporting:	**Phone Numbers of Person Reporting**	**Reported How? (e.g. by phone)**
Date/Time Event was Noticed	**Date/Time Reported**	**Name of DEC Staff Contacted**

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)

Product Spilled (e.g. sewage, propylene, glycol, etc.)		**Source of Spill**	
Quantity Spilled (volume or weight)	**Quantity Contained**	**Quantity Recovered**	**Quantity Disposed**

Cause of Spill and Actions Taken To Correct The Cause (be specific)

Cleanup Actions (describe in detail)

Disposal Methods and Location (describe in detail)

Surface Area Affected (square feet)		**Surface Type (e.g. tundra, land covered with snow, etc.**		
Environmental Damage:	☐ **Yes**	☐ **No**	☐ **Unknown**	**if yes, provide details below**

Actual /Potential Impact on Environment/Public Health (describe in detail)

COMMENTS

Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: **Signature:** **Date:**

FORMS MUST BE SENT TO DEC WITHIN 7 DAYS OF THE EVENT.