

**AUIKE BAY WASTEWATER TREATMENT FACILITY**  
Juneau, Alaska

**MARCH 2016**

DAY	DATE	FLOWS			INFLUENT							EFFLUENT							MISCELLANEOUS							
		INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	PH	DO mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FOG mg/L	NH3 mg/L	TEMP °C	PH	DO mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FOG mg/L	NH3 mg/L	FECAL COLIFORM/100 ml	Cl. RESIDUAL mg/L	Cl. USED GAL	Na2SO3 USED LBS	
SUN	28	0.06460	0.00150	11.4	8.3	6.7						10.9	7.1	3.9												
MON	29	0.08617	0.00250	10.4	8.0	8.0	140.0	69.3	120.0	58.4		10.9	7.1	5.3	3.2	1.8	6.3	3.1			2	0.02	2.00	2.00	3.10	2.79
TUE	1	0.05939	0.00250	10.1	7.7	6.9	185.0	84.9	220.0	101.0		10.8	7.1	4.5	5.2	2.4	8.0	3.7				0.02	2.00	2.00	3.72	
WED	2	0.05503	0.00250	11.8	8.2	6.1						10.9	7.2	5.3								0.07	2.00	2.00	3.72	
THU	3	0.05179	0.00250	9.1	7.7	7.7						11.0	7.2	5.1								0.04	2.00	2.00	3.10	2.79
FRI	4	0.05402	0.00150																					2.00	2.79	
SAT	5	0.05271	0.00150																					2.00	3.10	
SUN	6	0.06127	0.00300	10.3	7.6	6.8						10.7	7.2	4.8								0.05	2.00	2.00	3.72	
MON	7	0.06397	0.00250	8.7	7.6	7.5	148	66.6	180	81.0		10.8	7.3	5.0	4.0	1.8	8.1	3.6			2	0.07	2.00	2.00	3.72	
TUE	8	0.06341	0.00250	11.1	8.2	6.1	298	156.5	230.0	121.8		11.0	7.3	5.1	1.0	0.5	4.2	2.2				0.11	2.00	2.00	3.41	
WED	9	0.04532	0.00250	11.4	8.3	5.6						11.2	7.3	4.4								0.08	2.00	2.00	2.79	
THU	10	0.05647	0.00250	9.4	7.6	7.2						11.3	7.3	5.1								0.09	2.00	2.00	2.48	
FRI	11	0.05015	0.00250																					2.00	2.48	
SAT	12	0.04679	0.00200																					2.00	2.17	
SUN	13	0.05371	0.00250	10.5	7.9	6.1						10.8	7.3	5.2								0.17	2.00	2.00	1.88	
MON	14	0.04898	0.00250	10.5	7.7	7.1	400	162.0	350.0	141.8		10.8	7.2	4.0	1.0	0.4	11.0	4.5			1	0.23	1.00	2.17		
TUE	15	0.05338	0.00250	10.5	7.7	6.9	178	78.4	200.0	89.0		11.2	7.2	4.9	1.0	0.4	5.9	2.6				0.15	2.00	2.00	2.48	
WED	16	0.04477	0.00250	12.5	8.1	6.7						11.4	7.1	4.4								0.14	2.00	2.00	2.48	
THU	17	0.05107	0.00250	12.7	8.1	6.3						11.0	7.1	4.5								0.19	2.00	2.17	2.17	
FRI	18	0.05045	0.00200																					1.00	2.17	
SAT	19	0.05058	0.00200																					1.00	2.17	
SUN	20	0.04899	0.00250	10.5	7.9	7.7						11.5	7.2	4.9								0.05	2.00	2.00	2.48	
MON	21	0.05415	0.00250	12.2	8.3	6.6	280	126.5	270	121.9		11.2	7.2	5.1	1.0	0.5	4.0	1.8			1	0.22	1.00	1.86		
TUE	22	0.04698	0.00200	10.7	8.0	6.8	250	98.1	280	107.6		11.1	7.2	5.0	1.0	0.4	5.0	1.9				0.02	2.00	2.00	2.48	
WED	23	0.05373	0.00200	10.2	7.9	7.2						11.4	7.3	4.8								0.18	1.00	2.00	2.48	
THU	24	0.05037	0.00250	13.7	8.2	6.4						11.8	7.3	4.7								0.07	2.00	2.00	2.48	
FRI	25	0.04997	0.00150																					2.00	2.17	
SAT	26	0.05168	0.00150																					1.00	2.48	
SUN	27	0.06360	0.00200	12.4	7.8	7.4						12.1	7.3	5.2								0.09	2.00	2.00	2.48	
MON	28	0.07294	0.00300	11.3	8.0	7.4	220	133.7	270	164.0		11.2	7.3	4.8	4.4	2.7	8.2	5.0			3	0.05	1.00	2.79		
TUE	29	0.06138	0.00250	10.0	7.7	7.3	210	107.5	210	107.5		11.2	7.2	5.7	4.4	2.3	11.0	5.6				0.03	2.00	2.00	3.41	
WED	30	0.05757	0.00250	13.8	8.1	6.2						11.3	7.3	4.4								0.02	2.00	2.00	3.41	
THU	31	0.05312	0.00250	12.4	7.9	6.7						11.5	7.2	4.5								0.03	2.00	2.00	3.10	
FRI	1	0.08250	0.00150																					2.00	3.10	
SAT	2	1.67004	0.07150	13.8	8.3	8.0	400	162	350	164		12.1	7.3	5.7	5.2	2.7	11.0	5.6				0.23	2.00	3.72		
MAXIMUM		0.07294	0.00300	8.7	7.6	5.6	140	67	120	59		10.7	7.1	3.9	1.0	0.4	4.0	1.8			1.0	0.02	1.00	1.86		
MINIMUM		0.04477	0.00231	11.1	8.3	6.8	231	108	233	109		11.2	7.1	4.8	2.6	1.3	7.2	3.4			1.8	0.11	1.67	2.71		
AVERAGE		0.05387	0.00231	11.1	8.3	6.8	231	108	233	109		11.2	7.1	4.8	2.6	1.3	7.2	3.4			1.8	0.11	1.67	2.71		
NO. OF ANALYSIS		31	31	23	23	23	10	10	10	10		0	0	28	23	23	10	10			0	0	5	23	31	31

  

WEEK	BOD mg/l	TSS mg/l	CHLORINE mg/l	WEEKLY AVERAGE	WEEKLY CHLORINE GAL	WEEKLY COLIFORM	% REMOVAL
1	3.4	4.2	2.0	0.0480	2.0	2.0	98.9
2	2.9	2.5	1.2	0.0760	1.9	2.0	
3	3.5	1.0	0.4	0.1760	1.6	1.0	
4	1.9	1.0	0.4	0.1080	1.6	1.0	
5	5.3	4.4	2.5	0.0440	1.8	3.0	
MAX	10	5.3	2.5	0.1760	2.0	3.0	

**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: 3/1/2016

TO 3/31/2016

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	*****	*****			
		Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l	Monthly	Grab
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310	Sample meas.	3.4	5.6		*****	7.2	11			
		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.	*****	*****		*****	233.0	*****			
		Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l	Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	W - See Comments 00310	Sample meas.	5.3	*****		*****	9.6	*****			
		Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l	Monthly	Grab-Composite
pH	1 - Final Effluent 00400	Sample meas.	*****	*****		7.1	*****	7.3			
		Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.	3X Weekly	Grab
Total Suspended Solids	1 - Final Effluent 00530	Sample meas.	1.3	2.7		*****	2.6	5.2			
		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.	*****	*****		*****	230.5	*****			
		Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l	Monthly	Grab-Composite
Total Suspended Solids	W - See Comments 00530	Sample meas.	2.5	*****		*****	4.4	*****			
		Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l	Monthly	Grab-Composite
Flow	1 - Final Effluent 50050	Sample meas.	0.054	0.073		*****	*****	*****			
		Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****		5X Weekly	Measured
Total Residual Chlorine	1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.11	0.23			
		Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l	3X Weekly	Grab
Enterococci	1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****				
		Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml	See Permit Requirements	Grab
Fecal Coliform	1 - Final Effluent 74055	Sample meas.	*****	*****		*****	1.6	3.0			
		Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml	Monthly	Grab
BOD5 Minimum % Removal	K - Percent Removal 81010	Sample meas.	*****	*****		97	*****	*****			
		Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%	Monthly	Calculation
Total Suspended Solids Minimum % Removal	K - Percent Removal 81011	Sample meas.	*****	*****		99	*****	*****			
		Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%	Monthly	Calculation

COMMENTS:  
 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 PRINCIPAL EXECUTIVE OFFICER  Catherine Carlson	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.	TELEPHONE  907) 586-0393	DATE  16/4/8
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Catherine Carlson</i>	AREA   NUMBER  Y   M   D
TYPED OR PRINTED			