

AUKE BAY WASTEWATER TREATMENT FACILITY- JUNEAU, ALASKA

Juneau, Alaska

June 2016

FLOWS		INFLUENT											EFFLUENT								MISCELLANEOUS				
DAY	DATE	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	Enterro /100 ml	NH3	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED /GAL	Na2SO3 USED LBS
SUN	29	0.0407	0.0015																					2.00	2.17
MON	30	0.0598	0.0015	15.3	7.81	6.47							14.8	7.36	4.26								0.04	2.00	2.17
TUE	31	0.0516	0.0020	14.0	8.51	5.06	295.0	127	330.0	142			14.2	7.35	4.75	6.0	3	4.3	2			5	0.32	1.00	2.17
WED	1	0.0526	0.0030	14.4	8.08	6.85	188.0	74	190.0	83			14.8	7.34	5.35	8.4	4	9.0	4				0.04	2.00	2.17
THU	2	0.0541	0.0030	13.6	7.80	5.98							14.0	7.36	4.21								0.20	2.00	2.17
FRI	3	0.0565	0.0025	15.4	7.99	5.41							14.8	7.37	4.24								0.03	2.00	2.17
SAT	4	0.0644	0.0015																					2.00	2.79
SUN	5	0.0607	0.0015																					2.00	2.48
MON	6	0.0653	0.0030	15.0	7.71	5.47							13.5	7.38	4.53								0.03	2.00	3.10
TUE	7	0.0614	0.0020	12.2	7.70	4.94	933.0	478	510.0	261			14.1	7.35	4.35	6.0	3	8.1	4	280		34	0.11	2.00	2.79
WED	8	0.0521	0.0020	13.9	7.79	5.43	170.0	74	230.0	100			14.3	7.40	4.21	5.2	2	8.7	4				0.02	2.00	2.48
THU	9	0.0479	0.0025	13.5	7.65	5.33							14.5	7.31	4.07								0.03	2.00	2.48
FRI	10	0.0578	0.0025	14.0	7.56	5.97							14.8	7.44	4.42								0.10	2.00	2.48
SAT	11	0.0649	0.0015																					2.00	2.48
SUN	12	0.0658	0.0015																					2.00	3.10
MON	13	0.0674	0.0025	13.7	7.48	6.39							13.6	7.42	4.12								0.03	2.00	3.10
TUE	14	0.0552	0.0025	14.2	7.69	5.00	228.0	105	290.0	134			14.1	7.37	3.76	7.3	3	10.0	5	1200		110	0.04	2.00	3.10
WED	15	0.0625	0.0020	13.8	7.90	6.25	296.0	154	350.0	182			14.3	7.40	4.18	6.7	3	11.0	6				0.02	2.00	3.10
THU	16	0.0544	0.0020	13.9	7.76	5.84							14.8	7.40	3.86								0.09	2.00	2.48
FRI	17	0.0523	0.0020	14.3	7.70	5.93							15.3	7.20	3.70								0.02	1.00	2.17
SAT	18	0.0540	0.0015																					2.00	2.48
SUN	19	0.0524	0.0015																					2.00	2.48
MON	20	0.0608	0.0005	16.1	8.06	6.25							15.5	7.30	4.58								0.04	2.00	2.17
TUE	21	0.0554	0.0010	15.8	7.94	4.79	340.0	157	350.0	162			15.6	7.29	4.56	8.5	4	7.2	3	30		3	0.18	2.00	2.17
WED	22	0.0626	0.0015	15.0	7.78	5.11	240.0	125	340.0	178			15.6	7.30	4.67	9.0	5	18.0	9				0.03	2.00	2.17
THU	23	0.0597	0.0015	14.9	7.63	5.80							15.8	7.25	3.53								0.20	2.00	2.48
FRI	24	0.0756	0.0025	13.5	7.85	5.44							15.9	7.21	3.89								0.00	2.00	2.17
SAT	25	0.0661	0.0020																					2.00	2.17
SUN	26	0.0660	0.0015																					2.00	2.48
MON	27	0.0654	0.0025	16.0	7.98	5.01							15.8	7.41	4.36								0.04	2.00	2.48
TUE	28	0.0543	0.0025	16.1	7.77	4.36	425.0	192	400.0	181			15.9	7.30	3.92	9.2	4	11.0	5			98	0.10	2.00	2.17
WED	29	0.0715	0.0030	15.8	7.64	5.12	164.0	98	210.0	125			15.9	7.31	3.90	11.0	7	14.0	8				0.01	2.00	1.86
THU	30	0.0640	0.0030	15.1	7.55	5.16							16.1	7.27	3.71								0.01	2.00	2.48
FRI	1	0.0651	0.0025	15.1	7.49	5.48							15.8	7.26	4.04								0.01	2.00	2.48
SAT	2	0.0624	0.0015																					2.00	2.79
TOTAL		1.8029	0.0620																					59.00	74.40
MAXIMUM		0.0756	0.0030	16.1	8.08	6.85	933.0	478	510.0	261			16.1	7.44	5.35	11.0	7	18.0	9	1200		110	0.20	2.0	3.1
MINIMUM		0.0479	0.0005	12.2	7.48	4.36	164.0	74	190.0	83			13.5	7.20	3.53	5.2	2	7.2	3	30		3	0.00	1.0	1.9
AVERAGE		0.0601	0.0021	14.6		5.54	329.3	162	318.9	156			15.0		4.18	7.9	4	10.8	5	216		22	0.06	2.0	2.5

June 1-30 used to calculate Monthly Totals, Minimums, Maximums & Averages
 May 29 - July 2 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	7	3	7	3	0.13	1.9	5
2	8	4	6	3	0.06	2.0	34
3	11	5	7	3	0.04	1.9	110
4	13	6	9	4	0.09	2.0	3
5	13	7	10	5	0.03	2.0	98
MAX	13	6	9	4	0.13	2.0	110

% REMOVAL	
B.O.D.	97
S.S.	98

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: AKGS72004

MONITORING PERIOD: 6/1/2016

TO 6/30/2016

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

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	Sample meas.	*****	*****		4.2	*****	*****				
	1 - Final Effluent 00300 Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	5	9		*****	11	18				
	1 - Final Effluent 00310 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)	Sample meas.	*****	*****		*****	319	*****				
	G - Influent 00310 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	6	*****		*****	13	*****				
	W - See Comments 00310 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		7.2	*****	7.4				
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	4	7		*****	8	11				
	1 - Final Effluent 00530 Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	*****	*****		*****	329	*****				
	G - Influent 00530 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	4	*****		*****	9	*****				
	W - See Comments 00530 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.06	0.08		*****	*****	*****				
	1 - Final Effluent 50050 Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.1	0.2				
	1 - Final Effluent 50060 Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.	*****	*****		*****	*****					
	1 - Final Effluent 61211 Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****		110				
	1 - Final Effluent 74055 Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		97	*****	*****				
	K - Percent Removal 81010 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98	*****	*****				
	K - Percent Removal 81011 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

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 CATHERINE CARLSON/Wastewater Treatment Plant Operator	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 907 586-0393	DATE 6/7/14
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Catherine Carlson</i>
TYPED OR PRINTED			

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 MONITORING PERIOD: 6/1/2016 TO 6/30/2016
 NO DISCHARGE:

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen	Sample meas.	*****	*****		11	*****	11				
	3 - Outside edge of MZ 00300	Permit reqmt.	*****	*****	6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH	Sample meas.	*****	*****		8.4	*****	8.4				
	3 - Outside edge of MZ 00400	Permit reqmt.	*****	*****	6.5 daily minimum	*****	8.5 daily maximum	S.U.		Upon Request	Grab
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.00	0.00				
	3 - Outside edge of MZ 50060	Permit reqmt.	*****	*****	*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci	Sample meas.	*****	*****		*****	*****	10				
	4 - Shoreline in MZ 61211	Permit reqmt.	*****	*****	*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	1	1				
	3 - Outside edge of MZ 74055	Permit reqmt.	*****	*****	*****	14 monthly geometric mean	43 daily maximum	cts/100 ml		2X Annually	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	8	8				
	4 - Shoreline in MZ 74055	Permit reqmt.	*****	*****	*****	200 monthly geometric mean	400 daily maximum	cts/100 ml		2X Annually	Grab

COMMENTS:
 For Enterococci Bacteria monitoring requirements see Section 2.4 of the permit

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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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
CATHERINE CARLSON/Wastewater Treatment Plant Operator			907 586-0393	6/7/14
TYPED OR PRINTED			AREA/NUMBER	YY/MM/DD