

**AUKE BAY WASTEWATER TREATMENT FACILITY**  
Juneau, Alaska  
March, 2013

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 mg/L	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 mg/L	FECAL COLIFORM /100 ml	RESIDUAL mg/L	Cl <sub>2</sub> USED Gal	Na2SO3 USED LBS														
SUN	24	0.063	0.0000	11.3	8.5	7.5							11.2	7.0	4.1									0.02	4.00	4.96													
MON	25	0.063	0.0015	9.9	8.2	7.6							10.7	6.8	4.1								0.02	2.00	4.96														
TUE	26	0.065	0.0030	11.0	7.7	7.4							11.4	6.9	3.7								0.02	2.00	4.96														
WED	27	0.053	0.0030	9.9	8.0	7.6	68	40					11.3	7.1	4.2	6	4					0.01	2.00	3.72															
THU	28	0.070	0.0015	11.0	7.7	8.0							10.9	7.0	4.6								0.03	3.00	4.03														
FRI	1	0.049	0.0030	11.0	7.7	8.0																		0.02	3.00	3.10													
SAT	2	0.063	0.0000																					0.02	4.25	3.10													
SUN	3	0.072	0.0000																					0.02	3.00	4.03													
MON	4	0.065	0.0015	8.8	7.5	7.9							11.3	6.9	3.7								0.01	2.00	1.86														
TUE	5	0.067	0.0030	9.2	7.5	7.9							10.3	7.0	3.9								0.02	2.84	4.32														
WED	6	0.064	0.0025	9.6	8.0	7.9							10.2	6.9	4.0								0.02	3.00	3.41														
THU	7	0.069	0.0030	9.3	8.2	7.9							10.2	6.9	3.9								0.02	4.26	3.41														
FRI	8	0.048	0.0030	9.4	8.0	6.3							10.3	6.9	3.9								0.02	6.00	3.10														
SAT	9	0.064	0.0050																					5.68	2.46														
SUN	10	0.069	0.0000																					4.00	4.03														
MON	11	0.048	0.0015	8.7	7.7	7.3							11.3	6.9	3.8								0.01	4.00	4.34														
TUE	12	0.065	0.0030	9.7	8.4	6.9							11.4	6.9	3.8								0.27	2.00	1.55														
WED	13	0.069	0.0015	10.9	7.8	6.8							12.7	7.0	4.1								0.52	2.00	4.03														
THU	14	0.062	0.0015	11.0	7.3	7.8	224	117	293	152			11.3	6.8	4.2	8	4					0.02	3.00	3.10															
FRI	15	0.028	0.0030	10.4	7.4	6.9							11.6	6.8	3.7								0.02	4.26	3.10														
SAT	16	0.054	0.0050																					4.25	2.48														
SUN	17	0.064	0.0050																					5.50	3.10														
MON	18	0.052	0.0030	9.8	8.1	6.8	364	158	486	211			10.8	7.1	3.4	52	23						0.00	7.00	4.34														
TUE	19	0.048	0.0015	9.9	9.6	6.7							10.4	7.1	3.5								0.67	7.00	4.96														
WED	20	0.060	0.0000	9.0	8.0	5.9	172	86	266	133			10.4	7.1	3.7	12	6					0.58	4.50	4.34															
THU	21	0.074	0.0000	9.7	7.7	7.4							12.7	6.9	4.0								0.08	3.00	4.96														
FRI	22	0.045	0.0000	9.9	7.5	5.6							11.8	6.9	3.9								0.04	5.68	4.34														
SAT	23	0.048	0.0000																					0.61	0.00	3.72													
SUN	24	0.065	0.0000																					0.09	7.10	3.72													
MON	25	0.053	0.0030	9.4	8.8	6.8	331	145	276	121			11.1	7.0	3.2	22	10						0.01	1.26	5.58														
TUE	26	0.060	0.0025	9.1	7.4	7.8							12.8	7.1	3.9								0.04	0.00	4.03														
WED	27	0.061	0.0015	10.1	7.9	8.0	91	46	148	75			11.4	7.1	3.9	13	7						0.05	10.00	4.03														
THU	28	0.071	0.0000	9.9	7.9	7.3	140	83	289	171			10.5	7.1	3.9	9	5						0.00	5.00	4.03														
FRI	29	0.053	0.0015	10.4	7.6	7.7	100	44	163	71			11.7	7.0	3.9	10	4						0.04	10.00	2.17														
SAT	30	0.066	0.0000				48	26								7	4							3.00	3.72														
TOTAL		2.060	0.059																					140.33		35													
MAXIMUM		0.074	0.005	11.3	9.6	8.0	364	158	486	211			12.8	7.1	4.6	52	23						0.67	10.00	5.58														
MINIMUM		0.028	0.000	8.7	7.3	5.6	48	26	148	71			10.2	6.8	3.2	6	4						0.00	0.00	1.55														
AVERAGE		0.059	0.002	9.9	7.9	7.2	171	83	274	134			11.2	7.0	3.9	15	7						0.12	4.01	3.77														
OF ANALYSIS		35	35	25	25	25	9	9	7	7			25	25	25	9	9							35	35														

COMMENTS:  
\*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES  
BOD results from this sample are reported as greater than 51.

WEEK	BOD		WEEKLY AVERAGE			CHLORINE		WEEKLY COLIFORM	
	mg/L	lbs	mg/L	TSS lbs	mg/L	Gal	Geo Mean		
1			6	4		3.0	2		
2	18	9	8	4	0.0180	3.6	2		
3	40	18	32	14	0.3300	5.2			
4	13	6	12	6	0.0383	5.2			
5									
MAX	40	18	32	14	0.3300	5.2	2		

% REMOVAL	
B.O.D.	S.S.
92	91

LOCATION: 11825 GLACIER HWY  
 Juneau, AK 99801

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 2/24/2013

TO

3/30/2013

NO DISCHARGE:

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

Parameter

Sample

Quantity or Loading

Minimum

Average

Maximum

Units

Quality or Concentration

Sample No.

Frequency of

Analysis

Sample Type

Dissolved Oxygen

1 - Final Effluent

Permit

reqmt.

Sample

meas.

00300

Permit

reqmt.

Sample

meas.

10

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

22

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

10

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

00310

Permit

reqmt.

Sample

meas.

18

Sample

meas.

W - See Comments

00310

Permit

reqmt.

Sample

meas.

60

Permit

reqmt.

Sample

meas.

40

Permit

reqmt.

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

7

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

23

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

15

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

52

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

171

Sample

meas.

Total Suspended Solids

Permit

reqmt.

Sample

meas.

14

Sample

meas.

W - See Comments

00530

Permit

reqmt.

Sample

meas.

60

Permit

reqmt.

Sample

meas.

0.059

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

0.074

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

0.16

Report

monthly average

1 - Final Effluent

Permit

reqmt.

Sample

meas.

0.12

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

0.5

Report

monthly average

1 - Final Effluent

Permit

reqmt.

Sample

meas.

0.67

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

1.0

Report

daily maximum

1 - Final Effluent

Permit

reqmt.

Sample

meas.

2

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

2

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

800

Report

daily maximum

1 - Final Effluent

Permit

reqmt.

Sample

meas.

2

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

74055

Sample

meas.

BOD5 Minimum % Removal

Permit

reqmt.

Sample

meas.

92

Sample

meas.

K - Percent Removal

Permit

reqmt.

Sample

meas.

91

Sample

meas.

Total Suspended Solids Minimum

Permit

reqmt.

Sample

meas.

85

Sample

meas.

K - Percent Removal

Permit

reqmt.

Sample

meas.

85

Sample

meas.

% Removal

Permit

reqmt.

Sample

meas.

81011

Sample

meas.

K - Percent Removal

Permit

reqmt.

Sample

meas.

81010

Sample

meas.

Fecal Coliform

Permit

reqmt.

Sample

meas.

61211

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

50060

Sample

meas.

Total Residual Chlorine

Permit

reqmt.

Sample

meas.

50050

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

0.074

Sample

meas.

1 - Final Effluent

Permit

reqmt.

Sample

meas.

0.059

Sample

meas.

Flow

Permit

reqmt.

Sample

meas.

0.16

Report

monthly average

1 - Final Effluent

Permit

reqmt.

Sample



Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Denny Kay  
 MAILING ADDRESS: 2009 Radcliffe  
 Juneau, AK 99801

FACILITY: Auke Bay WWTF  
 LOCATION: 11825 GLACIER HWY  
 Juneau, AK 99801

PERMIT NUMBER: AKG572004  
 OUTFALL / MONITORING POINT: MX21 Mixing Zone for Outfall 001

MONITORING PERIOD: 2/24/2013 TO 3/30/2013  
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	Frequency of Analysis	Sample Type
	Average	Maximum		Average	Maximum			
Dissolved Oxygen	Sample	*****	6	*****	*****	mg/l	Upon Request	Grab
	Permit	00300		daily minimum	daily maximum			
pH	Sample	*****	6.5	*****	*****	S.U.	Upon Request	Grab
	Permit	00400		daily minimum	daily maximum			
Total Residual Chlorine	Sample	*****	0.0075	*****	*****	mg/l	2X Annually	Grab
	Permit	50060		monthly average	daily maximum			
Enterococci	Sample	*****	*****	*****	*****	cts/100 ml	See Permits Requirements	Grab
	Permit	61211		Report	daily maximum			
Fecal Coliform	Sample	*****	14	*****	*****	cts/100 ml	2X Annually	Grab
	Permit	74055		geometric mean	daily maximum			
Fecal Coliform	Sample	*****	200	*****	*****	cts/100 ml	2X Annually	Grab
	Permit	74055		geometric mean	daily maximum			

COMMENTS: 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 <i>WST Supervisor</i>	TYPED OR PRINTED <i>WST Supervisor</i>	OFFICER OR AUTHORIZED AGENT <i>WST Supervisor</i>	SIGNATURE OF PRINCIPAL EXECUTIVE <i>WST Supervisor</i>	AREA   NUMBER 997-586-0332	Y   M   D 4-12-13
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.					