

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska
April, 2013

DAY	DATE	FLOWS				INFLUENT							EFFLUENT							MISCELLANEOUS					
		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	FOG mg/L	NH3	FECAL COLIFORM /100 ml	RESIDUAL mg/L	Cl ₂ USED GAL	Na2SO3 USED LBS
SUN	31	0.065	0.000	11.1	7.6	8.4																	4.00	2.48	
MON	1	0.032	0.005	11.3	7.8	8.2																2	0.07	3.50	1.86
TUE	2	0.066	0.003	12.0	7.7	8.2																	0.04	2.00	1.86
WED	3	0.059	0.002	12.0	7.7	8.2	60	30	151	75												0.03	2.00	1.55	
THU	4	0.072	0.000	9.3	7.3	7.9																	0.01	2.00	1.24
FRI	5	0.045	0.000	12.3	7.7	8.2															14	0.01	3.00	4.65	
SAT	6	0.059	0.000																				4.25	1.86	
SUN	7	0.083	0.000																				4.25	1.86	
MON	8	0.046	0.000	10.9	8.0	6.4	128	49	160	61												0.07	3.00	2.48	
TUE	9	0.067	0.005	13.4	8.2	7.7																0.01	2.84	3.10	
WED	10	0.061	0.003	9.7	8.1	7.3																0.04	2.84	2.79	
THU	11	0.073	0.002	10.1	8.1	7.7	168	102	204	124												0.02	3.00	8.99	
FRI	12	0.050	0.000	11.8	7.9	7.2	120	50	192	80												0.02	4.26	4.03	
SAT	13	0.059	0.000				99	48	202	99													6.00	3.41	
SUN	14	0.057	0.000																				5.68	4.65	
MON	15	0.055	0.003	10.4	8.1	7.2	304	138	297	135												0.07	4.00	2.48	
TUE	16	0.062	0.002	11.9	8.2	7.6	192	100	215	112												0.04	2.00	4.03	
WED	17	0.070	0.002	9.4	8.2	7.4	112	66	109	64												0.03	2.00	4.03	
THU	18	0.041	0.003	11.8	7.9	7.2	116	40	287	99												0.03	3.00	7.13	
FRI	19	0.043	0.000	11.2	8.2	6.5	172	62	217	78												0.04	4.26	4.96	
SAT	20	0.058	0.000				120	58	161	78													4.25	3.72	
SUN	21	0.062	0.000																				5.50	4.34	
MON	22	0.062	0.003	13.3	8.2	6.2	464	239	331	170												0.12	7.00	3.10	
TUE	23	0.068	0.003	10.5	7.8	7.6	120	68	306	174												0.08	7.00	6.20	
WED	24	0.053	0.002	13.0	8.1	7.6	108	48	92	41												0.05	4.50	4.34	
THU	25	0.081	0.003	10.3	7.9	7.5																	0.11	1.26	3.41
FRI	26	0.053	0.003	10.8	8.1	7.8																	0.04	0.00	5.27
SAT	27	0.066	0.000																				10.00	4.03	
TOTAL		1.665	0.041																				107.39		
MAXIMUM		0.083	0.005	13.4	8.2	8.4	464	239	331	174													10.00	8.99	
MINIMUM		0.032	0.000	9.3	7.3	6.2	60	30	92	41													0.01	0.00	1.24
AVERAGE		0.059	0.001	11.2	7.9	7.5	163	78	209	99													3.84	3.71	
NO. OF ANALYSIS		28	28	20	20	20	14	14	14	14													20	28	28

% REMOVAL	
B.O.D.	94
S.S.	89

WEEK	BOD			TSS			CHLORINE		
	mg/L	lbs	lbs	mg/L	lbs	lbs	mg/L	Gal	Gal
1	14	7	16	8	0.0320	3.0			
2	23	11	38	17	0.0320	3.7			
3	8	4	9	4	0.0420	3.6			
4	6	3	6	3	0.0800	5.0			
MAX	23	11	38	17	0.0800	5			

*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

COMMENTS:

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

CONTACT NAME: Nathan McCombs
 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: 3/31/2013 TO 4/27/2013

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.	*****	*****		3.1	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	6	18		*****	12	46				
	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.	*****	*****		*****	209	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	11	*****		*****	23	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.0	*****	7.6				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	8	23		*****	17	58				
	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.	*****	*****		*****	163	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	17	*****		*****	38	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.059	0.083		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.05	0.12				
	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.	*****	*****		*****	3	5				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		94	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		89	*****	*****				
	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	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 persons 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	DATE
		586.0741	5.10.13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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

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

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 3/31/2013

TO 4/27/2013

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

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 3 - Outside edge of MZ 00300	Sample meas.	*****	*****			*****					
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****			*****					
	Permit reqmt.	*****	*****		6.5 daily minimum	*****	8.5 daily maximum	S.U.		Upon Request	Grab
Total Residual Chlorine 3 - Outside edge of MZ 50060	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	14 monthly geometric mean	43 daily maximum	cts/100 ml		2X Annually	Grab
Fecal Coliform 4 - Shoreline in MZ 74055	Sample meas.	*****	*****		*****						
	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 PRINCIPAL EXECUTIVE OFFICER	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	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	586-0741 AREA NUMBER	5-10-13 Y M D