

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

May, 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	BOD. mg/L	BOD. LBS	FOG mg/L	NH3 mg/L	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	BOD. mg/L	BOD. LBS	FOG mg/L	NH3 mg/L	FECAL COLIFORM /100 ml	Cl <sub>2</sub> RESIDUAL mg/L	Cl <sub>2</sub> USED GAL	Na2SO3 USED LBS	
SUN	28	0.075	0.000	12.2	7.9	7.3															14		0.02	3.00	6.20	
MON	29	0.073	0.003	12.2	7.7	8.2					17	12.9	7.5	3.9								13		0.02	1.00	5.89
TUE	30	0.069	0.003	10.0	8.1	7.6						11.3	7.5	4.2										0.02	4.00	3.41
WED	1	0.072	0.000	12.0	8.1	7.6	296	177	299	179		12.3	7.5	3.9	3	2	10	6					0.03	4.00	6.20	
THU	2	0.087	0.003	11.4	8.0	7.9						12.0	7.6	4.1										0.09	4.00	5.58
FRI	3	0.088	0.002	12.0	8.1	7.0						12.7	7.6	4.0										0.04	5.00	6.51
SAT	4	0.011	0.000																						0.00	5.98
SUN	5	0.075	0.000																						4.00	7.75
MON	6	0.055	0.002	11.7	7.9	7.6					20	12.7	7.5	4.1							11		0.02	6.00	5.58	
TUE	7	0.059	0.003	10.8	7.5	8.0						11.2	7.9	3.9										0.02	0.00	4.96
WED	8	0.059	0.000	10.6	7.9	7.6	396	194	450	221	16	13.0	7.6	4.5	6	3	12	6			15		0.10	2.00	4.96	
THU	9	0.064	0.003	10.8	7.9	7.2						12.7	7.6	4.0										0.10	3.00	4.65
FRI	10	0.048	0.003	12.2	8.0	7.8						13.5	7.6	4.0										0.03	6.00	4.96
SAT	11	0.057	0.000																						3.50	4.96
SUN	12	0.066	0.000																						3.00	4.96
MON	13	0.058	0.003	10.3	8.2	7.1						13.5	7.6	3.6							17		0.01	1.00	3.10	
TUE	14	0.076	0.005	10.4	8.1	10.7					26	13.8	7.6	3.7								9		0.02	1.00	6.51
WED	15	0.055	0.003	12.0	8.2	10.4						12.9	7.7	3.9										0.02	1.00	4.65
THU	16	0.062	0.002	12.8	8.2	12.0						13.7	7.6	4.0										0.01	4.00	3.72
FRI	17	0.057	0.002	12.8	8.1	7.3						13.9	7.6	4.0										0.00	3.00	3.41
SAT	18	0.062	0.000																						2.84	3.10
SUN	19	0.077	0.000																						1.89	3.72
MON	20	0.054	0.003	11.0	8.0	7.3						12.9	7.7	4.2										0.03	3.00	4.37
TUE	21	0.054	0.003	10.8	8.1	7.2						11.9	7.7	4.1										0.02	2.00	3.72
WED	22	0.046	0.003	11.5	8.2	7.2	560	215	623	239	37	12.6	7.6	3.9	7	3	8	3			24		0.03	1.00	3.72	
THU	23	0.065	0.005	12.5	8.3	6.9						13.3	7.7	3.8										0.01	1.00	3.72
FRI	24	0.045	0.005	12.2	8.2	7.0						13.1	7.6	3.7										0.02	5.00	4.34
SAT	25	0.051	0.000																						5.00	3.72
TOTAL		1.718	0.055									13.9	7.9	4.5	7	3	12	6			24		0.10	6.00	7.75	
MAXIMUM		0.088	0.005	12.8	8.3	12.0	560	215	623	239	37	13.9	7.9	4.5	7	3	12	6			24		0.10	6.00	7.75	
MINIMUM		0.011	0.000	10.0	7.5	6.9	296	177	299	179	16	11.2	7.5	3.6	3	2	8	3			11		0.00	0.00	3.10	
AVERAGE		0.061	0.002	11.5	7.9	7.6	417	195	457	213	23	12.8	7.7	4.0	5	2	10	5			16		0.03	2.87	4.78	
NO OF ANALYSIS		28	28	20	20	20	3	3	3	3	0	20	20	20	3	3	3	3	0	0	5	2	20	28	28	

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

COMMENTS:

% REMOVAL	
B.O.D.	98
S.S.	99

WEEK	BOD			TSS			CHLORINE			COLIFORM		
	mg/l	lbs	%	mg/l	lbs	%	mg/l	Gal	Geo. Mean	WEEKLY	WEEKLY	WEEKLY
1	10	6	3	2	0.0400	3.0	13					
2	12	6	3	3	0.0540	3.5						
3	4	8	3	7	0.0114	2.3	9					
4	8	3	7	3	0.0220	2.7						
MAX	12	6	7	3	0.0540	4	13					

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

CONTACT NAME: Jim Westcott  
 MAILING ADDRESS: 2009 Radcliffe  
 Juneau, AK 99801

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

PERMIT NUMBER: AKGS72004

MONITORING PERIOD: 4/28/2013

TO 5/25/2013

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 1 - Final Effluent 00300	Sample meas.	*****	*****		3.6	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	5	6		*****	10	12				
	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.	*****	*****		*****	457	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	6	*****		*****	12	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.5	*****	7.9				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	2	3		*****	5	7				
	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.	*****	*****		*****	417	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	3	*****		*****	7	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.061	0.088		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.03	0.1				
	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.	*****	*****		*****	11	13				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		98	*****	*****				
	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 <i>Jim Westcott</i> Supervisor	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 907-666-7411	DATE 13.6.5
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>

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

CONTACT NAME: Jim Westcott  
 MAILING ADDRESS: 2009 Radcliffe  
 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 4/28/2013

TO 5/25/2013

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.	*****	*****		*****	*****				1	
	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
<i>Jim Westcott</i> SUPERVISOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907.586.4741	13.6.5	
TYPED OR PRINTED		AREA   NUMBER	Y   M   D	