

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

DAY	DATE	FLOWS			INFLUENT				EFFLUENT				MISCELLANEOUS					Na2SO2 USED LBS						
		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	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	NH3 mg/L	FECAL COLIFORM /100 ml	Cl- RESIDUA mg/L	Cl- USED Gal
SUN	26	0.050	0.000		10.0	7.9	6.8														2	0.00	2.50	3.72
MON	27	0.048	0.004		11.5	8.0	6.7														16	0.02	2.00	3.10
TUE	28	0.060	0.005		11.6	8.2	6.6														22	0.01	2.00	4.65
WED	29	0.057	0.003		11.3	8.1	7.3															0.02	3.00	6.20
THU	30	0.054	0.003																				2.0	4.96
FRI	31	0.072	0.005																				2.0	9.30
SAT	1	0.079	0.000																				2.0	6.20
SUN	2	0.065	0.000																				1.0	7.44
MON	3	0.059	0.004		13.7	8.3	6.3														3	0.02	4.00	8.68
TUE	4	0.052	0.003		13.5	8.2	6.5															0.02	1.0	7.44
WED	5	0.070	0.002		14.2	8.4	6.9															0.01	4.0	8.68
THU	6	0.076	0.000		14.4	8.3	7.1															0.02	1.0	7.44
FRI	7	0.040	0.002		13.3	8.3	5.9															0.01	4.0	5.58
SAT	8	0.064	0.000																				2.0	3.20
SUN	9	0.067	0.000																				2.0	5.58
MON	10	0.063	0.005		12.3	8.0	6.5														23	0.02	2.0	3.78
TUE	11	0.072	0.003		13.8	8.1	0.72															0.14	1.0	5.27
WED	12	0.052	0.003		14.1	8.2	6.5															0.02	3.0	4.96
THU	13	0.061	0.003		13.8	8.1	6.7															0.02	1.0	4.03
FRI	14	0.057	0.006		14.1	8.2	6.7															0.02	4.0	4.34
SAT	15	0.066	0.000																				4.03	
SUN	16	0.055	0.000																				3.10	
MON	17	0.055	0.006		13.9	8.3	5.0														24	0.00	6.0	3.10
TUE	18	0.068	0.003		14.1	8.2	5.7															0.04	2.0	5.25
WED	19	0.053	0.002		14.3	8.2	7.0															0.02	1.0	4.65
THU	20	0.058	0.005		16.0	8.7	5.3															0.01	2.0	4.34
FRI	21	0.071	0.002		16.1	8.4	6.0															0.02	3.0	4.34
SAT	22	0.052	0.000																				0.0	4.03
SUN	23	0.058	0.000																				0.0	4.03
MON	24	0.056	0.003		14.0	8.4	4.9														28	0.03	6.0	5.27
TUE	25	0.063	0.006		14.9	8.4	5.4															0.05	5.5	3.72
WED	26	0.054	0.000		15.2	8.6	3.7															0.05	5.0	4.65
THU	27	0.081	0.005		13.0	8.1	6.7															0.11	4.0	4.65
FRI	28	0.061	0.003		16.1	8.1	5.9															0.02	4.0	5.58
SAT	29	0.057	0.000																				0.0	4.03
TOTAL		2.164	0.082																				86.0	
MAXIMUM		0.092	0.006		16.1	8.7	7.3														28	0.14	6.0	9.30
MINIMUM		0.040	0.000		10.0	7.9	3.7														16	0.00	0.0	3.10
AVERAGE		0.062	0.002		13.7	8.2	6.2														22	0.03	2.6	5.02
OF ANALYSIS		35	35		24	24	24														6	5	25	33

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM	
	BOD mg/l	TSS lbs	CHLORINE mg/l	Geo. Mean	Geo. Mean	Geo. Mean
1	13	2	0.01	2.64	2	2
2	8	3	0.01	2.29	3	3
3	14	4	0.04	2.17	4	4
4	16	5	0.02	2.33	96	96
5	14	4	0.05	3.50	2	2
MAX	16	5	0.05	3.50	96	96

COMMENTS:

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

% REMOVAL  
B.O.D. 97  
S.S. 99

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: 5/26/2013 TO 6/29/2013  
 NO DISCHARGE:

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

Parameter	Quantity or Loading		Units		Quality or Concentration		Units	No. Frequency of Sample Type	Sample Type
	Maximum	Average	Minimum	Maximum	Average	Maximum			
Dissolved Oxygen	Sample	*****	*****	2.74	*****	*****	mg/l	Monthly	Grab
1 - Final Effluent 00300	Permit reqmt.	*****	*****	2.0	*****	*****	mg/l	Monthly	Grab
	Sample meas.	*****	*****	2.74	*****	*****	mg/l	Monthly	Grab
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310	Permit reqmt.	40	80	lb5/day	*****	mg/l	Monthly	Grab-Composite
		Sample meas.	6	7	*****	13	16	mg/l	Monthly
Biochemical Oxygen Demand (BOD5)	G - Influent 00310	Permit reqmt.	*****	*****	*****	*****	mg/l	Monthly	Grab-Composite
		Sample meas.	*****	*****	430	*****	*****	mg/l	Monthly
Biochemical Oxygen Demand (BOD5)	W - See Comments 00310	Permit reqmt.	60	*****	lb5/day	*****	mg/l	Monthly	Grab-Composite
		Sample meas.	7	*****	*****	16	*****	mg/l	Monthly
pH	1 - Final Effluent 00400	Permit reqmt.	*****	*****	*****	*****	S.U.	3X Weekly	Grab
		Sample meas.	*****	*****	7.4	*****	8.0	S.U.	3X Weekly
Total Suspended Solids	1 - Final Effluent 00530	Permit reqmt.	40	80	lb5/day	*****	mg/l	Monthly	Grab-Composite
		Sample meas.	4	5	*****	8	12	mg/l	Monthly
Total Suspended Solids	G - Influent 00530	Permit reqmt.	*****	*****	*****	*****	mg/l	Monthly	Grab-Composite
		Sample meas.	*****	*****	363	*****	*****	mg/l	Monthly
Total Suspended Solids	W - See Comments 00530	Permit reqmt.	60	*****	lb5/day	*****	mg/l	Monthly	Grab-Composite
		Sample meas.	5	*****	*****	12	*****	mg/l	Monthly
Flow	1 - Final Effluent 50050	Permit reqmt.	Report	0.16	MGD	*****	MGD	5X Weekly	Measured
		Sample meas.	0.062	0.092	*****	*****	*****	MGD	5X Weekly
Total Residual Chlorine	1 - Final Effluent 50060	Permit reqmt.	*****	*****	*****	*****	mg/l	3X Weekly	Grab
		Sample meas.	*****	*****	0.03	*****	0.14	mg/l	3X Weekly
Enterococci	1 - Final Effluent 61211	Permit reqmt.	*****	*****	*****	*****	cts/100 ml	See Permit Requirements	Grab
		Sample meas.	*****	*****	*****	*****	*****	cts/100 ml	See Permit Requirements
Fecal Coliform	1 - Final Effluent 74055	Permit reqmt.	*****	*****	*****	*****	800 cts/100 ml	Monthly	Grab
		Sample meas.	*****	*****	5	*****	96	800 cts/100 ml	Monthly
BOD5 Minimum % Removal	K - Percent Removal 81010	Permit reqmt.	*****	*****	*****	*****	%	Monthly	Calculation
		Sample meas.	*****	*****	97	*****	*****	%	Monthly
Total Suspended Solids Minimum	K - Percent Removal 81011	Permit reqmt.	*****	*****	*****	*****	%	Monthly	Calculation
		Sample meas.	*****	*****	99	*****	*****	%	Monthly

COMMENTS:  
 W = Average Weekly Effluent Limits;  
 For Enterococci Bacteria monitoring requirements see Section 2.4 of the permit

Mail this report when completed to ADBEC, 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	Jim Westcott
OFFICER OR AUTHORIZED AGENT	[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE	[Signature]
AREA NUMBER	907560741
DATE	7/11/13
TELEPHONE	
Y I M D	

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  
 MONITORING PERIOD: 5/26/2013 TO 6/29/2013  
 NO DISCHARGE: [ ]  
 OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	Frequency of Analyses	Sample Type
	Average	Maximum		Average	Maximum			
Dissolved Oxygen	Sample	meas.	*****	*****	*****	*****	Upon Request	Grab
3 - Outside edge of MZ 00300	Permit	reqmt.	*****	*****	*****	*****	Upon Request	Grab
	Sample	meas.	*****	*****	*****	*****	Upon Request	Grab
pH	Permit	reqmt.	*****	*****	*****	*****	Upon Request	Grab
	Sample	meas.	*****	*****	*****	*****	Upon Request	Grab
3 - Outside edge of MZ 00400	Permit	reqmt.	*****	*****	*****	*****	Upon Request	Grab
	Sample	meas.	*****	*****	*****	*****	Upon Request	Grab
Total Residual Chlorine	Permit	reqmt.	*****	*****	*****	*****	2X Annually	Grab
	Sample	meas.	*****	*****	*****	*****	2X Annually	Grab
3 - Outside edge of MZ 50060	Permit	reqmt.	*****	*****	*****	*****	See Permits	Grab
	Sample	meas.	*****	*****	*****	*****	See Permits	Grab
Enterococci	Permit	reqmt.	*****	*****	*****	*****	See Permits	Grab
	Sample	meas.	*****	*****	*****	*****	See Permits	Grab
4 - Shoreline in MZ 61211	Permit	reqmt.	*****	*****	*****	*****	See Permits	Grab
	Sample	meas.	*****	*****	*****	*****	See Permits	Grab
Fecal Coliform	Permit	reqmt.	*****	*****	*****	*****	2X Annually	Grab
	Sample	meas.	*****	*****	*****	*****	2X Annually	Grab
3 - Outside edge of MZ 74055	Permit	reqmt.	*****	*****	*****	*****	2X Annually	Grab
	Sample	meas.	*****	*****	*****	*****	2X Annually	Grab
Fecal Coliform	Permit	reqmt.	*****	*****	*****	*****	2X Annually	Grab
	Sample	meas.	*****	*****	*****	*****	2X Annually	Grab
4 - Shoreline in MZ 74055	Permit	reqmt.	*****	*****	*****	*****	2X Annually	Grab
	Sample	meas.	*****	*****	*****	*****	2X Annually	Grab

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	TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	DATE
Jim Westcott Supervisor		<i>[Signature]</i>	902.56.0741	7/5/13
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.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	Y   M   D	