



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  
 OFFFALL / MONITORING POINT: 001A Discharge into Auke Bay  
 MONITORING PERIOD: 9/29/2013 TO 10/26/2013  
 NO DISCHARGE:

Parameter	Quantity or Loading		Quality or Concentration		Units	No. Frequency of Analysis	Sample Type
	Maximum	Average	Minimum	Maximum			
Dissolved Oxygen	Sample	3.5	2.0	Permit	mg/l	Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample	5	9	Permit	mg/l	Monthly	Grab-Composite
	Permit	40	80	Permit	mg/l	Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample	6	10	Permit	mg/l	Monthly	Grab-Composite
	Permit	60	45	Permit	mg/l	Monthly	Grab-Composite
pH	Sample	7.0	7.4	Permit	S.U.	3X Weekly	Grab
	Permit	6.0	9.0	Permit	S.U.	3X Weekly	Grab
Total Suspended Solids	Sample	4	14	Permit	mg/l	Monthly	Grab-Composite
	Permit	40	80	Permit	mg/l	Monthly	Grab-Composite
Total Suspended Solids	Sample	6	9	Permit	mg/l	Monthly	Grab-Composite
	Permit	60	45	Permit	mg/l	Monthly	Grab-Composite
Flow	Sample	0.066	0.098	Permit	MGD	5X Weekly	Measured
	Permit	0.16	Report	Permit	MGD	5X Weekly	Measured
Total Residual Chlorine	Sample	0.06	0.22	Permit	mg/l	3X Weekly	Grab
	Permit	0.5	1.0	Permit	mg/l	3X Weekly	Grab
Enterococci	Sample	*****	*****	Permit	Report	See Permit	Requirements
	Permit	61211	Report	Permit	Report	See Permit	Requirements
Fecal Coliform	Sample	43	62	Permit	cts/100 ml	Monthly	Grab
	Permit	200	800	Permit	cts/100 ml	Monthly	Grab
BOD5 Minimum % Removal	Sample	97	*****	Permit	%	Monthly	Calculation
	Permit	85	*****	Permit	%	Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample	98	*****	Permit	%	Monthly	Calculation
	Permit	85	*****	Permit	%	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  
 TYPED OR PRINTED: Jim Westcott  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]  
 OFFICER OR AUTHORIZED AGENT: [Signature]  
 AREA NUMBER: [Blank]  
 Y | M | D: 10/26/2013  
 DATE: 10/26/2013

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

PERMIT NUMBER: AKG572004  
 MONITORING POINT: MXZ1 Mixing Zone for Outfall 001  
 MONITORING PERIOD: 9/29/2013 TO 10/26/2013  
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Dissolved Oxygen	Sample	*****	*****	6	*****	*****		Upon Request	Grab
pH	Sample	*****	*****	*****	*****	*****		Upon Request	Grab
	Permit	reqmt.	00400	daily minimum	6.5	*****		Upon Request	Grab
Total Residual Chlorine	Sample	*****	*****	*****	*****	*****		2X Annually	Grab
	Permit	reqmt.	50060	3 - Outside edge of MZ	0.0075	*****		2X Annually	Grab
Enterococci	Sample	*****	*****	*****	*****	*****		See Permit Requirements	Grab
	Permit	reqmt.	61211	4 - Shoreline in MZ	Report	*****		See Permit Requirements	Grab
Fecal Coliform	Sample	*****	*****	*****	*****	*****		2X Annually	Grab
	Permit	reqmt.	74055	3 - Outside edge of MZ	14	*****		2X Annually	Grab
Fecal Coliform	Sample	*****	*****	*****	*****	*****		2X Annually	Grab
	Permit	reqmt.	74055	3 - Outside edge of MZ	14	*****		2X Annually	Grab
4 - Shoreline in MZ	Sample	*****	*****	*****	*****	*****		2X Annually	Grab
	Permit	reqmt.	74055	4 - Shoreline in MZ	200	*****		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		TYPED OR PRINTED	
Jim Westcott		Jim Westcott	
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 OR AUTHORIZED AGENT		OFFICER OR AUTHORIZED AGENT	
[Signature]		[Signature]	
DATE	TELEPHONE	AREA NUMBER	V I M I D
13/11/12		92556074	