

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

November, 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	Cl <sub>2</sub> RESIDUAL mg/L	Cl <sub>2</sub> USED GAL	LBS USED				
SUN	27	0.076	0.000	12.1	7.7	6.7							13.8	7.1	3.6											7.44			
MON	28	0.069	0.000	12.1	7.7	6.7		330	190				13.8	7.2	3.8							25				9.30			
TUE	29	0.060	0.003	12.7	7.5	6.1		460	231				13.9	7.2	3.8											4.34			
WED	30	0.098	0.003	12.4	7.8	7.5		820	200	671			13.6	7.3	3.8	8					10				6.51				
THU	31	0.048	0.005	12.7	7.8	7.2		240	96				13.5	7.3	3.8	6									2.79				
FRI	1	0.067	0.006	11.7	7.6	7.1		200	113																6.20				
SAT	2	0.067	0.005																						5.67				
SUN	3	0.027	0.000										13.7	7.0	4.0										6.82				
MON	4	0.059	0.003	12.6	7.7	6.6		220	108				13.7	7.0	3.8						10				4.65				
TUE	5	0.077	0.003	12.4	7.5	6.5		150	97				13.7	7.0	3.8										4.65				
WED	6	0.069	0.005	13.4	7.4	7.2		210	121				13.3	7.1	4.3										4.96				
THU	7	0.073	0.005	11.7	7.6	7.9		270	163				13.1	7.1	3.7										2.48				
FRI	8	0.057	0.002	13.3	6.5	7.8		320	151																4.34				
SAT	9	0.060	0.003																						4.03				
SUN	10	0.062	0.000																						2.48				
MON	11	0.066	0.003	13.0	8.5	5.6		130	71				13.3	6.9	3.7						22				5.27				
TUE	12	0.076	0.003	11.0	7.4	6.6		510	322				13.1	7.2	3.6										4.96				
WED	13	0.087	0.003	12.9	7.8	6.4		76	55				13.1	7.2	3.3	4					13				4.96				
THU	14	0.087	0.003	11.5	7.8	6.9		190	137				13.0	7.2	3.5										6.51				
FRI	15	0.055	0.003	10.5	7.6	7.4		200	92				12.3	7.2	4.0										6.82				
SAT	16	0.082	0.003																						6.20				
SUN	17	0.081	0.000																						5.27				
MON	18	0.046	0.002	10.5	7.5	6.5		350	136				11.8	7.2	3.6										4.96				
TUE	19	0.069	0.002	12.9	7.7	6.3							12.0	7.2	4.2						2				2.48				
WED	20	0.062	0.000	11.9	7.5	6.8		500	259				12.1	7.2	4.0	5									4.96				
THU	21	0.053	0.000	10.3	7.7	6.9		230	102				12.0	7.1	3.9										5.27				
FRI	22	0.090	0.002																						4.58				
SAT	23	0.078	0.002																						121.54				
TOTAL		1.902	0.063										13.9	7.3	4.3	8					13				9.30				
MAXIMUM		0.098	0.006	13.4	8.5	7.9		671	510	322		22	13.9	7.3	4.3	8					13				9.30				
MINIMUM		0.027	0.000	10.3	6.5	5.6		55	130	71		20	11.8	6.9	3.3	4					10				2.48				
AVERAGE		0.068	0.002	12.1	7.6	6.8		479	307	149		21	13.1	7.2	3.8	6					12				5.14				
NO OF ANALYSIS		28	28	19	19	19		4	18	18		0	19	19	19	4					0				27				

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

S.S. readings and dates with no BOD readings lab reported readings as <4.

November 22 no SX's were taken.

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

WEEK	BOD		TSS		CHLORINE		WEEKLY COLIFORM	
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean	Coliform
1	9	5	7	4	0.0386	6.0	25	25
2	6	3			0.0183	4.5	10	10
3	7	4	4	3	0.1733	4.4	22	22
4	9	4	5	3	0.0967	4.2	2	2
MAX	9	5	7	4	0.1733	6	25	25

**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  
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: 10/27/2013 TO 11/23/2013

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.	*****	*****		3.3	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	4	8		*****	8	16				
	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.	*****	*****		*****	271	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	5	*****		*****	9	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.9	*****	7.3				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	4	7		*****	6	8				
	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.	*****	*****		*****	479	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	4	*****		*****	7	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.068	0.098		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.08	0.46				
	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.	*****	*****		*****	10	25				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97	*****	*****				
	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> TYPED OR PRINTED	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  907-586-9741	DATE 11/12/13
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Jim Westcott</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: 10/27/2013

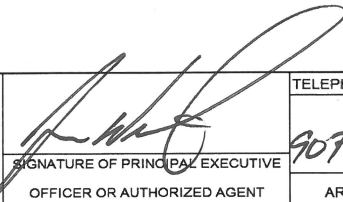
TO 11/23/2013  
 NO DISCHARGE:

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

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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 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 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
Jim Westcott TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907-586-4744
		AREA   NUMBER	Y   M   D