

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

December 2013

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	FOG mg/L	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	FOG mg/L	NH3 mg/L		FECAL COLIFORM /100 ml	Cl2 RESIDUAL mg/L	Cl2 USED Gal
SUN	24	0.063	0.000	10.3	7.6	6.6	160	89	160	89	116	11.6	7.2	4.2	6	3.4	9	5			5	0.06	8.0	4.96	
MON	25	0.067	0.000	11.2	7.7	7.0	150	92	210	128	18	11.6	7.2	3.9	6	3.7	7	4				0.02	4.0	5.27	
TUE	26	0.073	0.000	8.9	7.6	8.1	210	159	250	189		11.4	7.2	3.7	9	6.8	9	7		14		0.08	3.0	5.27	
WED	27	0.091	0.005	9.0	7.2	8.0						10.7	6.9	3.7								0.11	6.0	7.13	
THU	28	0.058	0.000	8.0	7.3	7.7						10.9	7.1									0.14	3.0	4.03	
FRI	29	0.070	0.002																			0.11	5.0	5.27	
SAT	30	0.055	0.006																						
SUN	1	0.066	0.000																						
MON	2	0.058	0.006	10.0	7.7	7.7		0	240	117		10.9	7.2	4.5		0.0	7	3			1	0.08	5.0	4.96	
TUE	3	0.002	0.006	10.0	7.6	7.0	180		260	5		11.1	7.2	4.8	4	0.1	8	0				0.03	4.0	4.34	
WED	4	0.057	0.006	10.1	8.7	6.9	400	189	340	161	31	11.3	8.1	4.2	7	3.3	6	3		10		0.03	5.0	5.27	
THU	5	0.060	0.003	12.7	9.9	7.7	420	211	330	166		12.0	8.3	3.8	4	2.0	8	4				0.02	5.0	4.34	
FRI	6	0.054	0.005	9.9	7.7	7.2	120	54	200	91	18	11.3	7.2	4.1	4	1.8	7	3		1		0.09	4.0	6.51	
SAT	7	0.053	0.005																						
SUN	8	0.067	0.000																						
MON	9	0.057	0.000	10.0	7.9	7.0	210	100	300	143		11.7	7.2	4.0	5	2.4	8	4				0.04	5.0	5.27	
TUE	10	0.075	0.003	10.4	8.0	7.4	170	106	290	181		11.7	7.2	4.0	6	3.7	12	7		1		0.05	5.0	4.96	
WED	11	0.056	0.000	9.4	7.8	7.1	150	89	230	106		10.7	7.5	4.0	7	3.2	10	5				0.07	5.0	7.44	
THU	12	0.053	0.000	8.8	7.7	7.2	200	89	240	106		10.8	7.0	4.0	5	2.2	10	4				0.07	4.0	6.20	
FRI	13	0.071	0.003	11.1	7.7	3.6	170	101	310	184		11.1	7.0	3.6	6	3.6	27	16				0.19	4.0	4.34	
SAT	14	0.091	0.003																						
SUN	15	0.069	0.000																						
MON	16	0.058	0.000	13.4	8.2	6.3						9.9	7.0	3.8											
TUE	17	0.053	0.000	9.0	7.7	8.9	120	53	170	75		10.1	6.9	3.9	8	3.5	8	4				0.08	4.0	5.27	
WED	18	0.053	0.002	10.0	7.9	8.4	120	53	200	89		9.8	7.1	5.0	9	4.0	10	4		1		0.06	4.0	4.65	
THU	19	0.048	0.002	8.6	7.7	7.9			310	123		10.0	7.1	4.2								0.05	3.0	5.27	
FRI	20	0.047	0.003	10.2	7.8	7.9						9.8	7.0	3.5								0.13	2.0	4.03	
SAT	21	0.045	0.003																						
SUN	22	0.056	0.000																						
MON	23	0.051	0.005	8.4	7.7	8.3	220	94	230	98		10.3	7.1	4.2	8	3.4	7	3				0.03	2.0	4.03	
TUE	24	0.072	0.003	7.2	7.7	9.1						9.5	6.8	4.0											
WED	25	0.073	0.003	8.0	7.5	8.7						8.6	7.1	5.2											
THU	26	0.055	0.003	8.2	7.7	8.2	180	83	370	170		8.7	7.1	5.2	5	2.3	6	3				0.02	3.0	3.10	
FRI	27	0.052	0.003	9.3	7.6	8.1						8.2	6.9	5.4											
SAT	28	0.060	0.003																						
TOTAL		2.090	0.080																						
MAXIMUM		0.091	0.006	13.4	9.9	9.1	420	211	370	189	31	12.0	8.3	5.4	9	6.8	27	16		14		0.19	8.0	9.30	
MINIMUM		0.002	0.000	7.2	7.2	3.6	120	0	160	5	18	8.2	6.8	3.4	4	0.0	6	0		1		0.01	2.0	3.10	
AVERAGE		0.060	0.002	9.7	7.5	7.5	199	96	258	123	22	10.5	7.5	4.2	6	2.9	9	5		8		0.07	4.1	5.31	
OF ANALYSIS		35	35	25	25	25	16	16	18	18	0	3	25	25	16	17	18	18	0	3	5	26	34	35	

% REMOVAL	
B.O.D.	96
S.S.	99

WEEK	BOD			TSS			CHLORINE			WEEKLY AVERAGE			WEEKLY COLIFORM		
	mg/l	lbs	lbs	mg/l	lbs	lbs	mg/l	Gal	Gal	mg/l	Gal	Gal	Geo Mean		
1	8	5	6	5	6	5	0.09	4.83	5.00						
2	7	3	5	1	5	1	0.05	4.71	1.00						
3	13	7	6	3	6	3	0.08	4.43	1.00						
4	10	4	9	4	9	4	0.08	3.43	1.00						
5	7	3	7	3	7	3	0.06	3.14	1.00						
MAX	13	7	9	5	9	5	0.09	4.83	5						

COMMENTS:

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

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: 11/24/2013 TO 12/28/2013

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.	*****	*****		3.4	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	5	16		*****	9.44444444	27				
	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.	*****	*****		*****	257.777778	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	7	*****		*****	13.4	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.8	*****	8.3				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	3	7		*****	6.1875	9				
	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.	*****	*****		*****	198.75	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	5	*****		*****	8.5	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.060	0.091		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.02	0.03				
	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.	*****	*****		*****	1.37972966	5				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		96	*****	*****				
	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 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
<i>Jim Westcott</i>	<i>[Signature]</i>	907 526.0741	11/11/10
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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: MXZ1 Mixing Zone for Outfall 001

MONITORING PERIOD: 11/24/2013

TO 12/28/2013

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 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 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE 11/14/13
		907.586.0741	Y M D