

**AUKE BAY WASTEWATER TREATMENT FACILITY**  
Juneau, Alaska  
FEBRUARY 2014

DAY	FLOWS					INFLUENT					EFFLUENT					MISCELLANEOUS											
	DATE	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	Cl <sub>2</sub> RESIDUAL mg/L	Cl <sub>2</sub> USED GAL	Na2SO3 USED LBS		
SUN	2	0.064	0.000																								
MON	3	0.057	0.004																								
TUE	4	0.055	0.003	11.0	7.9	7.6	396.0	188.4	800.0	380.6			10.6	7.1	4.2	1.0	0.5	7.0	3.2		2.0	0.03	0.03	3.00	4.69	6.20	
WED	5	0.059	0.002	11.0	7.8	7.9	108.0	200.0	98.7				10.7	6.9	3.6	4.8	2.4	7.3	3.6			0.04	0.04	3.00	4.34	4.34	
THU	6	0.050	0.005	6.9	7.5	7.0	224.0	93.2	380.0	158.1			10.5	7.0	4.0	1.0	0.4	5.2	2.2			0.06	0.06	3.00	4.34	4.34	
FRI	7	0.054	0.002	11.8	8.0	7.0	160.0	72.7	230.0	104.5			10.3	7.0	3.5	4.0	1.8	5.8	2.6			0.04	0.04	3.00	3.72	3.72	
SAT	8	0.044	0.002																								
SUN	9	0.056	0.005	8.3	8.1	8.6	156.0	68.5	190.0	83.5			10.9	6.9	4.8	1.0	0.4	6.7	2.9			0.06	0.06	3.00	6.82	6.82	
MON	10	0.053	0.005	11.2	7.8	7.5	140.0	63.6	260.0	118.2			10.4	6.9	3.8	1.0	0.5	5.5	2.5			0.05	0.05	3.00	3.41	3.41	
TUE	11	0.055	0.003	9.1	7.9	8.2	84.0	37.1	150.0	66.2			10.6	6.9	3.7	1.0	0.4	6.4	2.8		1.0	0.03	0.03	3.00	4.65	4.65	
WED	12	0.061	0.003	9.1	8.0	7.8	184.0	92.8	190.0	95.9			10.6	6.9	3.8	1.0	0.5	6.4	3.2			0.05	0.05	3.00	4.65	4.65	
THU	13	0.061	0.003	11.4	7.8	7.5	244.0	90.1	460.0	169.9			10.3	6.9	3.7	1.0	0.4	8.2	3.0			0.01	0.01	4.00	4.34	4.34	
FRI	14	0.044	0.003																								
SAT	15	0.060	0.002																								
SUN	16	0.054	0.006	11.2	8.6	7.3	132.0	64.4	180.0	87.8			10.4	7.0	3.6	1.0	0.5	7.8	3.8			0.04	0.04	3.00	6.20	6.20	
MON	17	0.059	0.006	8.3	7.7	7.7	204.0	95.8	280.0	131.5			10.4	7.0	3.7	1.0	0.5	9.5	4.5			0.02	0.02	4.00	4.65	4.65	
TUE	18	0.056	0.006	8.8	8.1	8.2	240.0	106.2	210.0	92.9			10.3	6.9	3.8	1.0	0.4	15.0	6.6			0.03	0.03	3.00	2.48	2.48	
WED	19	0.053	0.000	9.6	8.1	7.7	198.0	74.5	250.0	95.1			10.3	7.0	3.6	9.2	3.5	16.0	6.1								
THU	20	0.046	0.006	10.8	7.9	7.6	256.0	105.7	620.0	256.0			10.4	7.1	4.1	1.0	0.4	8.0	3.3			0.01	0.01	5.00	3.72	3.72	
FRI	21	0.050	0.000																								
SAT	22	0.048	0.002																								
SUN	23	0.045	0.000																								
MON	24	0.054	0.002	9.9	8.0	8.2	192.0	86.8	230.0	104.0			10.7	6.9	3.5	6.0	2.7	7.9	3.6			0.01	0.01	3.00	6.82	6.82	
TUE	25	0.052	0.002	8.7	7.9	8.2	284.0	122.7	270.0	116.6			10.2	7.0	3.4	6.0	2.6	8.9	3.8			2.0	0.05	3.00	2.79	2.79	
WED	26	0.046	0.002	9.3	8.0	7.8	244.0	92.8	200.0	76.1			10.5	7.0	3.7	5.6	2.1	9.5	3.6				0.03	4.00	3.41	3.41	
THU	27	0.058	0.002	9.2	8.7	7.3							10.5	7.0	3.9									4.00	2.79	2.79	
FRI	28	0.040	0.004	11.9	7.3	7.5							10.5	7.0	4.0									3.00	3.10	3.10	
SAT	29	0.044	0.002										10.3	7.0	4.0									4.00	3.72	3.72	
SUN	30	0.044	0.002																						3.00	8.06	8.06
TOTAL		1.467	0.062																						89.00		
MAXIMUM		0.064	0.006	11.9	8.7	8.6	396.0	188.4	800.0	380.6			10.9	7.1	4.8	9.2	3.5	16.0	6.6			4.0	0.06	5.00	8.06	8.06	
MINIMUM		0.040	0.000	6.9	7.3	7.0	84.0	37.1	150.0	66.2			10.2	6.9	3.4	1.0	0.4	5.2	2.2				0.01	3.00	2.48	2.48	
AVERAGE		0.052	0.002	9.9	7.7	7.7	201.6	88.5	303.9	133.6			10.5	7.1	3.8	2.6	1.1	8.2	3.6			2.0	0.03	3.30	4.57	4.57	
NO. OF ANALYSIS		26	25	19	19	19	18	18	18	18	0	0	19	19	19	18	18	18	18	0	0	4	24	27	27	27	

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

WEEK	BOD			TSS			CHLORINE			WEEKLY		
	mg/l	lbs	lbs	mg/l	lbs	lbs	mg/l	Gal	COLIFORM	Geo. Mean	COLIFORM	Geo. Mean
1	6	3	2	1	0.0417	3.0	2.0					
2	7	3	1	0	0.0350	3.1	1.0					
3	11	5	3	1	0.0220	3.5	4.0					
4	9	4	4	2	0.0271	3.6	2.0					
MAX	11	5	4	2	0.0417	4	4.0					

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

COMMENTS:  
DATA FOR 02/27/14 AND 02/28/14 WILL BE SENT ON AN AMENDED PAGE AS SOON AS THE REPORTS COME IN FROM THE LAB.

# 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: 2/2/2014

TO 3/1/2014


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	Sample meas.	*****	*****		3.4	*****	*****				
	1 - Final Effluent 00300 Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	3.6	6.6		*****	8.1778	16				
	1 - Final Effluent 00310 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)	Sample meas.	*****	*****		*****	303.89	*****				
	G - Influent 00310 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	4.9	*****		*****	11.26	*****				
	W - See Comments 00310 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		6.9	*****	7.1				
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	1.1	3.5		*****	2.6444	9.2				
	1 - Final Effluent 00530 Permit reqmt.	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	*****	*****		*****	201.56	*****				
	G - Influent 00530 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	2.5	*****		*****	4.0510	*****				
	W - See Comments 00530 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.052	0.064		*****	*****	*****				
	1 - Final Effluent 50050 Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.03	0.06				
	1 - Final Effluent 50060 Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.	*****	*****		*****	*****	*****				
	1 - Final Effluent 61211 Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	2.0	4.0				
	1 - Final Effluent 74055 Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		97.3	*****	*****				
	K - Percent Removal 81010 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98.7	*****	*****				
	K - Percent Removal 81011 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. I also certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 907-586-0933	DATE 14/3/14
 TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y   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: 2/2/2014

TO 3/1/2014

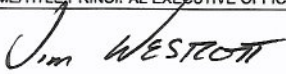

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

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.	*****	*****		*****	*****					
	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

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	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  	TELEPHONE  907-586-0393	DATE  14/3/14
			AREA   NUMBER	Y   M   D