

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska
March 2014

DAY	DATE	INFLUENT										EFFLUENT										MISCELLANEOUS			
		INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	BOD mg/L	BOD LBS	FOG mg/L	NH3 mg/L	TEMP °C	pH	D.O. mg/L	S.S. mg/L	BOD mg/L	BOD LBS	FOG mg/L	NH3 mg/L	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	Na ₂ SO ₃ USED LBS		
SUN	2	0.076	0.000	10.50	7.99	7.52	252.0	120.4	510.0	243.7		9.10	7.11	4.24	6.0	2.9	7.8				0.03	4.00	4.96		
MON	3	0.057	0.003	9.00	8.18	8.69	192.0	97.5	350.0	177.8		9.50	7.08	3.90	1.0	0.5	2.6				0.07	4.00	3.10		
TUE	4	0.061	0.003	8.30	8.32	7.62	56.0	20.6	130.0	47.9		9.60	7.18	3.74	1.0	0.4	9.0				0.03	4.00	4.34		
WED	5	0.044	0.003	8.30	8.00	8.00	216.0	106.5	540.0	266.2		9.60	7.00	3.70	4.4	2.2	7.7				0.02	4.00	3.10		
THU	6	0.059	0.003	11.45	8.00	7.70	248.0	92.5	380.0	141.7		9.60	7.10	4.00	4.8	1.8	9.2				0.06	4.00	3.72		
FRI	7	0.045	0.004	7.20	8.00	7.70	248.0	92.5	380.0	141.7		9.60	7.10	4.00	4.8	1.8	9.2				0.01	3.00	6.51		
SAT	8	0.047	0.002																						
SUN	9	0.135	0.000																						
MON	10	0.147	0.000	11.50	7.70	7.50	120.0	147.4	170.0	208.8		10.00	7.10	3.60	4.4	5.4	11.0				0.01	4.00	6.20		
TUE	11	0.030	0.003	7.10	8.10	9.30	136.0	34.0	190.0	47.5		9.30	7.60	3.80	5.2	1.3	7.6				0.12	4.00	4.96		
WED	12	0.018	0.005	7.80	8.00	8.00	192.0	28.7	240.0	35.8		9.00	7.00	4.50	1.0	0.1	6.4				0.06	3.00	5.27		
THU	13	0.019	0.003	9.40	8.10	7.70	256.0	41.5	560.0	90.8		9.20	7.10	3.60	4.4	0.7	9.8				0.03	3.00	4.34		
FRI	14	0.026	0.004	4.90	7.30	6.50	188.0	40.3	160.0	34.3		9.10	7.00	3.70	4.0	0.9	7.1				0.01	4.00	5.58		
SAT	15	0.038	0.000																						
SUN	16	0.065	0.000																						
MON	17	0.071	0.003	8.90	7.82	8.09	140.0	82.5	180.0	106.1		9.90	7.05	4.16	1.0	0.6	5.3				0.02	3.00	9.61		
TUE	18	0.036	0.002	8.50	7.90	8.24	124.0	37.6	180.0	54.6		9.80	7.04	4.00	1.0	0.3	4.2				0.09	3.00	5.27		
WED	19	0.028	0.000	6.70	7.81	10.26	92.0	21.4	150.0	34.9		9.00	6.93	4.40	1.0	0.2	3.7				0.04	4.00	4.96		
THU	20	0.050	0.002	8.30	8.24	7.57	236.0	97.8	290.0	120.2		9.30	6.94	4.93	1.0	0.4	3.4				0.03	5.00	4.03		
FRI	21	0.034	0.002	9.50	7.86	8.03						9.40	6.89	4.39											
SAT	22	0.122	0.002																						
SUN	23	0.139	0.002																						
MON	24	0.062	0.003	8.80	8.10	8.00	288.0	149.4	240.0	124.5		9.70	6.80	3.80	1.0	0.5	4.7				0.04	4.00	4.96		
TUE	25	0.056	0.002	8.00	8.10	8.20	236.0	110.8	320.0	150.3		9.90	7.10	4.00	1.0	0.5	8.3				0.05	3.00	3.72		
WED	26	0.049	0.003	9.50	11.79	8.10	196.0	80.8	590.0	243.1		10.10	6.90	3.50	1.0	0.4	11.0				0.09	4.00	3.10		
THU	27	0.058	0.003	8.20	8.10	7.80	232.0	111.3	270.0	129.5		10.10	6.70	3.90	1.0	0.5	5.1				0.07	3.00	9.10		
FRI	28	0.091	0.002																						
SAT	29	0.070	0.002																						
TOTAL		1.764	0.055																			102.00			
MAXIMUM		0.147	0.005	11.50	11.8	10.3	288	149	590	266		10.1	7.6	4.9	6	5	11				0.12	5.00	9.61		
MINIMUM		0.018	0.000	4.9	7.3	6.5	56	21	130	34		9.0	6.7	3.5	1	0	3				0.01	3.00	2.79		
AVERAGE		0.063	0.002	8.6		8.0	189	79	303	125		9.6		4.0	2	1	7				0.04	3.78	4.70		
NO. OF ANALYSIS		28	28	19	19	19	18	18	18	18		0	0	0	18	18	18	18	0	0	0	25	27	27	

% REMOVAL	
B.O.D.	98
S.S.	99

WEEK	BOD			TSS			CHLORINE			WEEKLY COLIFORM		
	mg/L	lbs	lbs	mg/L	lbs	lbs	mg/L	Gal	Geo. Mean	Geo. Mean	Geo. Mean	
1	7.3	3.1	3.4	1.5	0.0367	3.9	2.0					
2	8.4	3.9	3.8	1.7	0.0400	3.9	15.0					
3	4.2	1.7	1.0	0.4	0.0400	3.7	1.0					
4	7.3	3.3	2.4	0.5	0.0533	3.7	1.0					
MAX	8	4	4	2	0.0533	4	15					

*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


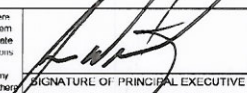
MONITORING PERIOD: 3/2/2014 TO 3/29/2014

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.	*****	*****		3.5	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	3.1	13.5		*****	6.9	11.0				
	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.	*****	*****		*****	302.8	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	3.9	*****		*****	8.38	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.7	*****	7.6				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	1	5		*****	2.5	6.0				
	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.	*****	*****		*****	188.9	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	1.7	*****		*****	3.8	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.063	0.147		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.04	0.12				
	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.	*****	*****		*****	2.3	15.0				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97.7	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		98.7	*****	*****				
	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  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 907.8605820	DATE 11/14/17
		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: 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: 3/2/2014 TO 3/29/2014
 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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 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.	TELEPHONE 907. 586.0393 AREA NUMBER	DATE 14/4/7 Y M D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			