

AUIKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

April 2014

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 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. RESIDUAL mg/L	Cl. USED Gal	Na2SO2 USED LBS	
SUN	30	0.0744	0.002																							
MON	31	0.0997	0.002	11.0	8.1	7.4	252.0	209.5	350.0	291.0		10.1	7.2	4.2	1.0	0.8	7.9	6.6				0.10	4.0	4.96		
TUE	1	0.0871	0.003	8.1	8.1	8.7	332.0	241.2	360.0	264.2		10.6	7.2	4.2	1.0	0.7	7.4	5.4			1.0	0.07	3.0	8.06		
WED	2	0.1099	0.003	8.7	8.1	7.6	192.0	176.0	320.0	293.3		10.1	7.3	4.1	1.0	0.9	11.0	10.1				0.08	4.0	4.96		
THU	3	0.0535	0.003	9.4	9.2	6.8	136.0	60.7	200.0	89.2		10.5	7.4	3.5	1.0	0.4	23.0	10.3				0.04	4.0	7.44		
FRI	4	0.0728	0.002	8.6	8.0	7.7						9.7	7.3	5.0								0.01	4.0	9.30		
SAT	5	0.0728	0.002																			0.01	4.0	6.20		
SUN	6	0.0728	0.012																			0.01	3.0	6.20		
MON	7	0.0728	0.003	6.7	8.1	9.1	248.0	150.6	300.0	182.1		9.3	7.1	5.0	1.0	0.6	5.2	3.2			13.0	0.03	3.0	6.20		
TUE	8	0.0728	0.006	6.7	7.6	8.6	194.0	117.8	240.0	145.7		9.3	7.0	4.9	4.0	2.4	15.0	9.1				0.06	5.0	8.06		
WED	9	0.0728	0.003	6.8	7.7	8.3	180.0	109.3	250.0	151.8		9.7	7.1	4.9	1.0	0.6	8.9	5.4				0.07	4.0	3.10		
THU	10	0.0728	0.006	7.7	7.9	7.9	196.0	119.0	320.0	194.3		10.3	7.2	4.5	1.0	0.6	6.4	3.9				0.07	3.0	9.30		
FRI	11	0.0728	0.000	8.4	8.1	7.6						9.2	7.2	4.3									4.0	5.89		
SAT	12	0.0728	0.002	10.2	8.2	6.5						10.6	7.1	4.4									4.0	5.89		
SUN	13	0.0728	0.002	7.7	7.7	7.1						11.4	7.1	4.7									4.0	5.89		
MON	14	0.0728	0.003	7.9	7.7	7.1	128.0	77.7	270.0	163.9		11.9	7.0	4.5	1.0	0.6	7.8	4.7			2.0	0.03	4.0	5.89		
TUE	15	0.0728	0.003	10.0	7.8	6.6	136.0	82.6	210.0	127.5		10.7	7.1	4.5	1.0	0.6	4.4	2.7				0.04	3.0	5.89		
WED	16	0.0728	0.000	10.2	7.9	6.4	156.0	94.7	300.0	182.1		11.2	7.0	4.4	1.0	0.6	3.5	2.1				0.05	4.0	3.41		
THU	17	0.0728	0.003	9.7	7.8	6.7	164.0	99.6	480.0	291.4		11.9	7.2	4.4	1.0	0.6	4.9	3.0				0.20	3.0	8.68		
FRI	18	0.0728	0.002									10.5	7.2	4.3									4.0	4.86		
SAT	19	0.0728	0.002									10.3	7.2	4.3									3.0	6.20		
SUN	20	0.0728	0.002									10.7	7.2	4.7									3.0	6.20		
MON	21	0.0728	0.005	10.2	7.7	6.5	160.0	97.1	210.0	127.5		10.8	7.2	4.4	4.4	2.7	5.4	3.3			1.0	0.02	3.0	7.13		
TUE	22	0.0728	0.000	11.0	7.8	6.5	492.0	298.7	520.0	315.7		10.6	7.2	4.5	4.0	2.4	5.7	3.5				0.04	4.0	4.34		
WED	23	0.0728	0.006	10.8	7.8	6.6	116.0	70.4	180.0	109.3		11.0	7.0	4.4	1.0	0.6	4.9	3.0				0.05	4.0	7.44		
THU	24	0.0728	0.000	10.7	7.8	6.5	144.0	87.4	210.0	127.5		10.4	7.2	4.2	1.0	0.6	5.4	3.3				0.05	4.0	3.72		
FRI	25	0.0728	0.003									10.8	7.6	4.9									3.0	3.10		
SAT	26	0.0728										10.8	7.7	5.0									4.0	4.65		
SUN	27	0.0728	0.003									11.3	7.6	5.3	5.2	3.2	6.9	4.2				0.05	4.0	4.43		
MON	28	0.0728	0.003	10.9	7.2	6.8	184.0	111.7	170.0	103.2		11.3	7.6	5.3	5.2	3.2	6.9	4.2			4.0	0.06	4.0	5.27		
TUE	29	0.0728	0.002	10.5	7.9	7.0	244.0	148.1	280.0	170.0		11.5	7.2	4.5	4.4	2.7	29.0	17.6				0.03	4.0	6.82		
WED	30	0.0728	0.002	11.5	7.6	6.4	216.0	131.1	170.0	103.2		11.4	7.2	4.3	4.8	2.9	5.3	3.2				0.04	4.0	6.20		
THU	1	0.0728	0.005	10.7	8.6	6.9	262.0	159.1	240.0	145.7		11.6	7.2	4.1	4.4	2.7	6.6	4.0				0.03	4.0	7.44		
FRI	2	0.0728	0.001	10.2	7.8	6.8						12.3	7.1	4.0									3.0	10.23		
SAT	3	0.0728	0.002	10.6	8.2	7.0						11.5	7.1									0.01	3.0	10.23		
TOTAL		2.6066	0.091																				127.0	4.34		
MAXIMUM		0.1099	0.012	11.5	9.2	9.1	492.0	298.7	520.0	315.7		12.3	7.7	5.3	5.2	3.2	29.0	17.6				0.20	5.0	10.23		
MINIMUM		0.0535	0.000	6.7	7.2	6.4	116.0	60.7	170.0	89.2		9.2	7.0	3.5	1.0	0.4	3.5	2.1			1.00	0.00	3.0	3.10		
AVERAGE		0.0745	0.003	9.4		7.2	206.6	132.1	278.5	178.4		10.7		4.5	2.2	1.4	8.7	5.4			2.5	0.05	3.6	6.06		
OF ANALYSIS		35	34	26	26	26	20	20	20	20	0	31	31	30	20	20	20	20	0	0	5	31	35	35		

WEEK	BOD			TSS			CHLORINE			WEEKLY AVERAGE		
	mg/l	lbs	Gal	mg/l	lbs	Gal	mg/l	lbs	Gal	mg/l	lbs	Gal
1	12.3	8.1	1.0	1.0	0.7	0.05	3.86	1.00				
2	8.9	5.4	1.8	1.1	0.05	3.71	13.0					
3	5.2	3.1	1.0	0.6	0.07	3.43	5.1					
4	5.4	3.2	2.6	1.6	0.04	3.43	1.0					
5	12.0	7.3	4.7	2.9	0.03	3.71	4.00					
MAX	12.3	8.1	4.7	2.9	0.07	3.86	13.0					

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

Average Q was used from 4/8/14 through the end of the month. Totalizer broken. New one in 5/8/14

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Cort Franklin
 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

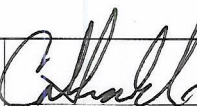
MONITORING PERIOD: 3/30/2014 TO 5/3/2014

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.	5.4	17.6		*****	8.73	29.0				
	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.	*****	*****		*****	278.5	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	8.1	*****		*****	12.325	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.0	*****	7.7				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	1.4	3.2		*****	2.21	5.2				
	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.	*****	*****		*****	206.6	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	2.9	*****		*****	4.7	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.075	0.110		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.04	0.1				
	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.	*****	*****		*****	2.5	13.0				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		96.9	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		99.3	*****	*****				
	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 knowledge and belief, 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	DATE
TYPED OR PRINTED			907-586-0395	14-5-9
			AREA NUMBER	Y M D

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Cort Franklin
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 3/30/2014

TO 5/3/2014

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

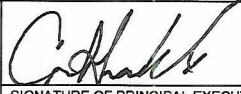
NO DISCHARGE:

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

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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
Cort Franklin		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907-586-0393	4-5-9
TYPED OR PRINTED			AREA NUMBER	Y M D