

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

FLOWS										INFLUENT										EFFLUENT										MISCELLANEOUS				
DAY	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	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. RESIDUAL mg/L	Cl. USED GAL	Na2SO3 USED LBS									
SUN	4	0.073	0.003	10.2	7.5	7.4	100.0	60.7	390.0	236.8			11.6	7.2	4.4	4.4	2.7	8.2	5.0				0.01	4.00	6.20									
MON	5	0.073	0.003	11.1	7.8	7.8	156.0	94.7	350.0	212.5			11.5	7.2	4.7	5.2	3.2	10.0	6.1			2.0	0.03	5.00	4.96									
TUE	6	0.073	0.003	10.5	8.0	8.4	146.0	90.4	340.0	206.4			12.1	7.1	4.9	5.6	3.4	6.4	3.9			0.03	4.00	6.20										
WED	7	0.073	0.003	14.2	7.7	7.2	240.0	146.3	2300.0	1396.4			12.2	7.1	4.7	7.2	4.4	7.4	4.5			0.08	3.00	3.10										
THU	8	0.073	0.003	10.4	7.8	6.6							13.0	7.8	5.4								5.00	3.00	3.10									
FRI	9	0.073	0.002	12.1	7.2	4.3							12.3	7.1	3.9								4.00	4.34	4.00									
SAT	10	0.073	0.002	11.6	7.7	5.9							12.8	7.1	4.1								4.00	3.41	4.00									
SUN	11	0.073	0.002	11.9	8.5	5.7							12.9	7.1	4.1								3.00	3.41	4.00									
MON	12	0.073	0.003	12.5	7.4	6.3	228.0	102.9	300.0	135.4			12.9	7.1	4.3	5.2	23.5	9.0	4.1			1.0	0.04	3.00	6.82									
TUE	13	0.065	0.003	12.4	7.7	7.2	116.0	63.2	380.0	206.9			13.2	7.1	4.8	7.0	3.8	7.6	4.1				0.05	4.00	4.96									
WED	14	0.049	0.005	11.2	7.7	7.6	128.0	52.6	290.0	119.2			12.7	7.1	3.6	4.8	2.0	5.8	2.4			0.03	4.00	4.96										
THU	15	0.055	0.003	10.2	8.0	7.6	272.0	125.2	460.0	211.8			12.6	7.2	4.8	1.0	0.5	6.6	3.0			0.04	3.00	5.58										
FRI	16	0.045	0.000										12.7	7.1	3.6								0.08	4.00	4.34									
SAT	17	0.050	0.000										12.7	7.1	4.0								0.05	4.00	4.34									
SUN	18	0.052	0.002										12.9	7.1	4.0								0.08	4.00	4.34									
MON	19	0.066	0.003	13.1	7.7	7.0	184.0	100.5	210.0	114.7			13.0	7.1	4.1	6.4	3.5	7.9	4.3			6.7	0.04	4.00	4.34									
TUE	20	0.060	0.002	10.8	7.9	7.1	84.0	41.7	210.0	104.2			11.4	7.2	4.3	1.0	0.5	4.9	2.4				0.03	3.00	3.41									
WED	21	0.063	0.002	11.8	8.0	8.0	84.0	43.9	230.0	120.3			12.4	7.3	4.3	1.0	0.5	3.6	1.9			1.0	0.06	3.00	3.10									
THU	22	0.073	0.003	11.5	7.8	7.6	116.0	70.2	250.0	151.4			11.9	7.4	4.3	1.0	0.6	7.0	4.2			0.05	4.00	2.79										
FRI	23	0.055	0.002										11.8	7.7	4.9								0.04	4.00	3.41									
SAT	24	0.053	0.002										12.7	7.1	4.0								0.05	4.00	2.79									
SUN	25	0.060	0.002										12.9	7.1	3.9								0.02	4.00	2.79									
MON	26	0.047	0.000	13.2	7.8	6.00	228.00	89.18	270.00	105.61			13.2	7.1	3.9	1.0	0.4	4.0	1.6				0.09	3.00	3.72									
TUE	27	0.051	0.003	12.8	7.8	6.60	168.00	71.46	270.00	114.84			13.2	7.7	3.9	4.0	1.7	4.0	1.7			1.0	0.09	3.00	2.79									
WED	28	0.053	0.003	11.9	8.0	7.20	504.00	208.07	650.00	285.34			12.3	7.7	4.6	1.0	0.4	5.2	2.1				0.07	3.00	5.27									
THU	29	0.063	0.000	11.7	7.9	6.80	272.00	142.69	220.00	115.41			12.4	7.5	4.3	1.0	0.5	4.6	2.4				0.03	3.00	7.13									
FRI	30	0.044	0.002										13.9	7.2	4.4								0.05	4.00	3.10									
SAT	31	0.063	0.002										13.8	7.2	3.8								0.02	4.00	2.17									
TOTAL		1.698	0.060																					104.00										
MAXIMUM		0.073	0.005	14.2	8.5	8.4	2420.0	1459.3	2300.0	1396.4			13.9	7.8	5.4	5.2	23.5	10.0	6.1			6.7	0.09	5.00	7.13									
MINIMUM		0.044	0.000	10.2	7.2	4.3	84.0	41.7	210.0	104.2			11.4	7.1	3.6	1.0	0.4	3.6	1.6			1.0	0.01	3.00	2.17									
AVERAGE		0.061	0.002	11.8	7.8	6.9	337.5	183.9	472.5	255.5			12.5	7.4	4.3	6.5	3.2	6.4	3.4			1.9	0.05	3.71	4.14									
NO OF ANALYSIS		28	28	20	20	20	16	16	16	16	16	0	26	26	26	16	16	16	16	16	0	0	4	23	28	28								

COMMENTS:  
\*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES  
New Q totalizer put online 5/12/2014

WEEK	BOD mg/L	BOD lbs	TSS mg/L	TSS lbs	CHLORINE mg/L	CHLORINE Gal	WEEKLY COLIFORM Geo. Mean
1	8.0	4.9	5.6	3.4	0.0380	4.0	2.0
2	7.3	3.4	16.2	7.4	0.0483	3.6	1.0
3	5.9	3.2	2.4	1.3	0.0467	3.7	6.7
4	4.5	2.0	6.4	0.8	0.0467	3.6	1.0
MAX	8.0	4.9	16.2	7.4	0.0483	4.0	6.7

% REMOVAL	
BOD	99
S.S.	98



# 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: 5/4/2014

TO 5/31/2014

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

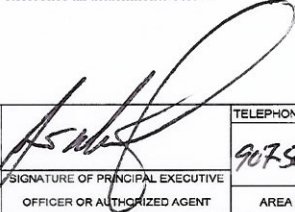
NO DISCHARGE:

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.	*****	*****		3.6	*****	*****				
	1 - Final Effluent 00300 Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	3.4	6.1		*****	6.388	10.0				
	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.	*****	*****		*****	472.5	*****				
	G - Influent 00310 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	4.9	*****		*****	8.0	*****				
	W - See Comments 00310 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		7.1	*****	7.8				
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	3.2	23.5		*****	6.5	52				
	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.	*****	*****		*****	337.5	*****				
	G - Influent 00530 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	7.4	*****		*****	5.0	*****				
	W - See Comments 00530 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.06	0.073		*****	*****	*****				
	1 - Final Effluent 50050 Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.05	0.09				
	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.	*****	*****		*****	1.91	6.7				
	1 - Final Effluent 74055 Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		98.6	*****	*****				
	K - Percent Removal 81010 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98.1	*****	*****				
	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>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 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 907.586.0000	DATE 14/6/14
			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

MONITORING PERIOD: 5/4/2014

TO 5/31/2014

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

NO DISCHARGE:

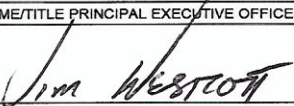

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen 3 - Outside edge of MZ 00300	Sample meas.	*****	*****			*****					
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily 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.	*****	*****		*****	0.02	0.02				
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****	ND				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****		1.0				
	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	DATE
			907-586-0821	14/6/14