

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

July 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	Cl₂ mg/L (RESIDUAL)	Cl₂ USED Gal	NH2SO2 USED LBS					
SUN	29	0.066																												
MON	30	0.064	0.002	14.2	7.8	6.4																								
TUE	1	0.059	0.004	13.5	7.7	6.8	288.0	141.7	300.0	147.6																				
WED	2	0.065	0.003	13.7	7.6	6.4	228.0	122.9	320.0	172.5																				
THU	3	0.070	0.003	16.5	7.9	5.2																								
FRI	4	0.073																												
SAT	5	0.063																												
SUN	6	0.057																												
MON	7	0.084	0.002	15.4	7.7	6.3	335.0	232.6	290.0	201.3																				
TUE	8	0.083	0.001	14.1	7.6	6.4	112.0	77.3	150.0	103.6																				
WED	9	0.083	0.002	14.8	7.6	7.1																								
THU	10	0.068	0.003	13.8	7.6	6.4																								
FRI	11	0.116	0.002	14.1	7.6	7.4																								
SAT	12	0.103	0.002																											
SUN	13	0.093	0.002																											
MON	14	0.902	0.002	15.3	4.2	7.9																								
TUE	15	0.078	0.002	13.8	8.8	8.1	120.0	77.6	160.0	103.4																				
WED	16	0.071	0.002	14.7	7.8	6.8	204.0	120.8	180.0	106.6																				
THU	17	0.034	0.002	13.5	7.7	6.8																								
FRI	18	0.053	0.002	13.5	7.7	6.8																								
SAT	19	0.053	0.002																											
SUN	20	0.055	0.003																											
MON	21	0.057	0.002	16.1	7.8	6.8																								
TUE	22	0.069	0.002	15.4	8.2	5.6	76.0	43.7	100.0	57.5																				
WED	23	0.078	0.002	15.4	7.7	7.0	148.0	96.1	180.0	116.9																				
THU	24	0.087	0.002	16.3	8.3	6.3																								
FRI	25	0.080	0.002	14.9	7.6	7.2																								
SAT	26	0.074	0.002																											
SUN	27	0.074	0.003																											
MON	28	0.072	0.003	16.0	7.7	4.8																								
TUE	29	0.101	0.002	14.5	7.7	6.9	90.0	75.8	170.0	143.2																				
WED	30	0.082	0.002	16.2	7.7	5.3	290.0	197.3	1956.0	1330.7																				
THU	31	0.073	0.002	15.9	7.7	5.0																								
FRI	1	0.070	0.002																											
SAT	2	0.066	0.003																											
TOTAL		4.242	0.069																											
MAXIMUM		0.863	0.004	16.5	8.8	8.1	335.0	232.6	1956.0	1330.7																				
MINIMUM		0.034	0.001	13.5	4.2	4.8	76.0	43.7	100.0	57.5																				
AVERAGE		0.121	0.002	14.9	7.7	6.5	189.1	118.6	380.6	248.3																				
OF ANALYSIS		35	31	23	23	23	10	10	10	10																				

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

WEEK	BOD			TSS			CHLORINE			WEEKLY AVERAGE			WEEKLY COLIFORM		
	mg/l	lbs	lbs	mg/l	lbs	lbs	mg/l	lbs	lbs	mg/l	lbs	lbs	Geo.	Mean	
1	3.7	1.9	2.9	1.5	0.12	4.00	6.0								
2	6.3	4.3	1.0	0.7	0.02	3.57	1.4								
3	6.1	3.8	2.5	1.6	0.04	2.36	1.4								
4	6.7	4.1	4.8	2.9	0.09	3.57	6.0								
5	7.0	5.1	4.5	3.4	0.06	3.60	8.0								
MAX	7.0	5.1	4.8	3.4	0.12	4.00	8.0								

COMMENTS:

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

No results for 7/29-7/30-14 provided by contract Lab. Amended page will follow
Last week of DATA entered on 8/12/2014

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

CONTACT NAME: Greko Tempel
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004
 MONITORING PERIOD: 6/29/2014 TO 8/2/2014
 NO DISCHARGE:

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

Parameter	Quantity or Loading		Quality or Concentration		Units	No. Ex. Analyz.	Frequency of Sample Type	Sample Type
	Maximum	Average	Minimum	Average				
Dissolved Oxygen	Sample	3.26	2.0	3.26	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Permit	40	30	30	mg/l		Monthly	Grab-Composite
	Sample	3.9	6.3	5.9	9.3			
Biochemical Oxygen Demand (BOD5)	Permit	40	30	30	mg/l		Monthly	Grab-Composite
	Sample	2.0	3.4	3.14	5.2			
Total Suspended Solids	Permit	40	80	30	mg/l		Monthly	Grab-Composite
	Sample	0.121	0.963					
Flow	Permit	Report	0.16	0.16	MGD		5X Weekly	Measured
	Sample	0.121	0.963					
Total Residual Chlorine	Permit	Sample	0.5	0.14	mg/l		3X Weekly	Grab
	Sample	0.5	0.14					
1 - Final Effluent 50060	Permit	Sample	250.0	250.0	cts/100 ml		See Permits	Grab
	Sample	250.0	250.0					
Enterococci	Permit	Sample	8.0	2.3	cts/100 ml		Monthly	Grab
	Sample	8.0	2.3					
Fecal Coliform	Permit	Sample	800	200	cts/100 ml		Monthly	Grab
	Sample	800	200					
1 - Final Effluent 61211	Permit	Sample	800	200	cts/100 ml		Monthly	Grab
	Sample	800	200					
Total Suspended Solids	Permit	Sample	60	45	mg/l		Monthly	Grab-Composite
	Sample	3.4	4.8					
W - See Comments 00530	Permit	Sample	60	45	mg/l		Monthly	Grab-Composite
	Sample	3.4	4.8					
Total Suspended Solids	Permit	Sample	60	45	mg/l		Monthly	Grab-Composite
	Sample	3.4	4.8					
G - Influent 00530	Permit	Sample	60	45	mg/l		Monthly	Grab-Composite
	Sample	189.1	189.1					
1 - Final Effluent 00530	Permit	Sample	60	45	mg/l		Monthly	Grab-Composite
	Sample	189.1	189.1					
Total Suspended Solids	Permit	Sample	60	45	mg/l		Monthly	Grab-Composite
	Sample	3.4	4.8					
1 - Final Effluent 50050	Permit	Sample	60	45	mg/l		Monthly	Grab-Composite
	Sample	3.4	4.8					
Total Residual Chlorine	Permit	Sample	0.5	0.14	mg/l		3X Weekly	Grab
	Sample	0.5	0.14					
1 - Final Effluent 50060	Permit	Sample	250.0	250.0	cts/100 ml		See Permits	Grab
	Sample	250.0	250.0					
Fecal Coliform	Permit	Sample	800	200	cts/100 ml		Monthly	Grab
	Sample	800	200					
1 - Final Effluent 74055	Permit	Sample	800	200	cts/100 ml		Monthly	Grab
	Sample	800	200					
BOD5 Minimum % Removal	Permit	Sample	85	85	%		Monthly	Calculation
	Sample	98.4	98.4					
K - Percent Removal 81010	Permit	Sample	85	85	%		Monthly	Calculation
	Sample	98.9	98.9					
K - Percent Removal 81011	Permit	Sample	85	85	%		Monthly	Calculation
	Sample	98.9	98.9					

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	DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE
AREA NUMBER	Y I M D

586-0593 2014/08/13

Greko Tempel
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared by me or under my direct supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. I declare under penalty of perjury that the information is true and complete. I am providing this information for the use of the public and I understand that this information will be made available to the public.

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

CONTACT NAME: Greta Tempel
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801
 FACILITY: Auke Bay WWTF
 LOCATION: 11825 GLACIER HWY
 Juneau, AK 99801

PERMIT NUMBER: AKG572004
 MONITORING POINT: MXZ1 Mixing Zone for Outfall 001
 MONITORING PERIOD: [] TO []
 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.	****	****	****	****			Grab	
3 - Outside edge of MZ 00300	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
pH	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
3 - Outside edge of MZ 00400	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
Total Residual Chlorine	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
3 - Outside edge of MZ 50060	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
Enterococci	Permit	reqmt.	****	****	****	****		See Permit Requirements	Grab	
	Sample	meas.	****	****	****	****			Grab	
4 - Shoreline in MZ 61211	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
Fecal Coliform	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
3 - Outside edge of MZ 74055	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
Fecal Coliform	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			Grab	
4 - Shoreline in MZ 74055	Permit	reqmt.	****	****	****	****			Grab	
	Sample	meas.	****	****	****	****			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	Greta Tempel		
TYPED OR PRINTED	Greta Tempel		
OFFICER OR AUTHORIZED AGENT	[Signature]		
SIGNATURE OF PRINCIPAL EXECUTIVE	[Signature]		
AREA NUMBER	586-0393		
TELEPHONE	907-607-607		
DATE	2014/08/13		