

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

CONTACT NAME: Catherine Carlson  
 MAILING ADDRESS: 2009 Radcliffe  
 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 9/1/2014

TO 9/30/2014

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 1 - Final Effluent 00300	Sample meas.	*****	*****		3.2	*****	*****		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	10	19		*****	14.8	29.0		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.	*****	*****		*****	233.3	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	16.1	*****		*****	25.5	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.2	*****	7.6		0		
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	9.1	11.8		*****	12.0	18.0		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.	*****	*****		*****	258.7	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	10.1	*****		*****	16.0	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.085	0.108		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.07	0.25		0		
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	820		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	39	80		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		94	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		95	*****	*****		0		
	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 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
GRIEKA TEMPEL SR. OPERATOR		907-586-0343	14/10/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y   M   D

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TO 9/30/2014

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

NO DISCHARGE:

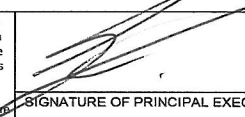
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen 3 - Outside edge of MZ 00300	Sample meas.	*****	*****		11.3	*****	11.3				
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****		8.5	*****	8.5				
	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.	*****	*****		*****	*****	n/a				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****	18	18				
	Permit reqmt.	*****	*****		*****	14 monthly geometric mean	43 daily maximum	cts/100 ml		2X Annually	Grab
Fecal Coliform 4 - Shoreline in MZ 74055	Sample meas.	*****	*****		*****	n/a	n/a				
	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
GRIEKO TEMPEL SR. OPERATOR TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907.586.0393 AREA   NUMBER

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

		FLOWS				INFLUENT							EFFLUENT							MISCELLANEOUS						
DAY	DATE	INFLUENT MG(1)	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	FECAL MIXING ZONE	Entero /100 ml	FECAL COLIFORM /100 ml	Cl- RESIDUAL mg/L	Cl- USED GAL	Na2SO3 USED LBS	
SUN	31	0.087	0.002																						2.00	2.48
MON	1	0.105	0.002	15.1	7.5	8.7							15.4	7.3	4.4								0.23	3.00	2.04	
TUE	2	0.094	0.002	15.1	7.7	6.9	170.0	132.7	180.0	124.9			15.4	7.2	4.3	8.0	6.2	7.2	5.6		820	18	0.02	2.00	3.41	
WED	3	0.092	0.002	14.1	7.8	6.7	190.0	145.3	190.0	145.3			15.5	7.2	4.4	9.6	7.3	7.0	5.4				0.07	3.00	3.41	
THU	4	0.092	0.002	16.4	7.9	5.7							15.5	7.2	4.0								0.01	2.00	3.41	
FRI	5	0.097	0.002	14.6	7.3	6.2							15.3	7.3	4.0								0.22	3.00	3.72	
SAT	6	0.095	0.002																							
SUN	7	0.086	0.002																						3.00	3.41
MON	8	0.076	0.002	13.7	7.5	6.5							15.3	7.3	3.4								0.03	2.00	3.41	
TUE	9	0.080	0.002	14.5	7.7	5.7	150.0	100.3	200.0	133.7			15.2	7.3	4.0	11.0	7.4	11.0	7.4	18	10	58	0.02	2.00	3.41	
WED	10	0.080	0.002	16.2	7.6	6.6	156.0	104.2	240.0	160.3			15.5	7.3	4.4	9.5	6.3	13.0	8.7				0.03	2.00	3.41	
THU	11	0.076	0.002	14.9	7.6	7.2							15.7	7.2	4.3								0.05	3.00	3.72	
FRI	12	0.091	0.002	14.6	7.5	6.9							15.8	7.6	4.5								0.17	2.00	3.41	
SAT	13	0.108	0.002																						2.00	4.34
SUN	14	0.081	0.002																						3.00	3.10
MON	15	0.087	0.003	15.2	7.6	5.4							15.8	7.4	4.6								0.01	2.00	3.41	
TUE	16	0.078	0.003	14.2	8.3	5.9	550.0	359.1	410.0	267.7			15.5	7.3	3.8	18.0	11.8	29.0	18.9			62	0.02	3.00	4.03	
WED	17	0.072	0.002	14.6	7.8	5.9	160.0	96.7	190.0	114.8			15.5	7.4	4.3	14.0	8.5	22.0	13.3				0.25	3.00	3.72	
THU	18	0.078	0.003	16.5	7.8	5.0							15.5	7.4	3.2								0.01	3.00	3.72	
FRI	19	0.090	0.003	16.7	8.1	5.1							15.6	7.5	3.3								0.01	3.00	3.10	
SAT	20	0.090	0.002																						3.00	4.65
SUN	21	0.090	0.002																						3.00	3.72
MON	22	0.079	0.009	16.4	7.7	7.3							16.6	7.2	3.7								0.06	3.00	4.03	
TUE	23	0.081	0.003	14.9	7.7	5.5	180.0	121.6	150.0	101.4			14.8	7.5	3.3	14.0	9.5	16.0	10.8			80	0.02	3.00	3.72	
WED	24	0.075	0.003	13.0	7.7	6.1	580.0	363.8	410.0	257.2			14.5	7.5	3.5	13.0	8.2	16.0	10.0				0.02	3.00	3.10	
THU	25	0.088	0.002	13.5	7.7	5.9							14.1	7.5	3.5								0.04	3.00	3.72	
FRI	26	0.081	0.002	14.5	8.1	5.7							14.6	7.5	3.9								0.03	3.00	4.03	
SAT	27	0.082	0.002																						3.00	2.79
SUN	28	0.093	0.002																						3.00	3.41
MON	29	0.081	0.003	14.8	7.7	5.7							14.8	7.4	3.4								0.02	3.00	3.41	
TUE	30	0.080	0.003	12.8	7.6	6.7	192.0	128.3	150.0	100.2			14.7	7.4	3.7	11.0	7.3	12.0	8.0			18	0.18	3.00	4.34	
TOTAL		2.558	0.070																						79.00	
MAXIMUM		0.108	0.009	16.7	8.3	8.7	580.0	363.8	410.0	267.7			16.6	7.6	4.6	18.0	11.8	29.0	18.9	18	820	80	0.25	3.00	4.65	
MINIMUM		0.061	0.002	12.8	7.3	5.0	150.0	96.7	150.0	100.2			14.1	7.2	3.2	8.0	6.2	7.0	5.4	18	10	18	0.01	2.00	2.04	
AVERAGE		0.085	0.002	14.8		6.2	258.7	172.4	233.3	156.2			15.3		3.9	12.0	9.1	14.8	9.8	18	91	39	0.07	2.72	3.56	
NO.OF ANALYSIS		30	30	22	22	22	9	9	9	9	0	0	22	22	22	9	9	9	9	9	1	2	5	22	29	29

COMMENTS:

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM Geo. Mean
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	
1	7	5	9	7	0.1100	2.5	18
2	12	8	10	7	0.0600	2.3	58
3	26	16	16	10	0.0600	2.9	62
4	16	10	14	9	0.0340	3.0	80
MAX	26	16	16	10	0.1100	3	80

% REMOVAL	
B.O.D.	94
S.S.	95