

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

CONTACT NAME: Catherine Carlson  
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 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004

MONITORING PERIOD: 10/1/2014

TO 10/31/2014

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 1 - Final Effluent 00300	Sample meas.	*****	*****		3.28	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	3.6	5.5		*****	6.2	10.0				
	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.	*****	*****		*****	197.7	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	5.7	*****		*****	8.9	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.1	*****	7.5				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	2.1	3.9		*****	3.7	7.0				
	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.	*****	*****		*****	170.6	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	5.6	*****		*****	8.9	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.074	0.093		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.03	0.03				
	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.	*****	*****		*****	4.0	10.0				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		98	*****	*****				
	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>GRIEND TEMPEL</i> <i>Sr. OPERATOR</i>	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 <i>907-586-0393</i>	DATE <i>2014/11/10</i>
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>
TYPED OR PRINTED			



AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

October 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 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	28	0.093	0.002																						3.0	3.41			
MON	29	0.081	0.003	14.8	7.7	5.7							14.8	7.4	3.4								0.02	3.0	3.41				
TUE	30	0.080	0.003	12.8	7.6	6.7	192	128	150	100			14.7	7.4	3.7	11	7	12	8			18	0.18	3.0	4.34				
WED	1	0.069	0.003	15.2	7.7	6.9	160	92	159	92			14.6	7.3	4.6	7	4	6	3				0.29	3.0	3.41				
THU	2	0.070	0.003	14.0	7.9	6.8							14.6	7.5	3.6								0.01	3.0	2.48				
FRI	3	0.089	0.002	13.8	7.8	6.5							14.9	7.5	3.3								0.09	2.0	3.10				
SAT	4	0.064	0.005																						3.0	4.34			
SUN	5	0.075	0.002																						3.0	2.48			
MON	6	0.077	0.003	12.2	7.6	7.1							15.1	7.5	4.4								0.01	2.0	2.48				
TUE	7	0.070	0.003	12.8	7.6	8.1	120	70	110	64			14.6	7.5	5.2	1	1	6	4			2	0.01	2.0	3.10				
WED	8	0.074	0.003	15.7	7.8	7.0	190	117	150	92			14.8	7.4	4.8	1	1	6	4				0.23	2.0	3.41				
THU	9	0.088	0.003	13.6	7.7	7.0							14.9	7.3	4.8								0.15	3.0	2.48				
FRI	10	0.093	0.002	12.7	7.6	7.1							14.7	7.3	4.3								0.01	2.0	2.48				
SAT	11	0.079	0.002																						3.0	2.17			
SUN	12	0.077	0.002																						2.0	3.10			
MON	13	0.081	0.003	14.0	7.9	7.1							14.8	7.3	4.5								0.12	3.0	3.72				
TUE	14	0.072	0.003	13.4	7.9	6.6	155	94	220	133			14.5	7.4	5.2	1	1	4	2				0.16	2.0	3.41				
WED	15	0.074	0.003	14.7	8.1	6.6	156	96	230	142			14.6	7.4	4.7	1	1	6	4			2	0.03	2.0	3.72				
THU	16	0.070	0.002	15.9	7.8	5.5							14.6	7.2	4.6								0.05	3.0	3.72				
FRI	17	0.069	0.002	12.5	7.8	5.8							14.6	7.3	3.9								0.01	2.0	3.72				
SAT	18	0.071	0.002																						3.0	3.41			
SUN	19	0.082	0.002																						3.0	3.41			
MON	20	0.089	0.002	13.3	7.8	6.8							14.7	7.1	4.1								0.02	2.0	3.72				
TUE	21	0.074	0.002	13.5	7.7	8.4	196	121	180	111			14.1	7.4	4.2	4	2	5	3			2	0.04	2.0	4.65				
WED	22	0.068	0.002	13.3	7.6	8.2	216	123	160	91			14.4	7.4	4.7	5	3	6	3				0.29	3.0	3.41				
THU	23	0.075	0.003	14.3	8.2	6.5							14.2	7.4	4.3								0.01	2.0	3.10				
FRI	24	0.075	0.002	14.5	7.8	6.4							14.4	7.2	4.4								0.10	3.0	3.41				
SAT	25	0.065	0.002																						2.0	3.72			
SUN	26	0.067	0.002																						2.0	2.79			
MON	27	0.068	0.002	14.1	7.7	6.5							14.0	7.3	4.6								0.03	3.0	3.10				
TUE	28	0.063	0.003	12.7	7.6	6.8	172	91	270	143			14.3	7.1	4.9	7	4	7	4			10	0.22	2.0	3.10				
WED	29	0.066	0.002	13.5	8.5	5.3	170	94	300	166			13.6	7.3	3.9	7	4	10	6				0.03	3.0	2.48				
THU	30	0.072	0.002	14.4	7.8	6.3							14.0	7.1	4.1								0.12	2.0	2.48				
FRI	31	0.069	0.002	13.6	7.8	5.8							14.3	7.2	4.5								0.01	2.0	2.48				
TOTAL		2.296	0.075																						76.0				
MAXIMUM		0.093	0.005	15.9	8.5	8.4	216	123	300	166			15.1	7.5	5.2	7	4	10	6			10	0.29	3.0	4.65				
MINIMUM		0.063	0.002	12.2	7.6	5.3	120	70	110	64			13.6	7.1	3.3	1	1	4	2			2	0.01	2.0	2.17				
AVERAGE		0.074	0.002	13.8		6.7	171	100	198	115			14.5		4.3	4	2	6	4			4	0.09	2.5	3.18				
OF ANALYSIS		31	31	23	23	23	9	9	9	9	0	0	23	23	23	9	9	9	9	9	0	0	4	23	31	31			

COMMENTS:

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

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM Geo. Mean
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	
1	9	6	9	6	0.12	2.86	18
2	6	4	1	1	0.08	2.43	2
3	5	3	1	1	0.07	2.43	2
4	6	3	5	3	0.09	2.43	2
5							
MAX	9	6	9	6	0.12	2.86	18

% REMOVAL	
B.O.D.	97
S.S.	98