

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

December 2014

FLOWS		INFLUENT											EFFLUENT										MISCELLANEOUS			
DAY	DATE	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	DO mg/L	T.S.S mg/L	T.S.S LBS	BOD mg/L	BOD LBS	FOG mg/L	NH3 mg/L	TEMP °C	pH	DO mg/L	T.S.S mg/L	T.S.S LBS	BOD mg/L	BOD LBS	FOG mg/L	NH3 mg/L	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED Gal	Na2SO3 USED LBS	
SUN	30	0.0560	0.0015																							
MON	1	0.0632	0.0015	12.50	8.09	6.72							11.20	7.07	4.37									2.00	2.48	
TUE	2	0.0636	0.0020	12.00	8.05	6.62	288.00	152.83	370.00	196.35			12.10	7.08	4.75	4.40	2.33	7.00	3.71			2.00	0.12	2.00	2.48	
WED	3	0.0653	0.0030	12.20	7.71	7.00	136.00	74.11	170.00	92.64			10.00	7.28	4.59	1.00	0.54	9.00	4.90				0.02	3.00	3.10	
THU	4	0.0650	0.0030	10.60	7.80	6.32							12.00	7.33	4.89								0.03	3.00	2.79	
FRI	5	0.0572	0.0015	10.80	8.12	6.31							11.10	7.30	3.69								0.02	2.00	3.10	
SAT	6	0.0666	0.0008																				0.11	2.00	2.79	
SUN	7	0.0627	0.0008																					2.00	2.79	
MON	8	0.0712	0.0020	11.80	7.88	6.47							12.40	7.24	4.09								0.10	2.00	3.10	
TUE	9	0.0790	0.0020	9.90	8.01	7.81	160.00	105.35	180.00	118.52			11.50	7.19	4.15	4.40	2.90	5.20	3.42			8.00	0.02	2.00	2.17	
WED	10	0.0738	0.0008	12.20	7.90	5.97	104.00	63.98	160.00	98.44			11.30	7.13	4.40	1.00	0.62	6.50	4.00				0.14	2.00	3.10	
THU	11	0.0689	0.0015	10.90	7.92	6.71							11.70	7.18	4.23								0.19	2.00	3.10	
FRI	12	0.0689	0.0020	11.60	8.18	6.49							11.90	7.19	4.57								0.14	2.00	3.41	
SAT	13	0.0666	0.0015																					2.00	3.72	
SUN	14	0.0637	0.0015																						2.00	3.72
MON	15	0.0635	0.0020	9.40	7.74	7.27							11.80	7.04	4.21								0.01	2.00	2.48	
TUE	16	0.0668	0.0015	11.00	9.17	5.80	184.00	102.57	490.00	273.15			11.70	7.10	4.63	8.40	4.68	6.50	3.62			16.00	0.15	2.00	3.41	
WED	17	0.0687	0.0015	12.10	7.83	6.04	120.00	68.79	190.00	108.92			11.10	7.21	5.85	11.00	6.31	11.00	6.31				0.09	2.00	3.41	
THU	18	0.0582	0.0008	13.90	8.61	5.80							11.50	7.12	5.42								0.16	2.00	3.10	
FRI	19	0.0577	0.0008	9.20	7.68	7.04							11.90	7.02	4.96								0.16	2.00	3.10	
SAT	20	0.0573	0.0015																					2.00	2.48	
SUN	21	0.0588	0.0015																						2.00	2.48
MON	22	0.0653	0.0015	10.80	7.69	7.05	96.00	52.31	120.00	65.39			11.90	7.22	5.04	19.00	10.35	17.00	9.26			34.00	0.17	2.00	2.17	
TUE	23	0.0663	0.0008	8.20	7.48	7.74	116.00	64.17	150.00	82.97			10.90	7.38	5.79	23.00	12.72	22.00	12.17				0.01	2.00	2.48	
WED	24	0.0660	0.0008	9.80	8.11	7.00							10.70	7.43	4.79								0.10	2.00	2.48	
THU	25	0.0703	0.0008	7.40	7.52	8.90							10.40	7.62	5.63								0.13	2.00	2.79	
FRI	26	0.0551	0.0015																						2.00	2.48
SAT	27	0.0658	0.0020																						2.00	2.79
SUN	28	0.0587	0.0015																						2.00	3.10
MON	29	0.0581	0.0005	8.00	7.77	7.30	304.00	147.30	640.00	310.11			9.10	7.50	5.40	14.00	6.78	20.00	9.69			42.00	0.20	2.00	2.79	
TUE	30	0.0534	0.0005	12.10	7.70	4.98	188.00	83.73	240.00	106.89			11.60	7.50	6.50	30.00	13.36	19.00	8.46				0.04	2.00	2.48	
WED	31	0.0578	0.0008	10.50	8.18	7.43							10.70	7.50	7.20								0.01	2.00	2.79	
TOTAL		1.9836	0.0439																						52.00	
MAXIMUM		0.0790	0.0030	13.90	9.17	8.90	304.00	152.83	640.00	310.11			12.40	7.62	7.20	30.00	13.36	22.00	12.17			42.00	0.20	3.00	3.72	
MINIMUM		0.0534	0.0005	7.40	7.48	4.98	96.00	52.31	120.00	65.39			9.10	7.02	3.69	1.00	0.54	5.20	3.42			2.00	0.01	2.00	2.17	
AVERAGE		0.0640	0.0014	10.77		6.76	169.60	91.52	271.00	145.34			11.30		4.96	11.62	6.06	12.32	6.56			12.96	0.10	2.06	2.88	
OF ANALYSIS		31	31	22	22	22	10	10	10	10	0	0	22	22	10	10	10	10	10	0	0	5	22	31	31	

COMMENTS:

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

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean
1	8.00	4.31	2.70	1.44	0.06	2.29	2.00
2	5.85	3.71	2.70	1.76	0.12	2.00	8.00
3	8.75	4.96	9.70	5.49	0.11	2.00	16.00
4	19.50	10.72	21.00	11.54	0.10	2.00	34.00
5	19.50	9.08	22.00	10.07	0.08	2.00	42.00
MAX	19.50	10.72	22.00	11.54	0.12	2.29	42.00

% REMOVAL	
B.O.D.	95
S.S.	93

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: 12/1/2014

TO 12/31/2014

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.	*****	*****		3.69	*****	*****		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	6.56	12.17		*****	12.32	22.00		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.	*****	*****		*****	271.00	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	10.72	*****		*****	19.50	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.02	*****	7.62		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.	6.06	13.36		*****	11.62	30.00		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.	*****	*****		*****	169.60	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	11.54	*****		*****	22.00	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.06	0.08		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.10	0.20		0		
	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.	*****	*****		*****	12.96	42.00		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		95	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		93	*****	*****		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 knowingly providing false information.	TELEPHONE	DATE
CATHERINE CARLSON	<i>Catherine Carlson</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586 0393	1/9/15
TYPED OR PRINTED		AREA NUMBER	Y M D