

Auke Bay Wastewater Treatment Facility  
Juneau, Alaska  
April 2015

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 <sub>2</sub> RESIDUAL mg/L	Cl <sub>2</sub> USED Gal	Na2SO2 USED LBS	
SUN	29	0.070	0.00150																						2.0	3.41
MON	30	0.060	0.00300	10.0	8.2	6.8							11.2	7.3	4.8								0.06	2.0	3.10	
TUE	31	0.063	0.00225	10.2	8.3	7.4	135.00	71.44	180.00	95.26			10.5	7.4	3.9	4.40	2.33	7.90	4.18			3	0.01	2.0	4.03	
WED	1	0.063	0.00238	7.1	8.6	7.7	120.00	62.58	270.00	140.81			10.6	7.4	3.8	5.60	2.92	11.00	5.74				0.00	2.0	3.72	
THU	2	0.059	0.00250	10.7	7.8	6.9							10.8	7.4	4.0								0.16	2.0	4.03	
FRI	3	0.060	0.00250	10.5	8.0	7.2							10.8	7.4	4.0								0.01	2.0	3.72	
SAT	4	0.063	0.00150																						2.0	4.34
SUN	5	0.063	0.00150																						2.0	4.34
MON	6	0.056	0.00300	11.0	8.0	8.1							11.6	7.4	4.3								0.04	2.0	4.34	
TUE	7	0.069	0.00238	8.2	7.9	8.0	183.00	105.07	230.00	132.06			11.1	7.4	4.7	1.00	0.57	9.50	5.45			11	0.00	2.0	4.03	
WED	8	0.056	0.00225	10.6	7.9	7.6	356.00	165.96	160.00	74.59			11.1	7.4	3.8	4.50	2.10	6.20	2.89				0.01	2.0	3.72	
THU	9	0.061	0.00250	11.2	8.0	6.5							11.1	7.4	4.4								0.07	2.0	3.41	
FRI	10	0.072	0.00250	8.0	7.8	8.4							11.1	7.5	4.2								0.01	2.0	3.41	
SAT	11	0.061	0.00150																						2.0	4.03
SUN	12	0.081	0.00150																						1.0	3.72
MON	13	0.049	0.00250	10.0	8.2	7.6							11.3	7.4	4.5								0.03	2.0	4.03	
TUE	14	0.062	0.00250	8.2	7.7	7.6	160.00	83.33	200.00	104.16			11.3	7.3	4.5	6.00	3.12	6.00	3.12			3	0.01	2.0	3.10	
WED	15	0.063	0.00250	10.5	7.8	6.9	170.00	89.08	250.00	131.00			11.5	7.4	3.9	4.00	2.10	7.70	4.03				0.01	2.0	2.04	
THU	16	0.067	0.00250	11.5	8.1	7.1							11.4	7.4	4.2								0.07	2.0	3.10	
FRI	17	0.059	0.00250																						2.0	3.41
SAT	18	0.063	0.00150																						2.0	3.10
SUN	19	0.074	0.00150																						2.0	2.79
MON	20	0.074	0.00150																						2.0	4.03
TUE	21	0.062	0.00225	10.6	7.3	6.1	113.00	58.43	150.00	77.56			10.8	7.3	4.1	5.00	2.59	7.00	3.62			25	0.01	2.0	3.72	
WED	22	0.065	0.00225	9.3	7.4	6.5	295.00	159.71					10.9	7.3	4.6	1.00	0.54						0.06	2.0	3.10	
THU	23	0.063	0.00225	11.6	7.4	4.8							10.4	7.8	7.1								0.01	2.0	3.10	
FRI	24	0.049	0.00150	11.8	7.8	6.8							11.4	7.3	4.2								0.04	1.0	2.79	
SAT	25	0.059	0.00150																						2.0	1.86
SUN	26	0.063	0.00150																						2.0	2.17
MON	27	0.061	0.00250	11.0	8.9	7.0							11.7	7.3	3.8								0.04	2.0	2.48	
TUE	28	0.058	0.00238	10.2	8.3	7.4	128.00	62.35	180.00	87.68			11.9	7.5	4.4	4.80	2.34	5.40	2.63			2	0.00	2.0	2.48	
WED	29	0.062	0.00238	10.0	7.8	6.8	248.00	129.14	380.00	197.88			11.6	7.3	4.0	1.00	0.52	4.30	2.24					2.0	2.79	
THU	30	0.060	0.00225	11.0	7.5	7.2							11.7	7.3	4.0								0.06	2.0	2.48	
FRI	1	0.064	0.00213	11.4	8.0	7.0							11.7	7.3	4.1								0.00	2.0	2.79	
SAT	2	0.054	0.00150																						2.0	3.10
TOTAL		1.877	0.074																						68.0	
AXIMUM		0.081	0.003	11.8	8.9	8.4	356.00	165.96	380.00	197.88			11.9	7.8	7.1	6.00	3.12	11.00	5.74			25	0.16	2.0	4.34	
INIMUM		0.049	0.002	7.1	7.3	4.8	113.00	58.43	150.00	74.59			10.4	7.3	3.8	1.00	0.52	4.30	2.24			2	0.00	1.0	1.86	
AVERAGE		0.063	0.002	10.2		7.1	190.80	98.71	222.22	115.67			11.2		4.3	3.73	1.91	7.22	3.77			5	0.03	1.9	3.31	
ANALYSIS		35	35	23	23	23	10	10	9	9	0	0	23	23	23	10	10	9	9	0	0	5	22	35	35	

WEEK	WEEKLY AVERAGE						WEEKLY		% REMOVAL	
	BOD		TSS		CHLORINE		COLIFORM	Enterococci	B.O.D.	S.S.
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean	Coliform		
1	9.45	4.96	5.00	2.62	0.05	2.00	3	5		96.75
2	7.85	4.17	2.75	1.34	0.03	2.00	11			99.00
3	6.85	3.58	5.00	2.61	0.03	1.86	11			
4	7.00	3.62	3.00	1.56	0.03	1.86	25			
5	4.85	2.43	2.90	1.43	0.03	2.00	2			
MAX	9.45	4.96	5.00	2.62	0.05	2.00	25			

Comments: No results on 4/22/15. BOD tests were not ran in allotted hold time.

# 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: 4/1/2015

TO 4/30/2015

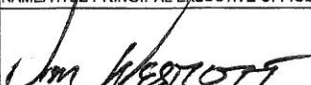
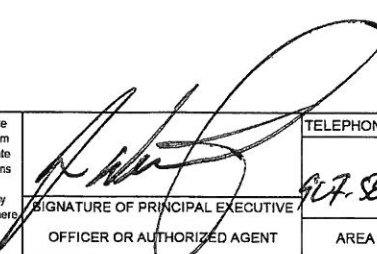
OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

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.	*****	*****		11.65	*****	11.65		0		
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****		8.03	*****	8.03		0		
	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.	*****	*****		*****	0.00	0.00		0		
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****	5		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****	1	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  907-866-0393  AREA   NUMBER	DATE  2015/15/5  Y   M   D
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**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: 4/1/2015

TO 4/30/2015

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.	*****	*****		3.75	*****	*****		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	3.77	5.74		*****	7.22	11.00		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.	*****	*****		*****	222.22	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	4.96	*****		*****	9.45	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.26	*****	7.76		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.	1.91	3.12		*****	3.73	6.00		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.	*****	*****		*****	190.80	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	2.62	*****		*****	5.00	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.063	0.081		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.03	0.16		0		
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	5				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	5.48	25.00		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		96.75	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		99.00	*****	*****		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>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 all qualified persons prepared properly and 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  907-866-8993  AREA   NUMBER	DATE  2015/5/5  Y   M   D