

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
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay


MONITORING PERIOD: 5/1/2015 TO 5/31/2015

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.	*****	*****		3.54	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	3.15	4.12		*****	7.14	10.00				
	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.	*****	*****		*****	288.75	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	3.94	*****		*****	8.50	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.9	*****	7.4				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	1.18	2.62		*****	2.55	4.40				
	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.	*****	*****		*****	249.75	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	2.24	*****		*****	5.95	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.057	0.110		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.05	0.45				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	120.0				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	3.44	48.00				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97.53	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		98.98	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS:

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
CATHERINE CARLSON		(907) 586-0373	6/9/15
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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MONITORING PERIOD: 5/1/2015

TO 5/31/2015


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.	*****	*****		11.72	*****	11.72				
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****		8.37	*****	8.37				
	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.	*****	*****		*****	*****	<10.0				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****	1.0	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

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER CATHERINE CARLSON 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	DATE
			907)586-0393	6/9/15
			AREA NUMBER	Y M D

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska **May, 2015**

FLOWES		INFLUENT											EFFLUENT									
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	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	Na ₂ SO ₃ USED LBS	
SUN	3	0.058	0.001500																		2.00	2.79
MON	4	0.059	0.002250	11.0	7.8	6.5					12.1	7.2	4.1						0.01	2.00	3.41	
TUE	5	0.039	0.002250	12.1	8.0	6.4	736.0	240.6	700.0	228.9	12.3	7.4	4.9	4.0	1.3	6.7	2.2	1	0.03	2.00	2.48	
WED	6	0.053	0.002250	12.1	7.9	6.0	288.0	127.7	310.0	137.5	12.4	7.2	4.1	4.4	2.0				0.01	2.00	2.17	
THU	7	0.049	0.002375	11.1	7.6	7.1					12.4	7.4	4.3						0.03	2.00	2.48	
FRI	8	0.063	0.002250	9.5	7.6	8.0					12.8	7.2	3.9						0.01	2.00	2.48	
SAT	9	0.110	0.001500																		1.00	2.48
SUN	10	0.109	0.001500																		2.00	3.72
MON	11	0.060	0.003000	11.3	7.7	7.1					13.1	7.3	4.7								2.00	4.34
TUE	12	0.078	0.002000	11.3	8.4	7.4	132.0	86.4	190.0	124.4	13.3	7.3	3.7	4.0	2.6	6.3	4.1	48	0.04	3.00	2.48	
WED	13	0.056	0.003000	11.3	7.8	6.9	100.0	46.3	180.0	83.4	13.2	7.3	4.4	4.0	1.9	8.1	3.8		0.10	1.00	2.48	
THU	14	0.049	0.003000	14.4	7.6	7.1					13.3	7.3	4.0						0.00	2.00	3.10	
FRI	15	0.045	0.002375	12.8	7.8	6.5					13.4	7.3	4.4						0.01	2.00	2.48	
SAT	16	0.047																			2.00	2.48
SUN	17	0.045																			2.00	2.48
MON	18	0.047	0.003000	12.3	7.5	7.2					13.9	7.2	4.2						0.45	2.00	1.38	
TUE	19	0.044	0.001500	16.2	7.7	7.7	192.0	71.2	300.0	111.3	14.0	7.2	4.0	1.0	0.4	10.0	3.71	2	0.03	2.00	3.10	
WED	20	0.056	0.003000	14.5	8.2	6.8	232.0	107.5	240.0	111.2	14.6	7.1	4.2	1.0	0.5	7.0	3.24		0.00	2.00	2.48	
THU	21	0.049	0.003000	13.4	7.6	6.0					14.1	7.2	4.4					5	0.03	2.00	2.48	
FRI	22	0.083	0.001500	15.6	7.8	6.1					13.6	7.2	3.5						0.01	3.00	2.48	
SAT	23	0.052	0.001500																		2.00	1.86
SUN	24	0.053	0.001500																		2.00	3.10
MON	25	0.041	0.003000	15.6	7.4	6.8					14.4	6.9	3.8						0.03	2.00	2.48	
TUE	26	0.050	0.001500	14.8	8.6	6.1	145.0	60.7	160.0	66.9	14.3	7.1	4.0	1.0	0.4	4.4	1.8	1	0.04	2.00	2.48	
WED	27	0.051		16.6	8.1	5.7	173.0	72.9	230.0	97.0	14.6	7.1	3.8	1.0	0.4	7.5	3.2		0.04	2.00	2.48	
THU	28	0.056	0.002500	12.3	7.5	6.5					15.0	7.1	3.9						0.05	2.00	2.48	
FRI	29	0.035		14.5	7.6	5.6					15.2	7.0	3.7						0.00	2.00	2.17	
SAT	30	0.050	0.001500																		2.00	1.86
TOTAL		1.588	0.0528																		56.00	
MAXIMUM		0.110	0.0030	16.6	8.6	8.0	736.0	240.6	700.0	228.9	15.2	7.4	4.9	4.4	2.6	10.0	4.1	48.00	0.45	3.00	4.34	
MINIMUM		0.035	0.0015	9.5	7.4	5.6	100.0	46.3	160.0	66.9	12.1	6.9	3.5	1.0	0.4	4.4	1.8	1.00	0.00	1.00	1.38	
AVERAGE		0.057	0.0022	13.1		6.7	249.8	101.7	288.8	120.1	13.6		4.1	2.6	1.2	7.1	3.1	3.44	0.05	2.00	2.60	
NO.OF ANALYSIS		28	24	20	20	20	8	8	8	8	20	20	20	8	8	7	7	5	20		28	28

Comments: Effluent BOD on 5/6/2015 exceeded the dilutions used in the test and results were greater than parameters set for the test; therefore the test came back with a >39.6 result. It is not a violation it is simply an unreportable number.

Eff. Entero	Date
120	5/21/2015

WEEK	WEEKLY AVERAGE						WEEKLY
	BOD		TSS		CHLORINE		COLIFORM
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean
1	6.7	2.2	4.2	1.6	0.0180	1.9	1.0
2	7.2	3.9	4.0	2.2	0.0400	2.0	48.0
3	8.5	3.5	1.0	0.4	0.1040	2.1	3.2
4	6.0	2.5	6.0	0.4	0.0320	2.0	1.0
MAX	8.5	3.9	6.0	2.2	0.1040	2	48.0

% REMOVAL	
B.O.D.	97.5
S.S.	99.0