

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

June 2015

FLOWS		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	31	0.0572	0.00150																		2.00	1.86
MON	1	0.0416	0.00150	15.7	8.0	5.4					15.5	7.1	3.6						0.02		2.00	2.48
TUE	2	0.0521	0.00100	15.7	7.9	5.0	232.0	100.8	270.0	117.3	15.6	7.1	3.8	6.4	2.8	7.3	3.2	3.0	0.20		2.00	1.86
WED	3	0.0516	0.00150	14.7	8.0	5.6	252.0	108.3	200.0	86.0	15.6	7.2	3.6	7.6	3.3	12.0	5.2		0.01		2.00	2.48
THU	4	0.0540	0.00150	13.1	7.7	6.1					15.4	7.3	4.0						0.19		2.00	2.48
FRI	5	0.0538	0.00100	15.8	8.2	4.5					16.1	7.3	3.8						0.15		2.00	2.48
SAT	6	0.0635	0.00150																		2.00	3.10
SUN	7	0.0591	0.00150																		2.00	3.41
MON	8	0.0597	0.00150	15.3	7.6	6.3					13.5	7.3	3.9						0.02		2.00	2.48
TUE	9	0.0585	0.00150	14.7	7.8	5.8	410.0	200.0	180.0	87.8	15.0	7.3	3.7	4.0	2.0	5.3	2.6	8.0	0.10		2.00	2.79
WED	10	0.0764	0.00200	13.2	7.6	5.5	490.0	312.1	270.0	172.0	14.7	7.2	3.7	1.0	0.6	8.2	5.2		0.27		2.00	2.79
THU	11	0.0559	0.00200	14.6	7.8	5.5					14.7	7.3	4.0						0.01		2.00	2.48
FRI	12	0.0667	0.00150	14.5	7.6	5.9					14.9	7.3	4.8						0.04		2.00	2.48
SAT	13	0.0577	0.00150																		2.00	3.10
SUN	14	0.0499	0.00075																		2.00	2.48
MON	15	0.0543	0.00150	15.8	7.7	5.1					16.0	7.2	3.8								3.00	2.17
TUE	16	0.0584	0.00150	16.2	7.7	5.1	143.0	69.7	180.0	87.7	15.9	7.3	3.6	4.4	2.1	7.6	3.7	5.0	0.17		2.00	2.48
WED	17	0.0537	0.00250	14.3	7.7	5.6	304.0	136.1	260.0	116.4	15.3	7.3	4.3	4.4	2.0	8.5	3.8		0.04		2.00	2.17
THU	18	0.0603	0.00250	14.1	7.8	5.3					15.7	7.3	4.3						0.17		2.00	2.48
FRI	19	0.0534	0.00150	15.7	7.7	5.6					15.2	7.3	3.6						0.03		2.00	2.48
SAT	20	0.0550	0.00150																		1.00	2.48
SUN	21	0.0496	0.00150																		3.00	2.17
MON	22	0.0490	0.00200	14.8	7.6	4.9					15.8	7.3	3.6						0.04		2.00	1.55
TUE	23	0.0559	0.00300	17.0	7.7	4.8	145.0	67.6	180.0	84.0	15.8	7.3	3.9	4.8	2.2	10.0	4.7	1.0	0.17		2.00	1.86
WED	24	0.0550	0.00200	14.3	7.6	5.4	710.0	325.7	620.0	284.4	15.9	7.3	3.5	5.2	2.4	14.0	6.4		0.03		2.00	2.48
THU	25	0.0581	0.00250	16.7	7.8	4.8					16.0	7.3	3.9						0.01		2.00	2.48
FRI	26	0.0699	0.00150	16.2	7.8	5.0					16.7	7.3	3.5						0.02		2.00	2.17
SAT	27	0.0557	0.00150																		2.00	4.34
TOTAL		1.529	0.047																		56.00	
MAXIMUM		0.076	0.003	17.0	8.2	6.3	710.0	325.7	620.0	284.4	16.7	7.3	4.8	7.6	3.3	14.0	6.4	8.0	0.27	3.00	4.34	
MINIMUM		0.042	0.001	13.1	7.6	4.5	143.0	67.6	180.0	84.0	13.5	7.1	3.5	1.0	0.6	5.3	2.6	1.0	0.01	1.00	1.55	
AVERAGE		0.057	0.002	15.1	7.6	5.4	335.8	165.0	270.0	129.4	15.5	7.3	3.8	4.7	2.2	9.1	4.3	3.3	0.09	2.00	2.52	
NO.OF ANALYSIS		28	28	20	20	20	8	8	8	8	0	0	20	20	20	8	8	8	8	0	0	

WEEK	WEEKLY AVERAGE						WEEKLY
	BOD		TSS		CHLORINE		COLIFORM
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean
1	9.7	4.2	7.0	3.0	0.1140	2.0	3.0
2	6.8	3.9	2.5	1.3	0.0880	2.0	8.0
3	8.1	3.8	4.4	2.1	0.1220	1.9	5.0
4	12.0	5.5	12.0	2.3	0.0540	2.1	1.0
MAX	12.0	5.5	12.0	3.0	0.1220	2.1	8.0

% REMOVAL	
B.O.D.	96.6
S.S.	98.6

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: 6/1/2015

TO 6/30/2015


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	Sample meas.	*****	*****		3.5	*****	*****		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	4.3	6.4		*****	9.1	14.0		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)	Sample meas.	*****	*****		*****	270.0	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	5.5	*****		*****	12.0	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		7.1	*****	7.3		0		
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	2.2	3.3		*****	4.7	7.6		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	Sample meas.	*****	*****		*****	335.8	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	3.0	*****		*****	12.0	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.057	0.076		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.09	0.27		0		
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.	*****	*****		*****	*****	10		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	3.3	8.0		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		96.6	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98.6	*****	*****		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
CATHERINE CARLSON		586-0393	15/7/8
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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

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PERMIT NUMBER: AKG572004

MONITORING PERIOD: 6/1/2015

TO 6/30/2015

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.	*****	*****			*****					
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****			*****					
	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.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****						
	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	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		<i>Catherine Carlson</i>	586-0393
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D