

AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

July 2015

Date		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	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 ₂ USED LBS		
SUN	28	0.066	0.0015																		2.0	2.48	
MON	29	0.073	0.0020	14.5	7.7	6.9					16.1	7.3	4.0					0.01	2.0	2.48			
TUE	30	0.062	0.0020	15.1	8.1	5.5	220.0	114.1	200.0	103.8	15.9	7.3	3.6	5.3	2.7	11.0	5.7	0.01	2.0	3.10			
WED	1	0.066	0.0025	16.9	8.1	4.9	233.0	127.5	320.0	175.0	15.9	7.3	3.4	6.7	3.7	12.0	6.6	31.0	0.11	2.0	2.79		
THU	2	0.078	0.0025	15.2	7.6	5.4					15.8	7.3	3.5					0.02	2.0	3.10			
FRI	3	0.054	0.0015	17.2	8.1	6.3					16.0	7.0	3.8					0.01	2.0	3.72			
SAT	4	0.073	0.0015																	2.0	2.48		
SUN	5	0.058	0.0015																	2.0	2.48		
MON	6	0.060	0.0023	15.5	7.5	3.9					16.8	7.3	4.1					0.04	2.0	2.48			
TUE	7	0.058	0.0023	15.6	8.4	5.3	247.0	119.2	270.0	130.3	16.5	7.3	3.3	8.5	4.1	11.0	5.3	16.0	0.05	2.0	2.79		
WED	8	0.066	0.0020	16.4	8.0	4.8	204.0	112.8	375.0	207.4	16.5	7.3	3.4	7.5	4.1	15.0	8.3	0.03	2.0	2.79			
THU	9	0.063	0.0015	16.3	7.7	5.0					16.2	7.4	3.7					0.06	2.0	2.48			
FRI	10	0.084	0.0030	15.8	8.0	4.1					16.0	7.4	3.5					0.01	2.0	2.48			
SAT	11	0.073	0.0015																	3.0	3.10		
SUN	12	0.074	0.0015																	2.0	3.10		
MON	13	0.095	0.0025	15.8	8.0	5.9					16.2	7.3	4.1					0.10	2.0	2.48			
TUE	14	0.107	0.0020	14.0	7.4	6.9	164.0	145.7	230.0	204.3	15.6	7.3	3.7	8.7	7.7	10.0	8.9	20.0	0.11	2.0	3.10		
WED	15	0.075	0.0025	15.4	7.5	6.1	156.0	96.9	180.0	111.9	15.3	7.4	4.6	18.0	11.2	13.0	8.1	0.03	3.0	3.72			
THU	16	0.075	0.0020	16.5	7.9	5.2					15.6	7.4	4.0					0.09	2.0	2.48			
FRI	17	0.090	0.0020	16.5	7.9	5.2					15.6	7.4	4.0					0.09	2.0	2.48			
SAT	18	0.077	0.0015																	2.0	3.10		
SUN	19	0.081	0.0015																	2.0	2.48		
MON	20	0.079	0.0025	16.6	7.5	4.7					15.3	7.3	4.3					0.01	2.0	2.48			
TUE	21	0.063	0.0020	16.3	8.0	4.9	330.0	174.7	210.0	111.2	15.9	7.3	4.2	1.0	0.5	7.2	3.8	5.0	0.10	2.0	8.00		
WED	22	0.058	0.0025	14.3	7.4	5.1	310.0	150.0	210.0	101.6	16.3	7.4	4.3	5.2	2.5	6.7	3.2	0.17	2.0	2.48			
THU	23	0.090	0.0030	16.0	7.7	5.4					16.4	7.4	4.8					0.03	2.0	2.48			
FRI	24	0.076	0.0030	14.6	7.6	5.9					16.1	7.4	4.4					0.01	2.0	3.10			
SAT	25	0.071	0.0015																	3.0	3.10		
SUN	26	0.069	0.0015																	2.0	2.48		
MON	27	0.088	0.0030	15.7	7.6	6.1					16.5	7.4	4.1					0.06	2.0	2.17			
TUE	28	0.089	0.0030	17.4	8.2	5.7	220.0	163.2	200.0	148.3	15.5	7.4	4.8	7.2	5.3	6.0	4.4	7.0	0.11	2.0	3.10		
WED	29	0.087	0.0030	16.1	7.8	4.8	395.0	286.2	380.0	275.4	16.1	7.4	4.7	5.6	4.1	6.3	4.6	0.08	2.0	3.10			
THU	30	0.084	0.0025	15.3	7.6	6.2					15.3	7.4	4.7					0.01	2.0	3.41			
FRI	31	0.070	0.0025	14.1	7.7	5.2					15.9	7.4	4.4					0.01	2.0	4.03			
SAT	1	0.105	0.0015																	2.0	3.10		
TOTAL		2.330	0.0745																		73.0		
MAXIMUM		0.107	0.0030	17.4	8.4	6.9	395.0	286.2	380.0	275.4	16.8	7.4	4.8	18.0	11.2	15.0	8.9	31.0	0.17	3.0	8.00		
MINIMUM		0.054	0.0015	14.0	7.4	3.9	156.0	96.9	180.0	101.6	15.3	7.0	3.3	1.0	0.5	6.0	3.2	5.0	0.01	2.0	2.17		
AVERAGE		0.075	0.0021	15.7		5.4	247.9	149.0	257.5	156.9	16.0		4.1	7.4	4.6	9.8	5.9	12.8	0.05	2.09	2.99		
OF ANALYSIS		35	35	25	25	25	10	10	10	10	25	25	25	10	10	10	10	5	25	35	35		

WEEK	WEEKLY AVERAGE						WEEKLY
	BOD		TSS		CHLORINE		COLIFORM
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean
1	11.5	6.1	6.0	3.2	0.03	2.0	31.0
2	13.0	6.8	8.0	4.1	0.04	2.1	16.0
3	11.5	8.5	13.4	9.5	0.08	2.1	16.0
4	7.0	3.5	3.1	1.5	0.06	2.1	5.0
5	6.2	4.5	6.4	4.7	0.05	2.00	7.00
MAX	13.0	8.5	13.4	9.5	0.08	2.14	31.0

% REMOVAL	
B.O.D.	96.2
S.S.	97.0

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

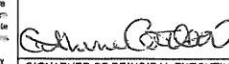
PERMIT NUMBER: AKG572004
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: 7/1/2015 TO 7/31/2015
 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.	*****	*****		3.3	*****	*****		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	5.9	8.9		*****	9.8	15.0		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) G - Influent 00310	Sample meas.	*****	*****		*****	257.5	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	8.5	*****		*****	13.0	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.0	*****	7.4		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.	4.6	11.2		*****	7.4	18.0		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.	*****	*****		*****	247.9	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	9.5	*****		*****	13.4	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.075	0.107		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.05	0.17		0		
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	460.0		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	12.8	31.0		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		96.2	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		97.0	*****	*****		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 the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted hereon is true 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	2015/8/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA / NUMBER	Y M D

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: 7/1/2015

TO 7/31/2015

OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001

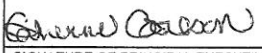
NO DISCHARGE:

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.	*****	*****		11.16	*****	11.16				
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****		8.43	*****	8.43				
	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				
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****	10				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****	5	5				
	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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 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	2015/8/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D