

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska
August 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	TEMP °C	pH	D.O. mg/L	SS mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	NH3	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	Na2SO3 USED LBS	
SUN	2	0.067	0.0015																						2.00	2.48
MON	3	0.064	0.0030	16.7	7.7	5.2							16.6	7.3	3.7								0.01	2.00	2.17	
TUE	4	0.063	0.0030	16.0	8.1	5.0	190.0	99.7	212.0	111.2			16.5	7.3	4.0	6.4	3.4	5.9	3.1			1.0	0.18	2.00	3.10	
WED	5	0.045	0.0035	17.2	7.7	4.7	207.0	78.0	230.0	86.7			16.9	7.3	3.6	6.4	2.4	7.5	2.8				0.08	2.00	2.17	
THU	6	0.050	0.0040	17.1	7.9	4.8							16.8	7.3	3.7								0.02	2.00	2.17	
FRI	7	0.053	0.0030	16.5	8.0	4.6							16.8	7.4	3.4								0.03	2.00	2.17	
SAT	8	0.053	0.0015																						3.00	2.48
SUN	9	0.049	0.0015																						2.00	2.48
MON	10	0.058	0.0030	16.3	8.0	4.5							16.7	7.4	4.2								0.23	2.00	2.17	
TUE	11	0.076	0.0025	16.9	7.7	4.9	196.0	124.4	230.0	146.0			16.8	7.3	3.4	7.2	4.6	11.0	7.0			10.0	0.02	2.00	2.48	
WED	12	0.095	0.0025	17.6	8.1	5.5	156.0	123.2	180.0	142.1			16.5	7.3	3.1	9.2	7.3	14.0	11.1				0.01	2.00	2.48	
THU	13	0.072	0.0030	17.3	7.8	3.7							16.2	7.4	3.7								0.05	2.00	4.03	
FRI	14	0.052	0.0015										16.4	7.3	3.3								0.01	2.00	2.48	
SAT	15	0.050	0.0015																						2.00	2.17
SUN	16	0.073	0.0015																						2.00	1.86
MON	17	0.055	0.0030	16.9	7.9	5.4							16.1	7.3	3.5								0.18	2.00	3.10	
TUE	18	0.084	0.0030	15.7	7.3	6.7	343.0	240.7	300.0	210.5			16.5	7.2	4.7	11.0	7.7	8.0	5.6			46.0	0.07	2.00	1.86	
WED	19	0.072	0.0025	16.4	7.7	4.8	98.0	58.5	130.0	77.6			16.1	7.2	3.6	6.8	4.1	11.0	6.6				0.16	2.00	3.41	
THU	20	0.073	0.0030	15.9	7.3	5.2							16.3	7.2	3.5								0.02	2.00	2.79	
FRI	21	0.080	0.0030	16.9	7.5	5.1							15.8	7.3	4.3								0.19	2.00	2.48	
SAT	22	0.069	0.0015																						3.00	2.48
SUN	23	0.071	0.0015																						2.00	3.10
MON	24	0.071	0.0030	14.3	7.2	5.9							15.6	7.3	4.8								0.03	2.00	2.79	
TUE	25	0.061	0.0030	13.9	7.3	6.1	198.0	100.9	210.0	107.0			15.5	7.3	4.7	9.2	4.7	6.2	3.2			11.0	0.19	2.00	2.79	
WED	26	0.059	0.0035	15.4	7.6	5.2	340.0	167.6	280.0	138.1			15.6	7.3	4.3	6.8	3.4	7.7	3.8				0.26	2.00	2.48	
THU	27	0.085	0.0030	15.1	7.9	4.9							15.9	7.3	4.3								0.18	2.00	2.48	
FRI	28	0.091	0.0030	16.7	7.6	5.2							15.7	7.3	3.9								0.03	3.00	3.10	
SAT	29	0.075	0.0023																						2.00	3.41
TOTAL		1.865	0.072																						59.00	
MAXIMUM		0.095	0.004	17.6	8.1	6.7	343.0	240.7	300.0	210.5			16.8	7.4	4.8	11.0	7.7	14.0	11.1			46.0	0.26	3.00	4.03	
MINIMUM		0.045	0.002	13.9	7.2	3.7	98.0	58.5	130.0	77.6			15.5	7.2	3.1	6.4	2.4	5.9	2.8			1.0	0.01	2.00	1.86	
AVERAGE		0.067	0.003	16.3		5.1	216.0	124.1	221.5	127.4			16.3		3.9	7.9	4.7	8.9	5.4			8.4	0.1	2.1	2.6	
NO.OF ANALYSIS		28	28	19	19	19	8	8	8	8	0	0	20	20	20	8	8	8	8	8	0	0	4	20	28	28

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM Geo. Mean
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	
1	6.7	3.0	6.4	2.9	0.0640	2.1	1.0
2	12.5	9.0	8.2	5.9	0.0640	2.0	10.0
3	9.5	6.1	8.9	5.9	0.1240	2.1	46.0
4	7.0	3.5	4.5	4.0	0.1380	2.1	11.0
MAX	12.5	9.0	8.9	5.9	0.1380	2.1	46.0

% REMOVAL	
B.O.D.	96.0
S.S.	96.4

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: 8/1/2015

TO 8/31/2015


OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

41

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.	*****	*****		3.9	*****	*****		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	5.4	11.1		*****	8.9	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.	*****	*****		*****	221.5	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	9.0	*****		*****	12.5	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		7.2	*****	7.4		0		
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	4.7	7.7		*****	7.9	11.0		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	Sample meas.	*****	*****		*****	216.0	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	5.9	*****		*****	8.9	*****		0		
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.067	0.095		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.10	0.26		0		
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.	*****	*****		*****	*****	41.0		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	8.4	46.0		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		96.0	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		96.4	*****	*****		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		(907) 586-0703	8/15/11
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: 8/1/2015

TO 8/31/2015

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.	*****	*****		9.8	*****	9.8				
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****		8.0	*****	8.0				
	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				
	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.	*****	*****		*****	8.0	8.0				
	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 CATHERINE CARLSON	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) 586-0903	15/09/11
TYPED OR PRINTED			AREA NUMBER	Y M D