

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska September 2015

DAY	DATE	FLOWS				INFLUENT										EFFLUENT						MISCELLANEOUS					
		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	Entero Ent/100mL	FECAL FC/100mL	Cl ₂ RESIDUAL mg/L	Cl ₂ USED Gal	Na2SO2 USED LBS		
SUN	30	0.079	0.0023																								
MON	31	0.103	0.0025	15.3	7.5	5.3						15.1	7.2	4.0													
TUE	1	0.078	0.0030	15.6	8.7	4.9	116.0	75.2	150.0	97.3		15.0	7.2	4.3	7.6	4.9	6.5	4.2		63.0	8.0	0.01	3.0	4.65			
WED	2	0.070	0.0030	14.4	7.6	5.5	280.0	164.2	330.0	193.5		15.1	7.2	4.1	7.6	4.5	7.5	4.4				0.03	3.0	4.34			
THU	3	0.068	0.0030	14.4	7.5	5.3						15.2	7.3	4.3								0.02	2.0	3.10			
FRI	4	0.067	0.0030	14.7	7.6	4.8						15.1	7.3	4.4								0.04	2.0	3.10			
SAT	5	0.059	0.0015																				2.0	3.41			
SUN	6	0.059	0.0015																				2.0	3.10			
MON	7	0.073	0.0030	15.3	8.1	5.0						16.0	7.2	3.5								0.01	2.0	2.79			
TUE	8	0.068	0.0020	15.6	8.1	4.7	265.0	149.4	420.0	236.8		15.5	7.4	3.6	17.0	9.6	14.0	7.9			10	0.02	2.0	3.10			
WED	9	0.076	0.0020	16.3	7.7	4.5	200.0	127.6	310.0	197.7		15.3	7.4	4.1	29.0	18.5	13.0	8.3				0.02	2.0	3.72			
THU	10	0.120	0.0010	15.4	7.6	5.2						15.4	7.4	3.9								0.02	3.0	3.10			
FRI	11	0.101	0.0010	16.0	7.9	5.0						15.6	7.4	3.2								0.03	3.0	7.44			
SAT	12	0.087	0.0010																				2.0	4.34			
SUN	13	0.069	0.0010																				2.0	3.72			
MON	14	0.087	0.0010	16.1	8.2	5.1						15.2	7.4	2.9								0.01	2.0	2.79			
TUE	15	0.081	0.0015	16.2	7.8	4.8	340.0	230.1	200.0	135.3		15.0	7.4	3.0	1.0	0.7	27.0	18.3			50.0	0.04	3.0	3.10			
WED	16	0.090	0.0020	14.7	7.7	5.3	520.0	389.9	460.0	344.9		15.0	7.4	3.2	23.0	17.2	22.0	16.5				0.10	3.0	3.10			
THU	17	0.101	0.0025	14.1	7.7	5.7						14.8	7.5	3.5								0.19	3.0	2.79			
FRI	18	0.121	0.0030	13.3	7.4	6.4						14.5	7.4	4.3								0.08	2.0	4.96			
SAT	19	0.092	0.0015																				3.0	4.96			
SUN	20	0.094	0.0015																				2.0	3.41			
MON	21	0.080	0.0025	15.0	7.9	5.4						14.6	7.3	4.0								0.30	3.0	3.10			
TUE	22	0.075	0.0025	15.0	7.9	5.6	220.0	136.8	210.0	130.6		14.5	7.3	4.5	4.8	3.0	1.4	0.9			3.0	0.05	2.0	3.10			
WED	23	0.064	0.0025	15.0	8.0	5.2	176.0	93.8	190.0	101.2		14.5	7.4	4.2	1.0	0.5	5.5	2.9				0.18	2.0	2.48			
THU	24	0.064	0.0025	15.8	8.0	4.4						14.7	7.3	4.4								0.15	3.0	2.79			
FRI	25	0.071	0.0025	15.0	8.0	4.8						14.9	7.2	4.3								0.13	2.0	2.48			
SAT	26	0.078	0.0015																				2.0	3.41			
SUN	27	0.075	0.0015																				2.0	3.41			
MON	28	0.105	0.0025	13.9	7.5	6.7						14.4	7.2	4.4								0.18	2.0	2.79			
TUE	29	0.112	0.0025	13.8	7.7	6.2	192.0	179.8	200.0	187.3		14.3	7.1	4.8	4.8	4.5	13.0	12.2			28.0	0.09	2.0	4.34			
WED	30	0.094	0.0015	13.7	7.9	5.6	184.0	144.8	140.0	110.2		13.9	7.4	4.9	4.0	3.1	14.0	11.0				0.06	2.0	4.65			
THU	1	0.073	0.0025	14.2	8.8	5.5						13.8	7.2	4.1								0.05	2.0	3.72			
FRI	2	0.070	0.0025	14.9	7.9	5.6						13.7	7.2	4.4								0.18	3.0	2.79			
SAT	3	0.070	0.0015																				2.0	2.48			
TOTAL		2.478	0.0723																					81.0			
MAXIMUM		0.121	0.0030	16.3	8.8	6.7	520.0	389.9	460.0	344.9		16.0	7.5	4.9	29.0	18.5	27.0	18.3			63.0	50.0	0.30	3.00	7.44		
MINIMUM		0.059	0.0010	13.3	7.4	4.4	116.0	75.2	140.0	97.3		13.7	7.1	2.9	1.0	0.5	1.4	0.9			63.0	3.0	0.01	2.00	2.48		
AVERAGE		0.083	0.0021	14.9		5.3	249.3	169.1	261.0	173.5		14.8		4.0	10.0	6.7	12.4	8.7			63.0	12.7	0.08	2.31	3.50		
OF ANALYSIS		35	35	25	25	25	10	10	10	10		0	0	25	25	25	10	10	10	10	0	1	5	25	35	35	

COMMENTS:

WEEK	BOD		TSS		CHLORINE		WEEKLY COLIFORM Geo. Mean
	mg/l	lbs	mg/l	lbs	mg/l	Gal	
1	7.0	4.3	7.6	4.7	0.02	2.29	8.0
2	13.5	8.1	23.0	14.0	0.02	2.29	10.0
3	24.5	17.4	12.0	9.0	0.08	2.57	50.0
4	3.5	1.9	2.9	1.8	0.16	2.29	3.0
5	13.5	11.6	4.4	3.8	0.11	2.14	28.0
MAX	24.5	17.4	23.0	14.0	0.2	2.6	50.0

% REMOVAL	
B.O.D.	95.3
S.S.	96.0

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: 9/1/2015 TO 9/30/2015
 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.	*****	*****		2.9	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	9	18		*****	12	27				
	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.	*****	*****		*****	261	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	17	*****		*****	25	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.1	*****	7.5				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	7	18		*****	10	29				
	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	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	14	*****		*****	23	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.083	0.121		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.08	0.18				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	63				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	13	50				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		95	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		96	*****	*****				
	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		907 586-0393	15/10/18
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D