

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska October 2015

FLOWES		INFLUENT										EFFLUENT								MISCELLANEOUS					
DAY	DATE	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. LBS	B.O.D. mg/L	FOG LBS	NH3	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	Effluent Entero	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	Na ₂ SO ₃ USED LBS	
SUN	4	0.060	0.0015																					2.00	2.79
MON	5	0.068	0.0025	14.2	8.2	4.8						14.1	7.1	4.3										2.00	2.48
TUE	6	0.055	0.0025	14.3	7.8	5.0	180.0	82.2	210.0	95.9		13.8	7.3	4.4	4.8	2	47.0	21.5			7.0	0.23	2.00	2.17	
WED	7	0.063	0.0025	13.2	7.8	5.9	227.0	119.0	250.0	131.0		14.6	7.2	4.1	4.0	2.1	12.0	6.3				0.28	2.00	2.17	
THU	8	0.074	0.0020	14.2	7.9	5.9						14.5	7.1	4.5								0.10	2.00	2.17	
FRI	9	0.075	0.00200	12.8	7.6	5.9						14.6	7.1	4.3								0.03	2.00	2.48	
SAT	10	0.074	0.00150																					2.00	2.48
SUN	11	0.068	0.00150																					2.00	2.48
MON	12	0.074	0.00200	12.9	7.5	5.8						14.2	7.2	3.7								0.01	2.00	3.41	
TUE	13	0.075	0.00250	13.1	7.8	6.1	432.0	271.5	300.0	188.6		13.9	7.3	4.2	4.4	2.8	14.0	8.8		41.0	2.0	0.09	2.00	3.41	
WED	14	0.073	0.00300	13.5	7.6	5.5	216.0	130.8	240.0	145.4		14.3	7.2	4.2	4.8	2.9	13.0	7.9				0.05	2.00	4.34	
THU	15	0.067	0.00250	14.5	8.2	5.2						13.6	7.2	4.6								0.11	2.00	3.41	
FRI	16	0.076	0.00250	15.1	7.9	5.2						13.5	7.2	4.5								0.07	2.00	3.72	
SAT	17	0.072	0.00150																					2.00	3.72
SUN	18	0.075	0.00150																					1.00	3.72
MON	19	0.084	0.00250	13.7	7.7	5.6						13.9	7.2	4.4								0.21	2.00	4.03	
TUE	20	0.067	0.00300	13.6	7.7	5.3	202.0	112.6	210.0	117.0		13.5	7.1	3.7	4.8	2.7	14.0	7.8			3.0	0.02	2.00	4.03	
WED	21	0.078	0.00300	13.2	7.9	5.3	192.0	125.7	220.0	144.0		13.9	7.2	4.7	6.0	3.9	14.0	9.2				0.06	2.00	3.72	
THU	22	0.090	0.00250	13.5	7.9	5.7						14.1	7.3	4.7								0.02	2.00	4.03	
FRI	23	0.074	0.00200	13.4	7.5	6.4						13.8	7.2	4.1								0.03	2.00	3.72	
SAT	24	0.063	0.00150																					2.00	3.72
SUN	25	0.068	0.00150																					2.00	2.48
MON	26	0.071	0.00250	12.5	7.9	5.6						13.2	7.2	4.5								0.03	2.00	2.79	
TUE	27	0.059	0.00200	13.4	8.2	5.2	277.0	137.2	300.0	148.6		13.5	7.2	3.7	4.0	2.0	6.2	3.1			1.0	0.23	2.00	2.79	
WED	28	0.069	0.00250	14.1	7.9	5.2	207.0	119.0	230.0	132.2		13.9	7.2	4.5	1.0	0.6	5.8	3.3				0.13	2.00	2.48	
THU	29	0.075	0.00200	11.6	7.6	6.5						13.8	7.3	4.3								0.08	2.00	2.48	
FRI	30	0.069	0.00250	12.5	7.7	6.3						14.0	7.3	3.9								0.02	2.00	3.10	
SAT	31	0.070	0.00100																					3.00	3.10
TOTAL		1.988	0.06000																					56.00	
MAXIMUM		0.090	0.00300	15.1	8.2	6.5	432.0	271.5	300.0	188.6		14.6	7.3	4.7	6.0	3.9	47.0	21.5		41.0	7.0	0.280	3.00	4.34	
MINIMUM		0.055	0.00100	11.6	7.5	4.8	180.0	82.2	210.0	95.9		13.2	7.1	3.7	1.0	0.6	5.8	3.1		41.0	1.0	0.010	1.00	2.17	
AVERAGE		0.071	0.00214	13.5		5.6	241.6	137.2	245.0	137.8		13.9		4.3	4.2	2.4	15.8	8.5		41.0	2.5	0.098	2.000	3.12	
NO.OF ANALYSIS		28	28	20	20	20	8	8	8	8	0	20	20	20	8	8	8	8	0	1	4	20	28	28	

WEEK	WEEKLY AVERAGE				WEEKLY	
	BOD		TSS		COLIFORM	
	mg/l	lbs	mg/l	lbs	mg/l	Geo. Mean
1	29.5	13.9	4.4	2.1	0.1580	7.0
2	13.5	8.3	4.6	2.8	0.0660	2.0
3	14.0	8.5	5.4	3.3	0.0680	1.9
4	6.0	3.2	2.3	1.3	0.0980	2.1
MAX	29.5	13.9	5.4	3.3	0.1580	7.0

% REMOVAL	
B.O.D.	93.6
S.S.	98.3

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: 10/1/2015

TO 10/31/2015

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.	*****	*****		3.7	*****	*****				
	1 - Final Effluent 00300 Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	8.5	21.5		*****	15.8	47.0				
	1 - Final Effluent 00310 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.	*****	*****		*****	245.0	*****				
	G - Influent 00310 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	13.9	*****		*****	29.5	*****				
	W - See Comments 00310 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas.	*****	*****		7.1	*****	7.3				
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids	Sample meas.	2.4	3.9		*****	4.2	6.0				
	1 - Final Effluent 00530 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.	*****	*****		*****	241.6	*****				
	G - Influent 00530 Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	3.3	*****		*****	5.4	*****				
	W - See Comments 00530 Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas.	0.071	0.090		*****	*****	*****				
	1 - Final Effluent 50050 Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	*****		*****	0.10	0.28				
	1 - Final Effluent 50060 Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.	*****	*****		*****	*****	41.0				
	1 - Final Effluent 61211 Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	2.5	7.0				
	1 - Final Effluent 74055 Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		93.6	*****	*****				
	K - Percent Removal 81010 Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		98.3	*****	*****				
	K - Percent Removal 81011 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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	(907) 5860393
TYPED OR PRINTED	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: 10/1/2015

TO 10/31/2015

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.	*****	*****		11.1	*****	11.1		0		
	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		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.	*****	*****		*****	0.01	0.01		0		
	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		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****	12.0	12.0		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.	*****	*****		*****	18.0	18.0		0		
	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>	(907) 586-0393
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D