

AUKE BAY WASTEWATER TREATMENT FACILITY
Juneau, Alaska

DECEMBER 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 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	NH3 mg/L	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED Gal	Na2SO2 USED LBS											
SUN	29	0.075	0.00150																																	
MON	30	0.079	0.00200	11.3	7.6	8.7							11.4	7.1	4.7										2.0	4.03										
TUE	1	0.074	0.00200	10.6	7.6	6.8	146.0	90.2	190.0	117.4			10.9	7.1	4.3	4.4	2.7	9.5	5.9			1.0	0.20	2.0	3.10											
WED	2	0.064	0.00200	10.7	7.7	6.7	143.0	76.8	160.0	85.9			12.4	7.2	5.2	6.0	3.2	7.6	4.1				0.01	3.0	3.72											
THU	3	0.069	0.00200	11.5	8.0	6.0							11.9	7.9	4.8								0.19	2.0	3.10											
FRI	4	0.068	0.00200	13.0	7.9	5.8							11.8	7.2	4.4								0.15	2.0	2.48											
SAT	5	0.058	0.00150																				0.07	2.0	2.79											
SUN	6	0.064	0.00150																						3.0	2.48										
MON	7	0.063	0.00200	12.4	8.0	5.7							12.2	7.2	4.0								0.10	2.0	2.48											
TUE	8	0.072	0.00250	11.7	7.7	5.7	416.0	249.5	200.0	120.0			11.9	7.3	4.6	4.0	2.4	6.3	3.8			2.0	0.03	2.0	2.48											
WED	9	0.055	0.00250	10.6	8.6	5.7	220.0	100.9	230.0	105.4			12.1	7.2	4.9	4.0	1.8	8.4	3.9				0.19	2.0	2.79											
THU	10	0.062	0.00250	11.6	7.6	6.2							11.9	7.2	4.2								0.09	2.0	2.48											
FRI	11	0.063	0.00250	12.2	8.2	6.2							12.0	7.2	4.6								0.15	2.0	2.17											
SAT	12	0.056	0.00150																						2.0	2.48										
SUN	13	0.056	0.00150																						2.0	2.48										
MON	14	0.053	0.00300	12.2	7.9	6.5							12.2	7.1	4.8										2.0	2.17										
TUE	15	0.054	0.00250	9.8	7.6	6.7	230.0	103.6	230.0	103.6			12.0	7.1	4.7	4.0	1.8	7.3	3.3			3.0	0.11	3.0	1.86											
WED	16	0.046	0.00200	10.5	7.9	6.7	140.0	53.7	130.0	49.9			12.1	7.2	4.5	4.8	1.8	7.2	2.8				0.13	2.0	2.17											
THU	17	0.057	0.00150	12.0	7.8	5.5							12.1	7.1	4.9								0.07	2.0	1.86											
FRI	18	0.049	0.00250	10.1	7.6	6.4							11.9	7.1	4.8								0.14	2.0	1.86											
SAT	19	0.048	0.00150																				0.18	2.0	1.55											
SUN	20	0.047	0.00150																						2.0	2.48										
MON	21	0.050	0.00200	10.2	7.6	6.1							12.0	7.1	5.1										2.0	2.48										
TUE	22	0.048	0.00200	10.7	8.0	6.4	370.0	149.1	330.0	133.0			10.9	7.1	5.0	1.0	0.4	4.8	1.9			2.0	0.02	2.0	2.48											
WED	23	0.043	0.00200	11.8	8.2	6.0	132.0	47.8	230.0	83.3			11.9	7.1	5.4	4.0	1.4	4.8	1.7				0.03	2.0	2.48											
THU	24	0.047	0.00300	9.0	7.8	7.3							11.1	7.1	5.7								0.21	2.0	2.48											
FRI	25	0.045	0.00150																						1.0	2.48										
SAT	26	0.046	0.00150																						2.0	2.48										
SUN	27	0.048	0.00150																						1.0	2.48										
MON	28	0.050	0.00150	11.0	7.8	7.9							11.2	7.0	5.7										1.0	2.48										
TUE	29	0.041	0.00150	9.3	7.4	7.5	278.0	96.0	190.0	65.6			10.4	7.1	5.9	5.2	1.8	5.1	1.8			2.0	0.04	2.0	2.48											
WED	30	0.044	0.00150	11.9	7.8	6.2	1050.0	382.6	770.0	280.6			10.7	7.0	5.2	5.2	1.9	3.9	1.4				0.03	1.0	2.79											
THU	31	0.058	0.00200	9.9	7.6	7.4							10.8	7.1	5.4								0.13	2.0	2.48											
FRI	1	0.058	0.00100	11.7	7.5	7.7							13.2	7.3	5.8								0.03	1.0	2.48											
SAT	2	0.088	0.00150																				0.01	2.0	3.10											
TOTAL		1.699	0.06650																						2.0	2.48										
MAXIMUM		0.088	0.00300	13.0	8.6	7.9	1050.0	382.6	770.0	280.6			13.2	7.9	5.9	6.0	3.2	9.5	5.9			3.0	0.21	3.0	4.03											
MINIMUM		0.041	0.00100	9.0	7.4	5.5	132.0	47.8	130.0	49.9			10.4	7.0	4.0	1.0	0.4	3.9	1.4			1.0	0.01	1.0	1.55											
AVERAGE		0.057	0.00190	11.1		6.5	312.5	135.0	266.0	114.5			11.7		4.9	4.3	1.9	6.5	3.0			1.9	0.10	1.9	2.52											
OF ANALYSIS		35	35	24	24	24	10	10	10	10			0	0	24	24	10	10	10	10	0	0	5	24	35	35										

COMMENTS:

*GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

WEEK	WEEKLY AVERAGE				WEEKLY		
	BOD		TSS		CHLORINE		COLIFORM
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean
1	8.6	5.0	5.2	3.0	0.12	2.29	1.0
2	7.4	3.8	4.0	2.1	0.11	2.00	2.0
3	7.3	3.0	4.4	1.8	0.13	2.14	2.0
4	4.8	1.8	2.5	0.9	0.07	1.71	2.0
5	4.5	1.6	5.2	1.8	0.05	1.57	2.0
MAX	8.6	5.0	5.2	3.0	0.13	2.29	2.0

% REMOVAL	
B.O.D.	97.6
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
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: 12/1/2015 TO 12/31/2015

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.	*****	*****		4.0	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	3.0	5.9		*****	6.5	9.5				
	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.	*****	*****		*****	266.0	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	5.0	*****		*****	8.6	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.0	*****	7.9				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	1.9	3.2		*****	4.3	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 G - Influent 00530	Sample meas.	*****	*****		*****	312.5	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	3.0	*****		*****	5.2	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.057	0.088		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.10	0.21				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****					
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	1.9	3.0				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97.6	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		98.6	*****	*****				
	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 (907) 586-0393	DATE 16/1/8
TYPED OR PRINTED CATHERINE CARLSON	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Catherine Carlson</i>	AREA NUMBER	Y M D