

**AUKE BAY WASTEWATER TREATMENT FACILITY- JUNEAU, ALASKA**

Juneau, Alaska

NOVEMBER 2016

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	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	Enterro /100 ml	FECAL COLIFORM /100 ml	Cl <sub>2</sub> RESIDUAL mg/L	Cl <sub>2</sub> USED GAL	Na <sub>2</sub> SO <sub>3</sub> USED LBS	
SUN	30	0.04590	0.00250																					3.0	3.79	
MON	31	0.05093	0.00250	13.4	7.8	5.8							15.4	7.0	4.3								0.21	2.0	2.48	
TUE	1	0.04640	0.00200	14.9	8.0	5.7	245.0	94.8	280.0	108.3			14.5	7.1	4.1	13.0	5.0	8.9	3.4		10	2.0	0.23	2.0	2.48	
WED	2	0.05251	0.00150	12.9	7.6	5.9	320.0	140.1	350.0	153.3			14.7	7.1	4.1	13.0	5.7	9.7	4.2				0.42	3.0	2.48	
THU	3	0.05632	0.00150	13.1	8.0	4.4							14.3	7.0	3.9								0.01	2.0	2.48	
FRI	4	0.04893	0.00100	12.4	7.8	6.0							14.0	7.1	3.4								0.16	2.0	2.48	
SAT	5	0.05724	0.00100																					2.0	2.48	
SUN	6	0.05676	0.00100																					3.0	3.10	
MON	7	0.05750	0.00150	12.6	7.7	6.0							14.2	7.1	4.1								0.12	2.0	2.79	
TUE	8	0.05169	0.00250	14.3	7.9	5.7	233.0	100.4	240.0	103.5			14.1	7.2	4.1	23.0	9.9	16.0	6.9			5.0	0.32	3.0	2.79	
WED	9	0.05697	0.00250	11.8	7.9	6.1	220.0	104.5	240.0	114.0			14.3	7.2	5.4	25.0	11.9	14.0	6.7				0.38	2.0	1.88	
THU	10	0.05650	0.00300	13.6	8.0	5.4							14.0	7.2	4.2								0.42	3.0	2.78	
FRI	11	0.05428	0.00250	12.8	8.1	5.5							14.4	7.1	4.9								0.31	2.0	3.10	
SAT	12	0.05344	0.00150																				2.0	3.72		
SUN	13	0.05954	0.00150																				2.0	2.79		
MON	14	0.05515	0.00300	13.2	8.0	5.5							14.0	7.1	3.7								0.01	3.0	3.10	
TUE	15	0.05230	0.00300	11.9	7.5	6.9	180.0	78.5	230.0	100.3			13.9	7.1	4.1	12.0	5.2	10.0	4.4				0.05	3.0	3.10	
WED	16	0.05323	0.00200	13.5	7.7	5.8	300.0	133.2	193.0	85.7			13.8	7.1	4.2	13.0	5.8	17.0	7.5				0.02	2.0	2.48	
THU	17	0.05441	0.00200	11.8	7.6	6.6							13.9	7.1	4.2								0.02	2.0	3.10	
FRI	18	0.04238	0.00250	16.7	7.8	4.7							13.9	7.0	4.1								0.03	2.0	3.10	
SAT	19	0.05224	0.00150																				2.0	3.41		
SUN	20	0.04997	0.00150																				2.0	3.41		
MON	21	0.05077	0.00250	12.2	7.8	6.4							13.8	7.0	4.2								0.01	2.0	3.10	
TUE	22	0.04712	0.00300	13.7	8.0	6.1	276.0	108.5	390.0	153.3			13.8	7.1	4.9	13.0	5.1	16.0	6.3				0.01	2.0	3.10	
WED	23	0.04429	0.00250	13.4	7.8	6.0	370.0	136.7	360.0	133.0			12.8	7.1	5.0	7.5	2.8	8.4	3.1				0.24	2.0	2.79	
THU	24	0.04136	0.00250	13.8	8.0	5.6							13.6	7.0	4.2								0.17	2.0	2.48	
FRI	25	0.04282	0.00200	12.3	8.0	7.2							13.5	7.1	5.3								0.21	3.0	2.48	
SAT	26	0.04811	0.00150																				2.0	2.48		
SUN	27	0.04675	0.00150																				2.0	2.48		
MON	28	0.05249	0.00200	12.4	7.8	5.7							13.3	7.0	5.5								0.02	2.0	2.48	
TUE	29	0.05959	0.00300	12.4	7.7	6.5	90.0	44.7	130.0	64.6			12.8	7.1	6.0	5.6	2.8	8.6	4.3			2.0	0.14	2.0	2.48	
WED	30	0.05572	0.00250	11.9	8.1	6.4	180.0	83.6	260.0	120.8			13.0	7.1	5.3	7.6	3.5	8.2	3.8				0.12	2.0	3.10	
THU	1	0.06239	0.00250	12.6	8.3	6.4							12.9	7.1	4.7								0.04	2.0	2.79	
FRI	2	0.05545	0.00150	10.1	7.3	8.1							11.8	7.00	4.34								0.08	2.0	2.48	
SAT	3	0.08098	0.00150																				2.0	2.48		
TOTAL		1.55679	0.06150																					67.0		
MAXIMUM		0.05959	0.00300	16.7	8.3	8.1	370.0	140.1	390.0	153.3			15.4	7.2	6.0	25.0	11.9	17.0	7.5				0.42	3.0	3.7	
MINIMUM		0.04136	0.00100	10.1	7.3	4.4	90.0	44.7	130.0	64.6			11.8	7.0	3.4	5.6	2.8	8.2	3.1				0.01	2.0	1.9	
AVERAGE		0.05189	0.00205	12.9		6.0	241.4	102.5	267.3	113.7			13.8		4.5	13.3	5.8	11.7	5.1				6.7	0.15	2.2	2.8
NO. OF ANALYSIS		30	30	22	22	22	10	10	10	10			22	22	22	10	10	10	10		0	1	5	22	30	30

Nov 1-30 used to calculate monthly data only.  
 Oct 30-Dec 3 used to calculate the weekly averages only.

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	Geo. Mean
1	9.3	3.8	13.0	5.4	0.21	2.3	2
2	15.0	6.8	24.0	10.9	0.31	2.4	5
3	13.5	6.0	12.5	5.5	0.03	2.3	33
4	12.2	4.7	10.3	3.9	0.13	2.1	20
5	8.4	4.0	6.6	3.2	0.08	2.0	2
MAX	15.0	6.8	24.0	10.9	0.31	2.4	33

% REMOVAL	
B.O.D.	95.6
S.S.	94.5

**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: 11/1/2016

TO 11/30/2016

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.	*****	*****		3.4	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	5	8		*****	12	17				
	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.	*****	*****		*****	267	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	7	*****		*****	15	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.0	*****	7.2				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	6	12		*****	13	25				
	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.	*****	*****		*****	241	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	11	*****		*****	24	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.05	0.06		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.2	0.4				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	10				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	7	33				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		96	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		95	*****	*****				
	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 PRINCIPLE EXECUTIVE OFFICE	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 evaluated 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/Wastewater Treatment Plant Operator		907 586-0393	11/12/12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD