

AUKE BAY WASTEWATER TREATMENT FACILITY- JUNEAU, ALASKA
 Juneau, Alaska **SEPTEMBER 2016**

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	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	Enterococci /100 ml	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	Na ₂ SO ₃ USED LBS
THU	1	0.06115	0.00250	16.5	7.7	4.8	280.0	127.5	310.0	158.1		16.5	7.3	4.9	12.0	6.1	7.1	3.8				0.01	3.00	3.10	
FRI	2	0.07430	0.00250	16.8	7.7	5.1	290.0	179.7	310.0	192.1		16.2	7.4	4.3	9.0	5.6	3.8	2.4				0.28	3.00	2.79	
SAT	3	0.05427	0.00180																				3.00	2.79	
SUN	4	0.04648	0.00200																				3.00	2.48	
MON	5	0.07811	0.00300	16.3	8.3	4.7						16.5	7.4	5.2								0.45	3.00	2.48	
TUE	6	0.08675	0.00300	17.1	7.5	5.2	236.0	170.8	290.0	209.8		16.5	7.4	4.3	9.6	6.9	7.7	5.6		201	72	0.06	3.00	2.48	
WED	7	0.08036	0.00300	15.8	7.6	5.3	156.0	104.5	270.0	180.9		16.2	7.4	4.7	4.8	3.2	3.9	2.6				0.10	3.00	3.10	
THU	8	0.08724	0.00300	16.8	7.5	4.6						16.5	7.4	4.6								0.21	4.00	2.48	
FRI	9	0.11737	0.00200	15.2	7.5	6.1						16.7	7.3	4.8								0.02	4.00	3.41	
SAT	10	0.08920	0.00200																				3.00	4.96	
SUN	11	0.07233	0.00200																				3.00	4.34	
MON	12	0.08169	0.00300	14.4	7.4	5.7						15.8	7.2	4.1								0.02	3.00	3.41	
TUE	13	0.06569	0.00300	16.5	7.5	5.3	186.0	101.9	230.0	126.0		16.0	7.3	4.4	7.6	4.2	6.8	3.7		140	13	0.36	3.00	3.72	
WED	14	0.07671	0.00150	15.7	7.8	4.9	185.0	118.4	190.0	121.6		15.8	7.3	4.1	5.6	3.6	4.0	2.6				0.17	4.00	3.41	
THU	15	0.08326	0.00300	16.0	7.8	5.4						16.2	7.4	4.5								0.32	3.00	3.41	
FRI	16	0.07909	0.02500	14.2	7.5	6.8						15.7	7.3	4.3								0.28	3.00	3.41	
SAT	17	0.07193	0.00100																				3.00	4.03	
SUN	18	0.07507	0.00100																				3.00	4.03	
MON	19	0.06074	0.00250	15.1	7.5	4.2						15.8	7.2	4.1								0.02	2.00	3.41	
TUE	20	0.05824	0.00250	16.4	8.1	5.1	148.0	71.9	190.0	92.3		15.9	7.2	4.3	1.0	0.5	3.4	1.7		5		0.14	3.00	3.41	
WED	21	0.05848	0.00300	15.8	7.6	5.8	128.0	62.4	170.0	82.9		15.9	7.2	4.7	4.8	2.3	4.3	2.1				0.04	2.00	3.41	
THU	22	0.07219	0.00300	16.3	7.8	5.2						16.1	7.2	4.1								0.11	3.00	3.41	
FRI	23	0.05928	0.00250	14.8	7.6	5.6						16.2	7.2	3.9								0.04	2.00	3.10	
SAT	24	0.07296	0.00150																				2.00	3.10	
SUN	25	0.07014	0.00150																				3.00	2.79	
MON	26	0.06342	0.00250	15.6	7.7	5.6						15.7	7.2	4.3								0.19	3.00	2.48	
TUE	27	0.05933	0.00250	14.9	7.8	5.4	108.0	53.4	140.0	69.3		15.8	7.2	4.9	4.0	2.0	4.5	2.2		1		0.09	3.00	2.48	
WED	28	0.05977	0.00250	14.7	7.7	5.0						15.8	7.2	4.8								0.04	3.00	2.79	
THU	29	0.05622	0.00250	15.2	7.7	5.8	140.0	65.6	210.0	98.5		15.9	7.1	4.3	5.2	2.4	9.2	4.3				0.02	2.00	2.48	
FRI	30	0.05756	0.00300	15.9	7.8	5.0						15.5	7.2	4.5								0.32	3.00	2.48	
SAT	1	0.05298	0.00200																				2.00	2.17	
TOTAL		2.12931	0.09350																				88.00		
MAXIMUM		0.11737	0.02500	17.1	8.3	6.8	236.0	170.8	290.0	209.8		16.7	7.4	5.2	9.6	6.9	9.2	5.6		201	72	0.5	4.0	5.0	
MINIMUM		0.04648	0.00100	14.2	7.4	4.2	108.0	53.4	140.0	69.3		15.5	7.1	3.9	1.0	0.5	3.4	1.7		140	1	0.0	2.0	2.5	
AVERAGE		0.07098	0.00312	15.6		5.3	160.9	93.6	211.3	122.7		16.0		4.4	5.3	3.1	5.5	3.1		171	8	0.1	2.9	3.2	
NO OF ANALYSIS		30	21	22	22	22	10	9	10	10		0	22	22	22	10	10	10	10	0	2	4	22	30	30

Sept 1-30 used to calculate monthly data.
 Sept 4-Oct 1 used to calculate the weekly averages only.

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM Geo. Mean
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	
1	6	4	7	5	0.1680	3	72
2	5	3	7	4	0.2300	3	13
3	4	2	3	1	0.0700	2	5
4	7	3	5	2	0.1320	3	1
MAX	7	4	7	5	0.2300	3	72

% REMOVAL	
B.O.D.	97
S.S.	97

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: 9/1/2016 TO 9/30/2016

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.	*****	*****		3.9	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	3	6		*****	5	9				
	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.	*****	*****		*****	211	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	4	*****		*****	7	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		7.1	*****	7.4				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	3	7		*****	5	10				
	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.	*****	*****		*****	161	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	5	*****		*****	7	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.07	0.12		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.1	0.5				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	201				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	8	72				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		97	*****	*****				
	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 CATHERINE CARLSON/Wastewater Treatment Plant Operator	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 907 586-0393	DATE 16/10/10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA/NUMBER	YY/MM/DD

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: 9/1/2016

TO 9/30/2016

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.	*****	*****			*****					
	Permit reqmt.	*****	*****		6 daily minimum	*****	17 daily maximum	mg/l		Upon Request	Grab
pH 3 - Outside edge of MZ 00400	Sample meas.	*****	*****			*****					
	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.	*****	*****		*****						
	Permit reqmt.	*****	*****		*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci 4 - Shoreline in MZ 61211	Sample meas.	*****	*****		*****	*****	74		0	2/yr	x
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 3 - Outside edge of MZ 74055	Sample meas.	*****	*****		*****						
	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 PRINCIPLE EXECUTIVE OFFICE CATHERINE CARLSON/Wastewater Treatment Plant Operator	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 907 586-0393	DATE 16/10/10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD