

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Catherine Carlson
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 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: 4/1/2017

TO 4/30/2017

Parameter	Sample meas. / Permit reqmt.	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen	Sample meas. / Permit reqmt.	*****	*****		4.4	*****	*****				
1 - Final Effluent 00300	Sample meas. / Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas. / Permit reqmt.	3	5	lbs/day	*****	7	10			Monthly	Grab-Composite
1 - Final Effluent 00310	Sample meas. / Permit reqmt.	40 monthly average	80 daily maximum		*****	*****	60 daily maximum	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas. / Permit reqmt.	*****	*****		*****	301	*****			Monthly	Grab-Composite
G - Influent 00310	Sample meas. / Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas. / Permit reqmt.	4	*****		*****	9	*****			Monthly	Grab-Composite
W - See Comments 00310	Sample meas. / Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH	Sample meas. / Permit reqmt.	*****	*****		7.3	*****	7.4			3X Weekly	Grab
1 - Final Effluent 00400	Sample meas. / Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.L.		3X Weekly	Grab
Total Suspended Solids	Sample meas. / Permit reqmt.	2	3		*****	4	6			Monthly	Grab-Composite
1 - Final Effluent 00530	Sample meas. / 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. / Permit reqmt.	*****	*****		*****	246	*****			Monthly	Grab-Composite
G - Influent 00530	Sample meas. / Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas. / Permit reqmt.	2	*****	lbs/day	*****	5	*****			Monthly	Grab-Composite
W - See Comments 00530	Sample meas. / Permit reqmt.	60 weekly average	*****		*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas. / Permit reqmt.	0.05	0.06		*****	*****	*****			5X Weekly	Measured
1 - Final Effluent 50050	Sample meas. / Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine	Sample meas. / Permit reqmt.	*****	*****		*****	0.2	0.4				
1 - Final Effluent 50060	Sample meas. / Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas. / Permit reqmt.	*****	*****		*****	*****	0				
1 - Final Effluent 61211	Sample meas. / Permit reqmt.	*****	*****		*****	Report daily maximum	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas. / Permit reqmt.	*****	*****		*****	4	25				
1 - Final Effluent 74055	Sample meas. / Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas. / Permit reqmt.	*****	*****		97.6	*****	*****	%		Monthly	Calculation
K - Percent Removal 81010	Sample meas. / Permit reqmt.	*****	*****	minimum percent removal	85	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas. / Permit reqmt.	*****	*****		98.3	*****	*****	%		Monthly	Calculation
K - Percent Removal 81011	Sample meas. / Permit reqmt.	*****	*****	minimum percent removal	85	*****	*****	%		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	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	TELEPHONE	DATE
CATHERINE CARLSON/Wastewater Treatment Plant Operator	<i>Catherine Carlson</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393	4/1/03
TYPED OR PRINTED		AREA/NUMBER	YY/MM/DD