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

6/30/2017 NO DISCHARGE:

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PERMIT NUMBER: AKG572004
OUTFALL / MONITORING POINT: 001A Discahrge into Auke Bay

MONITORING PERIOD: 6/1/2017

Parameter			or Loading	Units	Oual	ity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Dissolved Oxygen	Sample meas.	*****	*****		3.4	******	*****		0		
1 - Final Effluent 00300	Permit reqmt				2 _. 0 daily minimum			mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	3	5		******	8	11		0		
1 - Final Effluent 00310	Permit regmt.	40 monthly average	80 daliy maximum	lbs/day		30 monthly average	60 daily maxlmum	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	•••••	******		*****	217	*****		0		
G - Influent 00310	Permit reqmt.					Report monthly average	******	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	4	******		*****	11	*****		0		
W - See Comments 00310	Permit reqmt.	60 weekly average		lbs/day	******	45 weekly average		mg/l		Monthly	Grab-Composite
рН	Sample meas.	*****	*****		7.2	*****	7.9		0		
1 - Final Effluent 00400	Permit regmt.		******		6,0 daily minimum		9.0 daily maximum	S _a U _a		3X Weekly	Grab
Total Suspended Solids	Sample meas,	2	5		******	5	9		0		
1 - Final Effluent 00530	Permit regmt	40 monthly average	80 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.		******		*****	222	*****		0		
G - Influent 00530	Permit reqmt		******		******	Report monthly average	******	mg/l		Monthly	Grab-Composite
Total Suspended Solids	Sample meas.	4	*****		*****	8.0	*****		0		
W - See Comments 00530	Permit reqmt	60 weekly average	*****	lbs/day	******	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow	Sample meas,	0.05	0.08		****	******			0		
1 - Final Effluent 50050	Permit reqmt	Report monthly average	0.16 dally maximum	MGD		*****	******			5X Weekly	Measured
Total Residual Chlorine	Sample meas.	*****	******		******	0.02	0.14		0		
1 - Final Effluent 50060	Permit regmt.	*****	******			0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci	Sample meas.		******		*****	*****	20		0		
1 - Final Effluent 61211	Permit reqmt	******	*****			••••	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	6	26		0		
1 - Final Effluent 74055	Permit regmt.	*****	******			200 monthly geometric mean	800 dally maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		96	•••••			0		
K - Percent Removal 81010	Permit reqmt.	*****			85 minimum percent removal		******	×		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.		•••••		98	****	*****		0		
K - Percent Removal 81011	Permit reqmt	*****	````		85 minimum percent			%		Monthly	Calculation

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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	1///	TELEPHONE	DATE
	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	1.1.1		/.
Jim Westcott/Senior Wastewater	manage the system, or those persons directly responsible for gathering the		907 586-0393	17/7/12
Operator	information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL		
	penalties for submitting false information, including the possibility of fine and	EXECUTIVE OFFICER OR		
TYPED OR PRINTED	imprisonment for knowing violations.	AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD