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User: CBJWASTEWATER, Permittee User



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### **Signing Process Confirmation - CDX Activity ID: \_f92462ce-f482-46f1-b31e-9650587f64fe**

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>	<u>View Copy of Submission</u>
AKG572004	AUKE BAY WASTEWATER TREATMENT FACILITY	001	001-A	DISCHARGE TO AUKE BAY	07/31/17	08/15/17	

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**Edit DMR**

Collapse Header

**Permit**

**Permit ID:** AKG572004  
**Permittee:** AUKE BAY WWTF  
**Facility:** AUKE BAY WASTEWATER TREATMENT FACILITY  
**Permitted Feature:** 001 - External Outfall

**Major:**   
**Permittee Address:** 2009 RADCLIFFE  
 JUNEAU, AK 99801  
**Facility Location:** 11825 GLACIER HIGHWAY  
 AUKE BAY, AK 99801  
**Discharge:** A - DISCHARGE TO AUKE BAY

**Report Dates & Status**

**Monitoring Period:** From 07/01/17 to 07/31/17  
**Status:** **NetDMR Validated**

**DMR Due Date:** 08/15/17

**Principal Executive Officer**

**First Name:**   
**Title:**

**Last Name:**   
**Telephone:**

**No Data Indicator (NODI)**

**Form NODI:**

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type	
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00300	Oxygen, dissolved [DO]	Smpl.				= 3.4			mg/L	0	01/30	GR
1 - Effluent Gross												
Season: 0		Req.				>= 2 Daily Minimum			Milligrams per Liter		Monthly	GRAB
NODI: <input type="text"/>		NODI				<input type="text"/>						

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00310	BOD, 5-day, 20 deg. C		= 4	= 8	lb/d	= 8	= 14	mg/L	0	01/30	CG
1 - Effluent Gross											
Season: 0		Req.	<= 40 Monthly Average	<= 80 Daily Maximum	Pounds per Day	<= 30 Monthly Average	<= 60 Daily Maximum	Milligrams per Liter		Monthly	CMPGRB
NODI:		NODI									
00310	BOD, 5-day, 20 deg. C					= 281		mg/L	0	01/30	CG
G - Raw Sewage Influent											
Season: 0		Req.				Req Mon Monthly Average		Milligrams per Liter		Monthly	CMPGRB
NODI:		NODI									
00310	BOD, 5-day, 20 deg. C		= 6		lb/d	= 11		mg/L	0	01/30	CG
W - See Comments											
Season: 0		Req.	<= 60 Weekly Average		Pounds per Day	<= 45 Weekly Average		Milligrams per Liter		Monthly	CMPGRB
NODI:		NODI									
00400	pH					= 7.3	= 7.5	SU	0	01/30	GR
1 - Effluent Gross											
Season: 0		Req.				>= 6 Instantaneous Minimum	<= 9 Instantaneous Maximum	Standard Units		Monthly	GRAB
NODI:		NODI									

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00530	Solids, total suspended		= 1	= 3	lb/d	= 2	= 6		mg/L	0	01/30	CG
1 - Effluent Gross												
Season: 0		Req.	<= 40 Monthly Average	<= 80 Daily Maximum	Pounds per Day	<= 30 Monthly Average	<= 60 Daily Maximum		Milligrams per Liter		Monthly	CMPGRB
NODI:		NODI										
00530	Solids, total suspended					= 216			mg/L	0	01/30	CG
G - Raw Sewage Influent												
Season: 0		Req.				Req Mon Monthly Average			Milligrams per Liter		Monthly	CMPGRB
NODI:		NODI										
00530	Solids, total suspended		= 3		lb/d	= 5			mg/L	0	01/30	CG
W - See Comments												
Season: 0		Req.	<= 60 Weekly Average		Pounds per Day	<= 45 Weekly Average			Milligrams per Liter		Monthly	CMPGRB
NODI:		NODI										
50050	Flow, in conduit or thru treatment plant		= 0.091	= 0.0982	MGD					0	05/WK	MS
1 - Effluent Gross												
Season: 0		Req.	Req Mon Monthly Average	<= .16 Daily Maximum	Million Gallons per Day						Five Per Week	MEASRD
NODI:		NODI										

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
50060	Chlorine, total residual	Smpl.				= 0.01	= 0.07		mg/L	0	03/07	GR
1 - Effluent Gross												
Season: 0		Req.				<= .5 Monthly Average	<= 1 Daily Maximum		Milligrams per Liter		Three Per Week	GRAB
NODI:		NODI										
61211	Enterococci	Smpl.					= 2		#/100mL	0	09/99	GR
1 - Effluent Gross												
Season: 0		Req.					Req Mon Daily Maximum		Number per 100 Milliliters		See Permit	GRAB
NODI:		NODI										
74055	Coliform, fecal general	Smpl.				= 1	= 2		#/100mL	0	01/30	GR
1 - Effluent Gross												
Season: 0		Req.				<= 200 Monthly Geometric Mean	<= 800 Daily Maximum		Number per 100 Milliliters		Monthly	GRAB
NODI:		NODI										
81010	BOD, 5-day, percent removal	Smpl.				= 97			%	0	01/30	CA
K - Percent Removal												
Season: 0		Req.				>= 85 Monthly Minimum			Percent		Monthly	CALCTD
NODI:		NODI										

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
81011	Solids, suspended percent removal	Smpl.				= 99			%	0	01/30	CA
K - Percent Removal						>= 85 Monthly Minimum			Percent		Monthly	CALCTD
Season: 0		Req.										
NODI: <input type="text" value="v"/>		NODI				<input type="text" value="v"/>						

**Edit Check Errors**

No results.

**DMR Comments**

"W" = WEEKLY AVERAGE

**Comments**

**Attachments**

File Name	Type	Size	Remove
<a href="#">2020_001.pdf</a>	Portable document format: Adobe Acrobat File	< 1 MB	*

**Report Last Saved By**

User:                    CBJWASTEWATER  
 Name:                    Randall Brown  
 E-Mail:                    randall.brown@juneau.org  
 Date/Time:                08/10/17 1:49 AKDT

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

CONTACT NAME: Catherine Carlson  
 MAILING ADDRESS: 2009 Raodcliffe  
 Juneau, AK 99801

FACILITY: Auke Bay WWTF  
 LOCATION: 11825 GLACIER HWY  
 Juneau, AK 99801

PERMIT NUMBER: AKG572004  
 OUTFALL / MONITORING POINT: MXZ1 Mixing Zone for Outfall 001


MONITORING PERIOD: 7/1/2017


TO 7/31/2017  
 NO DISCHARGE: XXXXXXXXX

Parameter	Quantity or Loading		Units		Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum	Minimum	Average	Maximum					
Dissolved Oxygen	Sample meas.	*****	10.4	*****	10.4	*****				
	Permit reqmt.	*****	6 daily minimum	*****	17 daily maximum	10.4	mg/l		Upon Request	Grab
pH	Sample meas.	*****	8.5	*****	8.5	*****				
	Permit reqmt.	*****	6.5 daily minimum	*****	8.5 daily maximum	8.5	S.U.		Upon Request	Grab
Total Residual Chlorine	Sample meas.	*****	*****	*****	0.07	*****				
	Permit reqmt.	*****	*****	*****	0.0075 monthly average	0.013 daily maximum	mg/l		2X Annually	Grab
Enterococci	Sample meas.	*****	*****	*****	*****	*****				
	Permit reqmt.	*****	*****	*****	*****	10	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****	*****	20	*****				
	Permit reqmt.	*****	*****	*****	14 monthly geometric mean	43 daily maximum	cts/100 ml		2X Annually	Grab
Fecal Coliform	Sample meas.	*****	*****	*****	*****	*****				
	Permit reqmt.	*****	*****	*****	200 monthly geometric mean	400 daily maximum	cts/100 ml		2X Annually	Grab

COMMENTS:  
 a lot of equipment in water on receiving end could have affected c12

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	TELEPHONE	DATE
Jim Westcott /SeniorWastewater Treatment Plant Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	17/8/14
TYPED OR PRINTED	907 586-0393	YY/MM/DD
	AREA/NUMBER	

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	TELEPHONE	DATE
Jim Westcott /Senior operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	17/8/14
TYPED OR PRINTED	907 586 0393	YY/MM/DD
	AREA   NUMBER	Y   M   D