

Permit

Permit ID: AKG572004
Permittee: City and Borough of Juneau
Facility: AUKE BAY WWTF
Permitted Feature: 001 - External Outfall

Major:
Permittee Address: 2009 Radcliffe Road
 Juneau , AK99801
Facility Location: 11825 GLACIER HWY
 JUNEAU , AK99801
Discharge: 001-A - DISCHARGE TO AUKE BAY

Report Dates & Status

Monitoring Period: From 10/01/17 to 10/31/17
Status: **NetDMR Validated**

DMR Due Date: 11/15/17

Considerations for Form Completion

W=Average Weekly Effluent Limits

Principal Executive Officer

First Name: Randall
Title: Wastewater Treatment Plant Supervisor

Last Name: Brown
Telephone: 907-586-0393

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3				

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.				=3.6			19 - mg/L	0	01/30 - Monthly	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.				>=2 DAILY MN			19 - mg/L		01/30 - Monthly	GR - GRAB
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=5.4	=10.9	26 - lb/d	=8.7	=11		19 - mg/L	0	01/30 - Monthly	CG - CMPGRB
1 - Effluent Gross												
Season: 0		Req.	<=40 MO AVG	<=80 DAILY MX	26 - lb/d	<=30 MO AVG	<=60 DAILY MX		19 - mg/L		01/30 - Monthly	CG - CMPGRB
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.				=202			19 - mg/L	0	01/30 - Monthly	CG - CMPGRB
G - Raw Sewage Influent												
Season: 0		Req.				Req Mon MO AVG			19 - mg/L		01/30 - Monthly	CG - CMPGRB
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=7.4		26 - lb/d	=9.5			19 - mg/L	0	01/30 - Monthly	CG - CMPGRB
W - See Comments												
Season: 0		Req.	<=60 WKLY AVG		26 - lb/d	<=45 WKLY AVG			19 - mg/L		01/30 - Monthly	CG - CMPGRB
NODI: -		NODI										
00400	pH	Smpl.				=7	=7.2		12 - SU	0	03/07 - Three Per Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.				>=6 DAILY MN	<=9 DAILY MX		12 - SU		03/07 - Three Per Week	GR - GRAB
NODI: -		NODI										
00530	Solids, total suspended	Smpl.	=0.6	=1.2	26 - lb/d	=1	=1		19 - mg/L	0	01/30 - Monthly	CG - CMPGRB
1 - Effluent Gross												
Season: 0		Req.	<=40 MO AVG	<=80 DAILY MX	26 - lb/d	<=30 MO AVG	<=60 DAILY MX		19 - mg/L		01/30 - Monthly	CG - CMPGRB
NODI: -		NODI										
00530	Solids, total suspended	Smpl.				=152.7			19 - mg/L	0	01/30 - Monthly	CG - CMPGRB
G - Raw Sewage Influent												
Season: 0		Req.				Req Mon MO AVG			19 - mg/L		01/30 - Monthly	CG - CMPGRB
NODI: -		NODI										
00530	Solids, total suspended	Smpl.	=0.8		26 - lb/d	=1			19 - mg/L	0	01/30 - Monthly	CG - CMPGRB

Parameter Code	Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3			
	Solids, total suspended										
W - See Comments											
Season: 0		Req.	<=60 WKLY AVG		26 - lb/d	<=45 WKLY AVG			19 - mg/L	01/30 - Monthly	CG - CMPGRB
NODI: -		NODI									
50050	Flow, in conduit or thru treatment plant										
		Smpl.	=0.071	=0.145	03 - MGD					05/WK - Five Per Week	MS - MEASRD
1 - Effluent Gross											
Season: 0		Req.	Req Mon MO AVG	<=0.16 DAILY MX	03 - MGD					05/WK - Five Per Week	MS - MEASRD
NODI: -		NODI									
50060	Chlorine, total residual										
		Smpl.				=0.1	=0.9		19 - mg/L	03/07 - Three Per Week	GR - GRAB
1 - Effluent Gross											
Season: 0		Req.				<=0.5 MO AVG	<=1 DAILY MX		19 - mg/L	03/07 - Three Per Week	GR - GRAB
NODI: -		NODI									
74055	Coliform, fecal general										
		Smpl.				=3	=8		13 - #/100mL	01/30 - Monthly	GR - GRAB
1 - Effluent Gross											
Season: 0		Req.				<=200 MO GEOMN	<=800 DAILY MX		13 - #/100mL	01/30 - Monthly	GR - GRAB
NODI: -		NODI									
81010	BOD, 5-day, percent removal										
		Smpl.			=96				23 - %	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0		Req.			>=85 MINIMUM				23 - %	01/30 - Monthly	CA - CALCTD
NODI: -		NODI									
81011	Solids, suspended percent removal										
		Smpl.			=99				23 - %	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0		Req.			>=85 MINIMUM				23 - %	01/30 - Monthly	CA - CALCTD
NODI: -		NODI									

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments**Attachments**

Name	Type	Size
2336_001.pdf	pdf	94793

Report Last Saved By**City and Borough of Juneau**

User: CBJWASTEWATER1
Name: James Westcott
E-Mail: jim.westcott@juneau.org
Date/Time: 2017-11-09 13:50 (Time Zone: -09:00)

Report Last Signed By

User: CBJWASTEWATER1
Name: James Westcott
E-Mail: jim.westcott@juneau.org
Date/Time: 2017-11-09 13:50 (Time Zone: -09:00)

User:CBJWASTEWATER1, Permittee User



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DMR Copy of Submission

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: 10/1/2017

TO 10/31/2017

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

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.	*****	*****		3.6	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	5.4	10.9		*****	8.7	11				
	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.	*****	*****		*****	202.0	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	7.4	*****		*****	9.5333333	*****				
	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.	0.6	1.2		*****	1.0	1				
	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.	*****	*****		*****	152.7	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Total Suspended Solids W - See Comments 00530	Sample meas.	0.8	*****		*****	1	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.071	0.145		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.01	0.09				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	0				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	2.8	8.0				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		95.7	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		99.3	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

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TO 10/31/2017

OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average	Maximum				

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393	AREA/NUMBER
TYPED OR PRINTED				

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PERMIT NUMBER: AKG572004

MONITORING PERIOD: 10/1/2017

TO 10/31/2017

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.	*****	*****		*****	*****					
	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.	*****	*****		*****	2	2				
	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

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CATHERINE CARLSON/Wastewater Treatment Plant Operator		<i>Catherine Carlson</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907 586-0393
TYPED OR PRINTED		AREA/NUMBER	YY/MM/DD

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER	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 evaluate 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
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER