

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 into Auke Bay

Report Dates & Status

Monitoring Period: From 05/01/18 to 05/31/18
Status: NetDMR Validated

DMR Due Date: 06/15/18

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 | | | # of Ex. | Freq. of Analysis | Smpl. Type |
|-----------|------|------|---------------------|---------|-------|--------------------------|---------|---------|----------|-------------------|------------|
| Code | Name | | Value 1 | Value 2 | Units | Value 1 | Value 2 | Value 3 | | | |

| 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 | | | |
| 00300 | Oxygen, dissolved [DO] | | | | | | | | | | |
| | 1 - Effluent Gross | Smpl. | | | =3.2 | | | 19 - mg/L | 0 | 01/30 - Monthly | GR - GRAB |
| | Season: 0 | Req. | | | >=2 DAILY MN | | | 19 - mg/L | | 01/30 - Monthly | GR - GRAB |
| | NODI: - | NODI | | | | | | | | | |
| 00310 | BOD, 5-day, 20 deg. C | | | | | | | | | | |
| | 1 - Effluent Gross | Smpl. | =3 | =5 | 26 - lb/d | =6 | =9 | 19 - mg/L | 0 | 01/30 - Monthly | CG - CMPGRB |
| | 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 | | | | | | | | | | |
| | G - Raw Sewage Influent | Smpl. | | | | =276 | | 19 - mg/L | 0 | 01/30 - Monthly | CG - CMPGRB |
| | Season: 0 | Req. | | | | Req Mon MO AVG | | 19 - mg/L | | 01/30 - Monthly | CG - CMPGRB |
| | NODI: - | NODI | | | | | | | | | |
| 00310 | BOD, 5-day, 20 deg. C | | | | | | | | | | |
| | W - See Comments | Smpl. | =5 | | 26 - lb/d | =8 | | 19 - mg/L | 0 | 01/30 - Monthly | CG - CMPGRB |
| | Season: 0 | Req. | <=60 WKLY AVG | | 26 - lb/d | <=45 WKLY AVG | | 19 - mg/L | | 01/30 - Monthly | CG - CMPGRB |
| | NODI: - | NODI | | | | | | | | | |
| 00400 | pH | | | | | | | | | | |
| | 1 - Effluent Gross | Smpl. | | | =7 | | =7.2 | 12 - SU | 0 | 03/07 - Three Per Week | GR - GRAB |
| | Season: 0 | Req. | | | >=6 DAILY MN | | <=9 DAILY MX | 12 - SU | | 03/07 - Three Per Week | GR - GRAB |
| | NODI: - | NODI | | | | | | | | | |
| 00530 | Solids, total suspended | | | | | | | | | | |
| | 1 - Effluent Gross | Smpl. | =0.8 | =2 | 26 - lb/d | =2 | =5 | 19 - mg/L | 0 | 01/30 - Monthly | CG - CMPGRB |
| | 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 | | | | | | | | | | |
| | G - Raw Sewage Influent | Smpl. | | | | =252 | | 19 - mg/L | 0 | 01/30 - Monthly | CG - CMPGRB |
| | Season: 0 | Req. | | | | Req Mon MO AVG | | 19 - mg/L | | 01/30 - Monthly | CG - CMPGRB |
| | NODI: - | NODI | | | | | | | | | |
| 00530 | Solids, total suspended | | | | | | | | | | |
| | W - See Comments | Smpl. | =1 | | 26 - lb/d | =3 | | 19 - mg/L | 0 | 01/30 - Monthly | CG - CMPGRB |
| | 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. | =0.053 | =0.075 | 03 - MGD | | | | 0 | 05/WK - Five Per Week | MS - MEASRD |

| Parameter Code | Parameter 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 | | | |
| 1 - Effluent Gross | | | | | | | | | | | |
| Season: 0 | | Req. | Req Mon MO AVG | <=.16 DAILY MX | 03 - MGD | | | | | 05/WK - Five Per Week | MS - MEASRD |
| NODI: - | | NODI | | | | | | | | | |
| 50060 | Chlorine, total residual | Smpl. | | | | =0.1 | =0.5 | 19 - mg/L | 0 | 03/07 - Three Per Week | GR - GRAB |
| 1 - Effluent Gross | | | | | | | | | | | |
| Season: 0 | | Req. | | | | <=.5 MO AVG | <=1 DAILY MX | 19 - mg/L | | 03/07 - Three Per Week | GR - GRAB |
| NODI: - | | NODI | | | | | | | | | |
| 61211 | Enterococci | Smpl. | | | | =6 | =6 | 13 - #/100mL | 0 | 09/99 - See Permit | GR - GRAB |
| 1 - Effluent Gross | | | | | | | | | | | |
| Season: 1 | | Req. | | | | Req Mon MO AVG | Req Mon DAILY MX | 13 - #/100mL | | 09/99 - See Permit | GR - GRAB |
| NODI: - | | NODI | | | | | | | | | |
| 74055 | Colliform, fecal general | Smpl. | | | | =2 | =5 | 13 - #/100mL | 0 | 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. | | | =98 | | | 23 - % | 0 | 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 - % | 0 | 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 |
|--------------|------|-------|
| 3397_001.pdf | pdf | 76478 |

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

User: CBJWASTEWATER1
Name: James Westcott
E-Mail: jim.westcott@juneau.org
Date/Time: 2018-06-13 13:34 (Time Zone:-08:00)

Report Last Signed By

User: CBJWASTEWATER1
Name: James Westcott
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Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Jim Westcott
 MAILING ADDRESS: 2009 Radcliffe
 Juneau, AK 99801

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

PERMIT NUMBER: AKG572004 MONITORING PERIOD: 5/1/2018 TO 5/31/2018
 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. | ***** | ***** | | 13.2 | ***** | 13.2 | | | | |
| | Permit reqmt. | ***** | ***** | | 6 daily minimum | ***** | 17 daily maximum | mg/l | | Upon Request | Grab |
| pH 3 - Outside edge of MZ 00400 | Sample meas. | ***** | ***** | | 9.12 | ***** | 9.12 | | | | |
| | 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. | ***** | ***** | | ***** | 0.17 | 0.17 | | | | |
| | Permit reqmt. | ***** | ***** | | ***** | 0.0075 monthly average | 0.013 daily maximum | mg/l | | 2X Annually | Grab |
| Enterococci 4 - Shoreline in MZ 61211 | Sample meas. | ***** | ***** | | ***** | ***** | 10 | | | | |
| | Permit reqmt. | ***** | ***** | | ***** | ***** | Report daily maximum | cts/100 ml | | See Permit Requirements | Grab |
| Fecal Coliform 3 - Outside edge of MZ 74055 | Sample meas. | ***** | ***** | | ***** | 1 | 1 | | | | |
| | Permit reqmt. | ***** | ***** | | ***** | 14 monthly geometric mean | 43 daily maximum | cts/100 ml | | 2X Annually | Grab |
| Fecal Coliform 4 - Shoreline in MZ 74055 | Sample meas. | ***** | ***** | | ***** | 1 | 1 | | | | |
| | 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

| | | | |
|--|---|--|--------------------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED | 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 907.586.0393 AREA NUMBER | DATE 18/6/13 Y M D |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | |

