

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 10/01/19 to 10/31/19
Status: NetDMR Validated

DMR Due Date: 11/15/19

Considerations for Form Completion

W=Average Weekly Effluent Limits

Principal Executive Officer

First Name: Randall
Title: Supervisor

Last Name: Brown
Telephone: 907-586-0393

No Data Indicator (NODI)

Form NODI: -

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			

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				Units
00300	Oxygen, dissolved [DO]	Smpl.			=4				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.	=4	=9	26 - lb/d	=7.4	=10		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.				=221			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.	=6		26 - lb/d	=8			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.			=6.7		=7.3		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.	=2	=5	26 - lb/d	=3	=5		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.				=162			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.	=4		26 - lb/d	=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										
50050	Flow, in conduit or thru	Smpl.	=0.06	=0.1	03 - MGD					0	05/WK - Five Per Week	MS - MEASRD

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			
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.				=0.04	=0.15	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									
74055	Coliform, fecal general	Smpl.				=5	=18	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.			=97			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.			=98			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

No attachments.

Report Last Saved By

City and Borough of Juneau

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-11-15 13:19 (Time Zone:-09:00)

Report Last Signed By

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AUKE BAY WASTEWATER TREATMENT FACILITY- JUNEAU, ALASKA

Juneau, Alaska

OCTOBER 2019

FLOWS				INFLUENT									EFFLUENT							MISCELLANEOUS						
DAY	DATE	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	NH3	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	Enterococci /100 ml	FECAL COLIFORM /100 ml	Cl ₂ RESIDUAL mg/L	Cl ₂ USED GAL	Na ₂ SO ₃ USED LBS	
SUN	29	0.06590	0.00150																							
MON	30	0.06417	0.00300	15	8	6							15.1	7	5								0.00	3.00	3.10	
TUE	1	0.10491	0.00250	14	7	7	120	105	140	122			15.2	7	5	5	5	10	9			18	0.04	3.00	3.41	
WED	2	0.07090	0.00300	13.1	7.63	7.75	196	116	240	142			14.7	7.0	5.1	4	3	6	4				0.04	3.00	4.34	
THU	3	0.06388	0.00350	13.8	7.77	6.07							14.5	7.0	5.1								0.04	2.00	3.41	
FRI	4	0.05522	0.00150	15.6	7.33	5.38							15.8	7.15	4.85								0.02	3.00	3.10	
SAT	5	0.08925	0.00150																					3.00	2.48	
SUN	6	0.08512	0.00150																					2.00	3.41	
MON	7	0.06855	0.00350	14.1	8.07	5.51							14.1	7.15	4.92								0.15	3.00	3.72	
TUE	8	0.05635	0.00350	13.2	7.65	6.98	130	61	160	75			14.8	7.12	4.80	1	0.5	7	3.1		52	5.0	0.00	4.00	3.10	
WED	9	0.05285	0.00350	14.8	7.77	7.22	145	64	420	185			14.6	7.08	4.68	1	0.4	6	2.8				0.01	2.00	2.79	
THU	10	0.06728	0.00350	13.9	7.66	8.02							15.3	7.05	4.27								0.03	3.00	2.17	
FRI	11	0.06626	0.00150	14.9	7.78	5.22							14.8	7.04	4.78								0.04	4.00	3.10	
SAT	12	0.05589	0.00150																					3.00	3.41	
SUN	13	0.06220	0.00150																					3.00	2.48	
MON	14	0.04951	0.00300	14.9	7.80	6.55							15.1	7.03	4.74								0.00	3.00	3.10	
TUE	15	0.06845	0.00270	13.6	7.57	5.92	240	137	210	120			14.7	7.10	3.96	4	2.5	8	4.5			3.0	0.03	3.00	3.10	
WED	16	0.05939	0.00270	13.8	7.50	6.51	110	54	160	79			14.5	7.05	4.30	5	2.6	6.8	3.4				0.00	3.00	2.79	
THU	17	0.05638	0.00500	13.0	7.38	6.25							14.8	7.04	4.40								0.08	3.00	2.79	
FRI	18	0.06241	0.00150	12.5	7.47	7.31							13.9	7.34	9.24									3.00	2.48	
SAT	19	0.05234	0.00150																					2.00	3.10	
SUN	20	0.06461	0.00150																					4.00	2.48	
MON	21	0.04145	0.00300	13.5	8.08	5.85							14.3	6.96	4.98								0.02	3.00	3.10	
TUE	22	0.05447	0.00300	14.9	7.91	6.83	109	50	180	82			14.3	6.93	4.56	1	0.5	8	3.4			2.0	0.02	2.00	1.86	
WED	23	0.06287	0.00300	13.1	7.73	6.79							14.3	6.85	4.54								0.13	3.00	2.48	
THU	24	0.06925	0.00400	13.6	7.56	7.99							14.1	7.03	4.30								0.12	3.00	2.79	
FRI	25	0.06127	0.00200	13.2	7.98	6.01							14.3	7.02	4.35								0.01	4.00	3.10	
SAT	26	0.05356	0.00150																					4.00	2.79	
SUN	27	0.06137	0.00150																					3.00	3.10	
MON	28	0.04915	0.00250	13.2	7.72	6.75							14.2	6.97	5.26								0.00	2.00	2.79	
TUE	29	0.05952	0.00300	14.1	7.74	5.69	248	123	260	129			14.1	6.83	4.60	1.0	0.5	7.4	3.7			5.0	0.05	2.00	2.17	
WED	30	0.05986	0.00300	13.6	7.72	5.62							13.9	6.91	4.57								0.04	3.00	3.10	
THU	31	0.06288	0.00300	13.2	7.53	5.85							13.8	6.89	4.63								0.04	2.00	2.79	
FRI	1	0.05948	0.00200	12.8	8.04	5.70							13.4	6.91	4.59								0.01	4.00	2.48	
SAT	2	0.06568	0.00150																					3.00	3.10	
TOTAL		1.94738	0.07940																						97.00	
MAXIMUM		0.10491	0.00500	15.6	8.08	8.02	248.0	137.0	420.0	185.1			15.8	7.34	9.24	5.2	4.5	10.0	8.7			18.0	0.2	4.0	4.3	
MINIMUM		0.04145	0.00150	12.5	7.33	5.22	109.0	49.5	140.0	75.2			13.8	6.70	3.96	1.0	0.4	6.3	2.8			2.0	0.0	2.0	1.9	
AVERAGE		0.06282	0.00256	13.8		6.50	162.3	88.7	221.3	116.8			14.5		4.86	2.9	1.8	7.4	4.2			4.9	0.0	2.9	2.9	
NO. OF ANALYSIS		31	31	23	23	23	8	8	8	8	0	0	23	23	23	8	8	8	8	8	0	1	5	22	31	31

Oct 1-Oct 31 used to calculate Total, Min, Max & Averages for Flow, WAS, Cl₂ gal and Na₂SO₃ lbs used ONLY.
 Sept 30 Nov used to calculate the weekly averages only.

WEEK	WEEKLY AVERAGE						WEEKLY COLIFORM Geo. Mean
	BOD		TSS		CHLORINE		
	mg/l	lbs	mg/l	lbs	mg/l	Gal	
1	8.2	6.2	4.8	3.6	3.58	2.6	18.0
2	6.5	2.9	1.0	0.5	0.46	3.1	5.0
3	7.4	3.9	4.8	2.5	2.54	3.0	3.0
4	7.5	3.4	1.0	0.5	0.45	3.1	2.0
5	7.4	3.7	1.0	0.5	0.50	2.7	5.0
MAX	8.2	6.2	4.8	3.6	3.58	3.1	18.0

% REMOVAL	
B.O.D.	97
S.S.	98

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
 OUTFALL / MONITORING POINT: 001A Discharge into Auke Bay

MONITORING PERIOD: **8/1/2016**

TO **8/31/2016**

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.	*****	*****		4.0	*****	*****				
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	*****	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	4	9		*****	7.4	10				
	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.	*****	*****		*****	221	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	6	*****		*****	8	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.7	*****	7.3				
	Permit reqmt.	*****	*****		6.0 daily minimum	*****	9.0 daily maximum	S.U.		3X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	2	5		*****	3	5				
	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.	*****	*****		*****	162	*****				
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		Monthly	Grab-Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	4	*****		*****	5	*****				
	Permit reqmt.	60 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	Grab-Composite
Flow 1 - Final Effluent 50050	Sample meas.	0.06	0.10		*****	*****	*****				
	Permit reqmt.	Report monthly average	0.16 daily maximum	MGD	*****	*****	*****			5X Weekly	Measured
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	0.04	0.15				
	Permit reqmt.	*****	*****		*****	0.5 monthly average	1.0 daily maximum	mg/l		3X Weekly	Grab
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	*****				
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	5	18				
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Monthly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		97	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		98	*****	*****				
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		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	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		907 586-0393	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD