

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

April 2016

DAY	DATE	FLOWS					Influent										Effluent													
		SBR INFLUENT IMGD	SBR PRECIP	SBR TIT EFFL MGD	SBR WASTE MGD	SBR	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TSS mg/L	TSS LBS	IPS BOD mg/L	IPS BOD LBS	IPS TSS mg/L	IPS TSS LBS	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Turbidity on FC Scrib	FECAL COLIFORM /100 ml
FRI	1	1.77	0.19	1.60	0.1160	13.9	7.3	6.9	293	4325	570	8414	493	7278	700	10333	13.4	6.6	2.9	34	454	32	427							
SAT	2	1.82	0.03	1.69	0.1004																									
SUN	3	1.72	0.00	1.47	0.0871																									
MON	4	1.81	0.20	1.67	0.0828	11.9	8.9	6.2	176	2657	240	3823	427	6446	500	7548	13.6	6.8	2.9	20	279	25	348	10.8					16	
TUE	5	1.82	0.38	1.72	0.0828	13.3	7.5	7.1	200	3036	410	6223	380	5768	460	6982	13.3	6.9	2.6	21	301	27	387	14.5					56	
WED	6	1.85	0.02	1.61	0.0929	12.0	7.5	7.4	247	3811	470	7252	510	7869	650	10029	14.2	6.9	4.7	21	282	30	403							
THU	7	1.86	M	1.60	0.1253	13.8	7.9	6.9	220	3413	460	7136	535	8299	540	8377	14.1	6.7	2.5	19	254	28	374							
FRI	8	1.77	0.15	1.55	0.1092	13.2	7.4	6.5	240	3543	530	7824	970	14319	700	10333	14.2	6.8	2.6	16	207	27	349							
SAT	9	1.85	0.00	1.60	0.1187																									
SUN	10	1.65	M	1.46	0.1201																									
MON	11	1.81	M	1.61	0.0876	11.9	7.6	7.1	193	2913	220	3321	460	6944	510	7699	12.8	6.9	3.2	24	322	27	363	9.6					20	
TUE	12	1.76	0.05	1.57	0.1202	12.3	7.5	7.5	207	3038	290	4257	340	4991	470	6899	13.9	7.0	3.3	21	275	28	367	7.3					10	
WED	13	1.81	T	1.61	0.1338	14.2	7.6	7.3	227	3427	420	6340	470	7095	640	9661	13.6	6.9	2.9	21	282	32	430							
THU	14	1.78	0.08	1.57	0.0868	13.6	8.3	7.3									14.0	7.0	3.8											
FRI	15	1.78	0.13	1.57	0.0968	14.1	7.7	7.3	225	3340	350	5196	1110	16478	510	7571	13.8	7.0	3.7	23	301	36	471							
SAT	16	1.88	0.02	1.49	0.0730																									
SUN	17	1.76	0.89	1.54	0.0737																									
MON	18	1.93	0.15	1.78	0.0839	12.1	8.4	7.3	190	3058	220	3541	1210	19476	380	6278	12.9	6.9	3.6	14	208	25	371	7.8					10	
TUE	19	1.94	T	1.74	0.0884	13.1	7.4	7.7	205	3317	340	5501	685	11083	610	9870	13.0	7.1	3.9	17	247	25	363	11.3					62	
WED	20	1.84	0.00	1.59	0.1034	15.3	7.6	7.0	255	3913	440	6752	1260	19335	610	9361	13.8	6.9	3.0	25	332	28	371							
THU	21	1.86	0.01	1.65	0.1264	13.0	7.7	7.6	267	4142	440	6825	450	6981	560	8687	14.5	6.9	3.6	17	234	17	234							
FRI	22	1.79	0.07	1.64	0.0929	13.9	7.6	7.3	200	2986	430	6419	460	6867	920	13734	14.6	6.9	4.1	21	287	20	274							
SAT	23	7.86	0.77	1.80	0.1857																									
SUN	24	1.84	0.33	1.69	0.0449																									
MON	25	2.01	T	1.87	0.1018	14.2	8.9	6.9	150	2515	210	3520	185	3101	270	4526	13.3	6.9	3.0	16	250	14	218	7.9					11	
TUE	26	1.95	0.09	1.75	0.1215	14.3	7.2	6.5	220	3578	310	5042	400	6505	410	6668	14.3	6.9	2.9	17	248	15	219	6.8					8	
WED	27	1.92	0.17	1.70	0.1093	14.5	7.5	6.8	253	4051	540	8647	560	8967	750	12010	14.5	7.0	4.8	19	269	21	288							
THU	28	1.96	0.15	1.76	0.1119	14.4	7.7	5.8	400	6598	227	3711	630	10298	540	8827	14.3	6.9	2.8	21	308	23	338							
FRI	29	2.03	0.44	1.89	0.1069	12.6	7.7	6.8	175	2963	320	5418	460	7788	590	9989	14.3	7.0	2.9	22	347	21	331							
SAT	30	2.03	0.40	1.88	0.1040																									
TOTAL		61.26	4.72	49.67	3.0902																									
MAXIMUM		7.9	0.89	1.9	0.1857	15.3	8.9	7.7	400	6539	540	8647	1260	19476	920	13734	14.6	7.1	4.8	25	347	36	471	14.5					62	
MINIMUM		1.7	0.00	1.5	0.0449	11.9	7.2	5.8	150	2515	210	3321	185	3101	270	4526	12.8	6.7	2.5	14	207	14	218	6.8					8	
AVERAGE*		2.1	0.20	1.7	0.1026	13.4	7.0	7.0	224	3486	361	5608	605	9401	559	8687	13.9	3.3	2.0	20	275	25	343	9.5					18	
Number of Analyses		30	24	30	30	21	21	21	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	19	8					8

1 April and 2 April not included in weekly averages.

Metals		Metals		Metals		WEEKLY AVERAGE		WEEKLY	
Hrd. mg/l	Alk. mg/l	Tox. Tu.6	Copper	Lead	Silver	Zinc	BOD mg/l	TSS mg/l	COLIFORM
89			17	0.23			mg/l	lbs	lbs
							1	372	19
							2	408	22
							3	323	19
							4	281	19
							MAX	31	408
								22	295
								36	36

4/11/2016  
4/11/2016  
4/11/2016  
4/11/2016

5 66  
\*\*\*NH3 mg/L

% REMOVAL  
B.O.D. 93  
S.S. 91  
Floating Solids  
Waste, or Foam  
Pass/Fail P

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

CONTACT NAME: Samantha Stoughtenger  
 MAILING ADDRESS: 2009 Radcliffe Rd.  
 Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY  
 LOCATION: 2009 RADCLIFFE RD  
 Juneau, AK 99801

PERMIT NUMBER: AK0022951  
 MONITORING PERIOD: 4/01/2016 TO 4/30/2016  
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C)	1 - Final Effluent 00010	*****	*****		*****	14.6	*****	0	5X Weekly	Grab	
Dissolved Oxygen	1 - Final Effluent 00300	*****	*****		2.5	4.8	*****	0	Monthly	Grab	
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310	343	471	lbs/day	*****	36	*****	0	2X Monthly	24-Hr Composite	
Biochemical Oxygen Demand (BOD5)	G - Influent 00310	*****	*****		*****	361	*****	0	2X Monthly	24-Hr Composite	
Biochemical Oxygen Demand (BOD5)	W - See Comments 00310	408	*****	lbs/day	*****	31	*****	0	2X Monthly	24-Hr Composite	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Jim Westcott</div>	TELEPHONE 907.586.0593	DATE 16/5/12
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="text-align: center; font-family: cursive; font-size: 1.2em;">[Signature]</div>		
AREA   NUMBER Y   M   D Y   M   D		

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.

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 MAILING ADDRESS: 2009 Radcliffe Rd.  
 Juneau, AK 99801


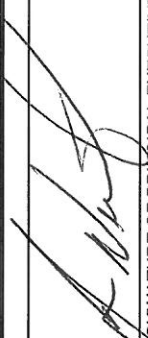
FACILITY: MENDENHALL WW TREATMENT FACILITY  
 LOCATION: 2009 RADCLIFFE RD  
 Juneau, AK 99801

PERMIT NUMBER: AK0022951  
 OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 4/01/2016

TO 4/30/2016  
 NO DISCHARGE:

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
pH	Sample meas.	*****	*****		6.7	*****		0		
	Permit reqmt.	*****	*****		6.5 instantaneous minimum	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	275	347		*****	20		0		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum		2X Monthly	24-Hr Composite
Total Suspended Solids G - Influent	Sample meas.	*****	*****		*****	224		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****		2X Monthly	24-Hr Composite
Total Suspended Solids W - See Comments	Sample meas.	295	*****		*****	22		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****		2X Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	66	66		*****	5		0		
	Permit reqmt.	1165 monthly average	1655 daily maximum	lbs/day	*****	28.5 monthly average	40.5 daily maximum		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT   OFFICER OR AUTHORIZED AGENT	TELEPHONE 907.586.0593	DATE 16/5/12
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Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 4/01/2016

TO 4/30/2016

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Hardness, Total (as CaCO3) 1 - Final Effluent 00900	*****	*****		*****	89		0		
	*****	*****		*****	Report monthly average	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable 1 - Final Effluent 01079	*****	*****		*****	NA		NA		
	*****	*****		*****	Report monthly average	µg/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable 1 - Final Effluent 01094	*****	*****		*****	NA		NA		
	*****	*****		*****	Report monthly average	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable 1 - Final Effluent 01114	*****	*****		*****	NA		NA		
	*****	*****		*****	Report monthly average	ug/l		See Permit Requirements	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	0.23	0.23		*****	17		0		
	3.54 monthly average	7.63 daily maximum	lbs/day	*****	86.7 monthly average	ug/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Jim Westcott</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  <i>[Signature]</i>	TELEPHONE	DATE
		907.586.0593	16/5/12
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y   M   D

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LOCATION: 2009 RADCLIFFE RD

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 4/01/2016

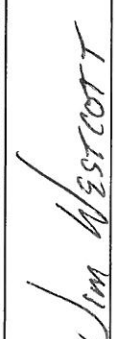

TO

4/30/2016

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Chronic Toxicity 1 - Final Effluent TTOO	*****	*****		*****	NA		NA		
	*****	*****		5.1 monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual 1 - Final Effluent 45613	*****	*****		*****	P	pass/fail	P	Monthly	Visual
	*****	*****		*****	Report value				
Flow 1 - Final Effluent 50050	1.7	1.9	MGD	*****	*****		0	Continuous	Recorded
	Report monthly average	daily maximum		*****	*****				
Fecal Coliform 1 - Final Effluent 74055	*****	*****		*****	62	cts/100 ml	0	2X Weekly	Grab
	*****	*****		112 monthly geometric mean	224 daily maximum				
Fecal Coliform W - See Comments 74055	*****	*****		*****	36	cts/100 ml	0	2X Weekly	Grab
	*****	*****		168 weekly geometric mean	*****				

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT   OFFICER OR AUTHORIZED AGENT	TELEPHONE 907.586.0393	DATE 16/5/12
		AREA   NUMBER	Y   M   D

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

CONTACT NAME: Samantha Stoughtenger

FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd.

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 4/01/2016

TO

4/30/2016

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

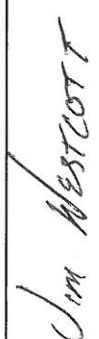
Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
BOD5 Minimum % Removal	*****	*****		93	*****		0		
K - Percent Removal 81010	*****	*****		85 minimum	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	*****	*****		91	*****		0		
K - Percent Removal 81011	*****	*****		85 minimum	*****	%		Monthly	Calculation

**COMMENTS:**

W = Weekly Limits;

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 PRINCIPAL EXECUTIVE OFFICER	 Jim Westcott	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
				AREA   NUMBER	Y   M   D
TYPED OR PRINTED				907.586.0593	4/5/12