#### MENDENHALL WASTEWATER TREATMENT FACILITY

										Junea	au, Alasi	(a						May	2016				AND		
			FLO	ows	,,,,,,,					,	Influe	nt									Efflo	uent			
		SBR		SBR	SBR			0.0	\$.S.	8.5.	B.O.D.	B.O.D,	)PS	IP\$	)PS	IPS			D.O.	8.6	6.5	B.O.D.	B.O.D.	Turbidity	FECAL
DAY	DATE	INFLUENT	precip	TTL EFFL	WASTE	TEMP	Ηq						TSS	TSS	BOD	BOD	TEMP	pН						on FC	COLIFORM
		MGD		MGD	MGD	°C .		mg/L:	· mg/L	LBS	mg/L	LBS	mg/L	Les	mg/L .	LBS	°C.		mg/L·	: mg/l :	Les	mg/L	LBS	Grab	/100 ml
SUN	1	2.03	0.88	1.92	0.0828				10000			2000/2000		250000000000000000000000000000000000000	NAME OF THE PERSON										
MON	2	2.83	1.00	2.62	0.0890	12.3	7.3	8.3	187	4414	250	5901	4200	99129	470	11093	13.3	7.0	4.1	16	350	15	328	6.2	1
TUE	3	2.38	0.00	2.38	0.0914	12.1	7.3	7.6	167	3315	280	5558	1450	28781	360	7146	13.7	6.9	3.2	18	357	13	258	4.7	11
WED	4	2.24	0.15	2.19	0.1261	14.1	7.4	6.3	260	4857	420	7846	1470	27462	680	12703	13.9	6.9	2.9	17	310	15	274		
THU	5	2.61	0.59	2.39	0.1145	13.5	7.3	7.1	220	4789	360	7836	405	8816	350	7619	14.0	6.9	3.1	18	359	18	359		
FRI	6	3.42	M	3.18	0.1311	12.1	7.4	7.6	165	4706	290	8272	450	12835	300	8557	13.4	6.8	3.5	17	451	21	557		
SAT	7	3.22	0.36	3.11	0.1181																				
SUN	8	2.69	Т	2.59	0.0765																				
MON	9	2.69	0.04	2.46	0.0767	11.9	7.5	7.1	140	3141	190	4263	447	10028	460	10320	13.1	6.9	4.8	19	390	13	267	9.9	8
TUE	10	2.56	0.02	2.39	0.0960	12.0	7.3	7.8	192	4099	310	6619	270	5765	320	6832	13.5	6.9	3.4	14	279	14	279	6.6	44
WED	11	2.54	0.00	2.42	0.0940	13.1	7.1	0.04	336	7118	350	7414	590	12498	590	12498	13.0	6.9	3.2	15	303	15	303	7.7	46
THU	12	2.50	0.00	2.33	0.1177	13.7	7.4	7.4	240	5004	370	7715	540	11259	440	9174	13.9	6.8	3.3	17	330	19	369		
FRI	13	2.26	0.00	1.90	0.0729	14.3	7.4	7.3	160	3016	260	4901					14.7	6.8	2.8	18	285	19	301		
SAT	14	2.23	0.00	1.93	0.1313																				
SUN	15	2.09	0.01	1.76	0.0973																				
MON	16	2.31	0.23	2.03	0.1086	13.4	7.5	6.5	160	3082	300	5780	560	10789	900	17339	14.3	6.8	3.2	23	389	16	271	4.7	2
TUE	17	2.20	0.23	1.88	0.0891	13.1	7.6	6.5	167	3064	320	5871	327	6000	410	7523	14.7	6.9	2.5	12	188	13	204	4.9	18
WED	18	2.17	0.05	1.89	0.0953	14.4	7.4	6.3	240	4343	400	7239	470	8506	740	13392	14.6	6.9	2.8	15	236	15	236		
THU	19	2.08	0.00	1.82	0.0985	15.0	7.2	5.3	273	4736	530	9194	480	8327	665	11536	13.7	6.9	3.0	19	288	16	243		
FRI	20	2.11	0.00	1.79	0.1083	14.0	7.3	6.5	247	4347	470	8271	430	7567	650	11438	15.1	6.9	3.4	18	269	18	269		
SAT	21	2.01	0.00	1.73	0.1179																				
SUN	22	1.94	0.00	1.65	0.0925																				
MON	23	2.13	Т	1.79	0.1229	13.3	7.6	6.3	200	3553	320	5685	405	7195	730	12968	14.9	6.8	2.9	17	254	17	254	7.5	5
TUE	24	2.00	T	1.69	0.1234	13.5	7.2	6.7	225	3753	380	6338	335	5588	460	7673	15.0	6.9	2.8	17	240	27	381	8.0	8
WED	25	2.15	0.04	1.76	0.1507	15.4	7.3	6.2	280	5021	480	8607	470	8428	620	11117	15.0	6.8	2.8	23	338	19	279		
THU	26	2.09	0.01	1.65	0.1723	14.3	7.1	5.8	300	5229	440	7669	440	7669	450	7844	15.3	6.8	2.9	1	14	20	275		
FRI	27	2.00	0.00	1.67	0.1609	15.6	7.2	5.3	315	5254	480	8006	475	7923	530	8840	15.4	6.8	2.8	20	279	21	292		
SAT	28	1.95	0.00	1.56	0.1170																				
SUN	29	1.92	0.02	1.49	0.1023																				
MON	30	2.15	0.18	1.68	0.1236	14.1	7.3	3.9	405	7262	370	6634	395	7083	540	9683	15.3	6.8	2.9	14	196	19	266	7.3	3
TUE	31	2.03	T	1.64	0 1096	14.1	7.6	6.3	260	4402	310	5248	815	13798	490	8296	15.9	6.8	2.9	15	205	17	233	5.3	2
TO	TAL	71.53	3,81	63.29	3.408		Para Autoria											11000							
MAXI	MUM	3,42	1.00	3.18	0.17	15.6	7.6	8.3	405	7262	530	9194	4200	99129	900	17339	15.9	7.0	4.8	23	451	27	557	9.9	46
MINI	MUM	1.92	0.00	1.49	0.07	11.9	7.1	0.04	140	3016	190	4263	270	5588	300	6832	13.0	6.8	2.5	1	14	13	204	4.7	1
AVER	AGE *	2.31	0.15	2.04	0.11	13.6		6.3	234	4477	358	6858	734	15021	531	10171	14.4		3.1	17	287	17	295	6.6	7
Number of	f Analyses	31	26	31	31	22	22	22	22	22	22	22	21	21	21	21	22	22	22	22	22	22	22	11	11
							20	16			2016 Metal	8							WEEKLY	AVERAGE		WEEKLY			
	Gre	y Areas n	ot inclu	ded in wk	dy averag	jes!	Hrd. mg/l	ND	5/11/2016		ug/L (ppm)	LBS		% REI	MOVAL		WEEK	В	OD	Т	SS .	COLIFORM			
					7		Hrd. mg/l			Copper	ND	ND	5/11/2016	B.O.D.	95			mg/l	lbs	. mg/l	lbs	Geo. Mean			
		5/13	/2016 No II	PS SX			Alk. mg/l			Copper	ND	ND	5/11/2017	S.S.	93		1	16	355	17	365	3			
							Tox. TUc	NA	]	Lead	ND	ND	5/11/2018	Floatin	g Solids		2	16	304	17	317	25			
										Silver	ND	ND	5/11/2019	Waste,	or Foam		3	16	245	17	274	6			
										Zinc	3.2	0.05	5/11/2020	Pass/Fail	Р		4	21	296	16	225	6			
										NH3 mg/L	13.0	262	5/11/2021				MAX	21	355	17	365	25	1		

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: 5/1/2016

TO 5/31/2016

NO DISCHARGE:

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	9800 E0000 H
Temperature (C)	Sample meas.	*****	*****		*****	14.4	15.9		0		
1 - Final Effluent 00010	I CI IIIIC	****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.5	*****	4.8		0		
1 - Final Effluent 00300	Leimir	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	295	557		*****	17	27		0		
1 - Final Effluent 00310	I CI IIIIC	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	*****		*****	358	*****		0		
G - Influent 00310	remit	****	****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	355	*****		*****	21	*****		0		
W - See Comments 00310	Lermir	1839 weekly average	*****	lbs/day	*****	45 weekly average	******	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE	
Jim WESTROTT	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	SANATURE OF PRINCIPAL EVECUTIVE	907. EL.0393	16/6/15	5
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID	

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 5/1/2016

5/31/2016

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	, , , , , , , , , , , , , , , , , , ,
рН	Sample meas.	*****	*****		6.8	*****	7.0		0		
1 - Final Effluent 00400	rerunt	*****	*****		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	287	451		*****	17	23		0		
1 - Final Effluent 00530	Leimir	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	*****	*****		*****	234	*****		0		
G - Influent 00530	I CI IIIIC	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	365	*****		*****	17	*****		0		
W - See Comments 00530	I ci mit	1839 weekly average	*****	lbs/day	****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	13	13		0		
1 - Final Effluent 00610	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R		aw that this document and a				TELEPHON	E		DATE	

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA | NUMBER YIMID

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 5/1/2016

5/31/2016

TO

NO DISCHARGE:

Parameter		Quantity (	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Hardness, Total (as CaCO3)	Sample meas.	*****	*****		*****	ND	ND		0		
1 - Final Effluent 00900	1 Clinic	****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	*****	*****		*****	ND	ND		0		
1 - Final Effluent 01079	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	*****	*****	i d	*****	3.2	3.2		0		
1 - Final Effluent 01094	reimit	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample meas.	*****	*****		*****	ND	ND		0		
1 - Final Effluent 01114	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Copper Total Recoverable	Sample meas.	ND	ND		*****	ND	ND		0		
1 - Final Effluent 01119	Permit reqmt.	1.82 monthly average	3.92 daily maximum	lbs/day	*****	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER
	/

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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 YIMID Page 3

CONTACT NAME: Samantha Stoughtenger

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 5/1/2016

5/31/2016 TO

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Chronic Toxicity	Sample meas.	*****	*****		*****	NA	NA		NA		
1 - Final Effluent TTOOO	LCIIIII	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	*****	*****		*****	*****	Р		Р		
1 - Final Effluent 45613	I CI IIII I	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow	Sample meas.	2.04	3.18		*****	*****	*****		0		
1 - Final Effluent 50050	I CITILLE	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform	Sample meas.	*****	*****		*****	7	46		0		
1 - Final Effluent 74055	I CI IIII	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	25	*****		0		
W - See Comments 74055	Permit reqmt.	****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab

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Jm WESTCOTT	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	1 Wint	907.586.0593	16/6/	5
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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 5/1/2016

TO

5/31/2016

NO DISCHARGE: Parameter Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type **Average** Maximum Minimum **Average** Maximum Ex. **Analysis** BOD5 Minimum % Removal Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 95 0 meas. \*\*\*\*\* \*\*\*\*\* K - Percent Removal \*\*\*\*\* 85 \*\*\*\*\* Monthly Calculation **Permit** minimum 81010 regmt. Total Suspended Solids Minimum Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 93 % Removal meas. \*\*\*\*\* K - Percent Removal \*\*\*\*\* 85 \*\*\*\*\* Permit Monthly Calculation minimum 81011 regmt.

٠,	1	B #	N #	**	ATO	DC.
		IVI	IVI	н	N	rs.

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA | NUMBER YIMID

DATE

Page 5