MENDENHALL WASTEWATER TREATMENT FACILITY

									J	uneau,				J	une 20	16	•								
	4	FLOWS	3							IN	FLUEN	T									EFFLU	JENT	e la skol		
DAY	DATE	SBR NFLUEN	precip	SBR TTL EFF		TEMP	pН	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	IPS TSS	IPS	IPS BOD	IPS BOD	TEMP	pН	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	Turbidity On FC	FECAL
SUN	29	1.92	0.02	1.49	0.1024	°C		mg/L:	mg/L:	LBS	mg/L	LBS	mg/L:	LBS	mg/L	LBS	°C		mg/L	:::mg/L:::	LBS	mg/L	LBS	Grab	/100 ml
MON	30	2.15	0.02	1.68	0.1024	14.1	7.3	3.9	405	7262	395	7083	370	6634	540	9683	15.0	0.0	2.0	44	400	10	200		
TUE	31	2.03	T	1.64	0.1096	14.1	7.6	6.3	260	4402	310	5248	815	13798	490	8296	15.3 15.9	6.8	2.9	14	196 205	19	266	7.3	3
WED	1	2.11	0.23	1.66	0.1351	16.6	7.2	5.8	275	4839	370	6511	1360	23932	500	8799	15.3	6.9	2.7	16	222	17	233 235	5.3	2
THU	2	2.02	0.03	1.66	0.1167	16.1	7.2	5.8	347	5846	530	8929	1180	19879	600	10108	15.9	6.9	2.9	17	235	19	263		
FRI	3	2.05	0.84	1.64	0.1163	15.6	7.6	4.6	300	5129	490	8378	850	14532	610	10429	15.9	6.8	2.7	19	260	20	274		
SAT	4	2.11	0.13	1.73	0.0940											10120	10.0	0.0	2	10	200	20	214		
SUN	5	1.86	0.36	1.55	0.0793																				
MON	6	2.09	0.07	1.70	0.0930	13.9	7.5	7.5	170	2963	340	5926	355	6188	480	8367	15.5	6.8	2.9	15	213	21	298	5.4	1
TUE	7	2.12	0.03	1.69	0.1294	14.8	7.0	4.8	240	4243	310	5481	400	7072	460	8133	16.0	6.9	2.8	15	211	15	211	7.4	5
WED	8	2.09	0.00	1.66	0.1461	16.8	7.1	6.3	300	5229	470	8192	475	8280	540	9413	15.3	6.9	3.9	18	249	14	194		
THU	9	2.13	0.00	1.61	0.1102	15.0	7.1	5.9	288	5116	550	9770	427	7585	520	9237	16.3	6.8	3.0	13	175	21	282		
FRI	10	1.97	0.00	1.61	0.1389	14.9	7.0	6.3	404	6638	540	8872	540	8872	660	10844	16.3	6.8	2.9	24	322	28	376		
SAT	11	2.05	0.08	1.66	0.0989														Lanca de la constante de la co						
SUN	12	1.93	0.33	1.49	0.0896																				
MON	13	2.17	0.05	1.80	0.0889	14.3	7.6	5.8	192	3475	260	4705	2510	45425	470	8506	15.8	6.9	2.9	14	210	13	195	5.3	3
TUE	14	1.94	0.00	1.67	0.1023	15.0	7.1	5.9	260	4207	340	5501	747	12086	450	7281	16.3	6.9	2.9	13	181	11	153	6.3	2
WED	15	2.04	T	1.63	0.1044	17.5	7.2	4.5	268	4560	450	7656	953	16214	530	9017	17.6	6.8	2.2	17	231	15	204		
THU	16	1.93	Ţ	1.59	0.1197	15.9	7.0	4.7	250	4024	480	7726	340	5473	540	8692	17.6	6.9	2.6	11	146	17	225	7.3	16
FRI SAT	17	1.94	T	1.60	0.1242	14.8	7.1	6.3	245	3964	410	6634	420	6795	570	9222	17.0	6.8	3.1	17	227	18	240	_	
SUN	18 19	1.89	T 0.00	1.51	0.1025																				
MON	20	1.77	0.00	1.41	0.0894 0.1165	147	7.4		405	0070	050	1001	0.50		100										
TUE	21	1.93	0.08	1.59	0.1165	14.7 16.3	7.4	5.1	185	2978	250	4024	353	5682	420	6760	17.0	6.9	3.0	12	159	11	146	4.1	2
WED	22	1.82	T	1.55	0.1207	15.5	7.3	4.4	230	3779	350	5750	367	6030	460	7558	16.9	6.9	3.0	12	158	10	127	8.2	13
THU	23	1.02	0.00	1.55	0.0932	16.0	7.2	4.1 3.5	280 251	4250	520	7893	460	6982	550	8348	16.7	6.9	3.1	18	233	14	181		
FRI	24	1.86	0.00	1.57	0.0932	16.3	7.4	4.7	248	3998 3847	350 440	5575 6825	760 420	12106	530	8443	17.4	6.9	2.9	15	194	12	155		
SAT	25	1.90	0.13	1.54	0.0731	10.5	1.4	4.7	240	3047	440	0025	420	6515	540	8377	16.8	6.9	2.7	17	223	15	196		
SUN	26	1.81	0.11	1.47	0.0920		 									-									
MON	27	1.89	0.01	1.57	0.1156	17.0	7.9	4.5	188	2963	260	4098	390	6147	540	8512	16.8	6.9	2.9	30	393	13	470		-
TUE	28	1.97	0.00	1.64	0.1232	16.1	7.0	4.7	225	3697	400	6572	520	8543	560	9201	17.5	6.9	3.2	18	246	1.0	170	9.0	3
WED	29	1.92	0.07	1.62	0.1614	17.5	7.0	5.3	580	9287	710	11369	690	11049	690	11049	17.6	6.9	2.8	22	297	12	164 270	8.5	2
THU	30	1.94	0.46	1.66	0.1232	17.0	7.1	5.0	318	5145	420	6795	445	7200	440	7119	17.5	6.8	2.2	20	277	18	249		
FRI	1	1.73	0.22	1.60	0.1048	15.9	7.5	5.0	280	4040	480	6926	500	7214	540	7791	17.7	6.9	2.2	18	240	18	249		
SAT	2	1.88	0.48	1.71	0.0990									1				0.0		10	2-10	10	240		
TOTAL	State Mile	59.13	3.28	48.21	3.33				The sales	180		de trans	533		10.000	100	100100	: OFFICE							
MUMIXAM	S. T. S. S.	2.17	0.84	1.80	0.16	17.5	7.9	7.5	580	9287	710	11369	2510	45425	690	11049	17.6	6.9	3.9	30	393	28	376	9.0	16
MINIMUM		1.77	0.00	1.41	0.08	13.9	7.0	3.5	170	2963	250	4024	340	5473	420	6760	15.3	6.8	2.2	11	146	10	127	4.1	1
VERAGE *		1.97	0.13	1.61	0.11	15.8	in the second	5.2	275	4554	420	6963	680	11481	530	8792	16.6	0.0	2.9	17	230	16	219	6.8	3
Number of	Analyses	35	29	35	35	25	25	25	25	25	25	25	25	25	25	25	25	25	2.9	25	25	25	25	11	11
	•						201				016 Metal		LU		Charter.			Y AVERAC		WEEKLY	% REM		23		
			May 29. 3	30 31 and J	luly 1st and	1	Hrd. mg/l	69.0	6/16/2016		μg/L	LBS			WEEK		OD		SS	COLIFORM	B.O.D.	96			
				is not used			Nitrate/Nitrite	<1.0	6/16/2017	Copper	13.0	0.173	6/16/2016			mg/l	lbs	mg/l	lbs	Geo. Mean	S.S.	94			
			June	monthly av	verage		Alk. mg/i	160.0	6/16/2018	T.TEF.	75.5				1	18	254	16	224	2	Floating				
							T Phos	1.0	6/16/2019	Lead					2	20	272	17	234	2	Waste, o				
							TDS	220.0	6/16/2020	Silver					3	15	204	14	199	5	Pass/Fail	P			
							TKN	19.0	6/16/2021	ZINC					4	12	161	15	193	5	r 033/ Fall				
							O&G	ND	6/16/2022				1		5	16	219	22	291	2					
										···NH3 mg/L	19	252	6/16/2016		MAX	20	272	22	291	5					
										mgrt					171/01	20	416		231	J					

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

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 06/01/2016

06/30/2016

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	16.6	17.6		0		
1 - Final Effluent 00010	rennit	****	****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.2	*****	3.9		0		
1 - Final Effluent 00300	reimit	*****	*****		Report daily minimum	******	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	219	376		*****	16	28		0		
1 - Final Effluent 00310	1 CI IIII	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.	*****	*****		*****	420	*****		0	ï	
G - Influent 00310	Permit reqmt.	****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	272	*****		*****	20	*****		0		
W - See Comments 00310	1 CI IIII L	1839 weekly average	*****	lbs/day	*****	45 weekly average		mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim WESTCOTT
SENIOR GRENATOR
TYPED OR PRINTED

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

AREA | NUMBER YIMID

DATE

TELEPHONE

Page 1

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Rd.

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

Juneau, AK 99801

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LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 06/01/2016

06/30/2016

TO

NO DISCHARGE:

Parameter		Quantity (Quantity or Loading		Oua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Onics	Ex.	Analysis	Sample Type
рН	Sample meas.	*****	*****		6.8	*****	6.9		0		
1 - Final Effluent 00400	I CI IIII	*****	*****		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3)	Sample meas.	*****	*****		*****	160	160		0		
1 - Final Effluent 00410	1 CI IIIIC	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids	Sample meas.	230	393		*****	17	30		0		
1 - Final Effluent 00530	1 Clinic	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.	*****	*****		*****	275	*****		0		
G - Influent 00530	1 CI IIIIC	****	****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	291	*****		*****	22	*****		0		
W - See Comments 00530	Permit reqmt.	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
Sim WESTCOTT SENICE OPERATED	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, frue, accurate, and complete. I am aware that there	SPENATURE OF PRINCIPAL EXECUTIVE	907.586.0393	16/7/13
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

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

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 06/01/2016

06/30/2016

NO DISCHARGE:

Parameter		Quantity (Quantity or Loading		Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	19	19		0		
1 - Final Effluent 00610	1 Clinic	****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3)	Sample meas.	*****	*****		*****	69	69		0		
1 - Final Effluent 00900	1 Clinic	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01079	1 CI IIIIC	****	*****		****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01094	I CI IIII	*****	****		****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01114	I CI IIII	****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

NAME/TI	TLE PRINCIPAL EXECUTIVE OFFICER
	J.m WESTCOTT
	SENIOR CHEIATOR
	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.

1,14	TE
H WM	4
SIGNATURE OF PRINCIPAL EXECUTIVE	
OFFICER OR AUTHORIZED AGENT	

TELEPHONE	DATE
907.586.0393	16/7/13
AREA NUMBER	YIMID

CONTACT NAME: Samantha Stoughtenger

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Juneau, AK 99801

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LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 06/01/2016

06/30/2016

TO

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Copper Total Recoverable	Sample meas.	0.173	0.173		*****	13	13		0		
1 - Final Effluent 01119	1 CI IIII	1.82 monthly average	3.92 daily maximum	lbs/day	*****	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent TTOOO	I CI IIIIC	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	*****	*****		*****	*****	Р		0		
1 - Final Effluent 45613		*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow	Sample meas.	1.61	1.80		*****	*****	*****		0		
1 - Final Effluent 50050	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform	Sample meas.	*****	*****		*****	3	16		0		
1 - Final Effluent 74055	I CI IIIIC	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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Jim WEST COTT SENIER CARRATOR	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	SIGNATURE OF PRINCIPAL EXECUTIVE	947.56.0393	16/7/13
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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CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

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PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 06/01/2016

06/30/2016

TO

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Oua	lity or Concentra	ition	Units	No. F	Frequency of	Sample Type
		Average	Maximum	indicate of a contract	Minimum	Average	Maximum	omes	Ex.	Analysis	Sample Type
Fecal Coliform	Sample meas.	*****	*****		*****	5	*****		0		
W - See Comments 74055	1 CI IIII	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		96	*****	*****		0		
K - Percent Removal 81010		*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		94	*****	*****		0		,
K - Percent Removal 81011		****	*****		85 minimum	*****	*****	%		Monthly	Calculation

CC	M(M	E	N'	ΓS	:

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	1 11/	TELEPHONE	DATE
Service OMESTICAL	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 the information that information is the person of the per	SIGNATURE OF PRINCIPAL EXECUTIVE	907.586.0395	16/7/13
	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

Page 5