

**MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska
August 2016**

DAY	DATE	FLOWS				INFLUENT											EFFLUENT									
		SBR		SBR	SBR	TEMP	pH	D.O	S.S.	S.S.	B.O.D.	B.O.D.	IPS	IPS	IPS	IPS	TEMP	pH	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	Turbidity On FC Grab	FECAL COLIFORM /100 ml	
		INFLUENT MGD	precip	TTL EFFL MGD	WASTE MGD																					mg/L
SUN	31	1.93	T	1.67	0.0701																					
MON	1	2.11	0.00	1.75	0.0382	15.4	7.5	5.5	213	3748	300	5279	3290	57895	480	8447	17.1	6.9	3.4	11	161	19	277	3.5	2	
TUE	2	2.07	T	1.78	0.1213	16.0	7.2	5.5	580	10013	460	7941	640	11049	530	9150	17.4	6.9	2.8	11	163	16	238	4.1	3	
WED	3	2.14	0.64	1.85	0.1627	16.6	7.0	4.8	370	6604	580	10352	580	10352	640	11422	17.6	6.8	2.5	16	247	20	309	8.6	58	
THU	4	2.02	0.00	1.81	0.1172	16.2	7.2	4.6	250	4212	430	7244	387	6520	700	11793	19.2	6.9	4.4	24	362	42	634			
FRI	5	1.88	0.00	1.67	0.0833	16.3	7.1	4.5	185	2901	350	5488	307	4814	410	6428	17.5	6.9	2.6	19	265	27	376			
SAT	6	1.98	0.00	1.69	0.0861																					
SUN	7	1.82	T	1.58	0.0665																					
MON	8	2.01	0.53	1.79	0.0959	16.6	7.2	3.9	200	3353	260	4358	1650	27660	480	8046	17.8	6.9	2.9	11	164	16	239	4.6	3	
TUE	9	2.13	0.19	1.84	0.1206	18.7	7.3	4.2	307	5454	320	5685	933	16574	500	8882	18.0	6.9	3.5	28	430	15	230	3.3	2	
WED	10	2.27	0.66	1.97	0.1451	18.3	7.0	3.5	540	10223	600	11359	780	14767	550	10412	17.7	6.9	2.3	16	263	21	345			
THU	11	2.23	0.25	2.03	0.1257	17.9	7.0	4.3	373	6937	490	9113	940	17482	490	9113	17.9	6.8	3.2	19	322	29	491			
FRI	12	2.20	0.06	1.94	0.0807	17.6	7.1	5.2	240	4404	290	5321	753	13816	290	5321	17.8	6.8	2.3	16	259	18	291			
SAT	13	2.29	0.67	2.04	0.0808																					
SUN	14	2.00	0.20	1.96	0.0747																					
MON	15	2.11	0.53	2.08	0.1118	16.1	7.2	4.0									17.2	6.8	2.5							
TUE	16	2.23	0.06	2.15	0.1348	18.0	7.4	4.6	232	4315	340	6323	487	9057	330	6137	17.6	6.9	2.8	14	251	17	305	5.4	5	
WED	17	2.20	T	2.03	0.1312	16.4	7.0	4.6	252	4624	410	7523	827	15174	400	7339	17.3	6.8	3.0	15	254	16	271	7.5	5.0	
THU	18	2.05	0.35	1.94	0.1380	16.6	7.0	2.7	170	2906	450	7694	460	7865	510	8719	17.8	6.9	2.6	16	259	19	307			
FRI	19	2.14	0.02	2.01	0.1032	17.6	7.6	6.0	265	4730	360	6425	255	4551	350	6247	17.6	6.8	2.3	17	285	18	302			
SAT	20	2.09	0.00	1.93	0.0888																					
SUN	21	1.95	0.00	1.78	0.0816																					
MON	22	2.02	0.04	1.91	0.0751	15.5	7.3	5.4	180	3032	230	3875	375	6318	440	7413	17.3	6.8	2.9	10	159	12	191	3.9	7	
TUE	23	2.08	0.40	1.86	0.1051	18.0	7.2	5.4	230	3990	350	6072	370	6418	410	7112	17.9	6.8	2.7	11	171	14	217	5.9	7	
WED	24	2.12	0.22	1.99	0.1345	17.7	7.2	5.1									17.3	6.8	2.6							
THU	25	2.01	0.21	1.86	0.1181	17.8	7.1	4.6	280	4694	500	8382	400	6705	500	8382	18.0	6.7	2.8	20	310	23	357			
FRI	26	2.32	0.21	2.00	0.1310	17.7	7.0	6.1	212	4102	420	8126	385	7448	480	9287	17.9	6.7	2.5	19	317	25	417			
SAT	27	2.09	0.00	1.83	0.1097																					
SUN	28	1.88	0.00	1.75	0.0901																					
MON	29	2.01	0.17	1.93	0.0869	16.1	7.1	3.2	204	3420	270	4526	684	11466	280	4694	17.2	6.8	3.1	10	161	16	258	5.6	2	
TUE	30	1.90	0.03	1.79	0.0975	15.9	7.1	5.5	204	3233	400	6338	684	10839	440	6972	17.3	6.9	3.2	10	149	15	224	7.3	18	
WED	31	1.97	0.00	1.67	0.1221	16.1	7.1	4.5	304	4995	530	8708	680	11172	570	9365	17.0	6.9	2.2	16	223	21	282			
THU	1	2.11	0.00	1.75	0.0382	18.0	7.3	5.3	547	9626	790	13902	405	7127	500	8799	17.5	6.8	2.7	23	336	37	540			
FRI	2	2.07	0.00	1.78	0.1213	16.8	7.3	5.5	176	3038	340	5670	305	5265	350	6042	17.6	6.8	2.7	21	312	22	327			
SAT	3	2.14	0.00	1.85	0.1627																					
TOTAL		64.32	5.44	58.21	3.26																					
MAXIMUM		2.32	0.67	2.15	0.16	18.7	7.6	6.1	580	10223	600	11359	3290	57895	700	11793	19.2	6.9	4.4	28	430	42	634	8.6	58	
MINIMUM		1.82	0.00	1.58	0.04	15.4	7.0	2.7	170	2901	230	3875	255	4551	280	4694	17.0	6.7	2.2	10	149	12	191	3.3	2	
AVERAGE *		2.07	0.18	1.88	0.11	17.0		4.7	276	4652	397	6959	756	13235	466	8128	17.6		2.8	16	246	20	313	5.4	5	
Number of Analyses		35	31	35	35	25	25	25	23	23	23	23	23	23	23	23	25	25	25	23	23	23	23	11	11	

31st of July and September 1st,
2nd and 3rd used in weekly
averages only.

2016	
Hrd, mg/l	72.0
NH3, mg/L	23.0
Alk, mg/l	
Tox. Tuc	NA

8/3/16
8/3/16

2016 Metals		
	µg/L	LBS
Copper	15.0	0.23
Copper		
Lead	NA	
Silver	NA	
Zinc	NA	

8/3/16

WEEK	WEEKLY AVERAGE				WEEKLY		% REMOVAL	
	BOD		TSS		COLIFORM		B.O.D.	95
	mg/l	lbs	mg/l	lbs	Geo. Meas	S.S.	94	
1	25	367	16	240	7		Floating Solids Waste, or Foam	
2	20	319	18	287	2			
3	18	296	16	262	5		Pass/Fail	
4	19	296	15	239	7		P	
5	22	328	16	236	6			
MAX	25	367	18	287	7			

Alaska Department of Environmental 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: 8/1/2016

TO 8/31/2016

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	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	17.6	19.2		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		2.2	*****	4.4		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	313	634		*****	20	42		0		
	Permit reqmt.	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) G - Influent 00310	Sample meas.	*****	*****		*****	397	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	367	*****		*****	25	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; text-align: center;"> Jim Westcott Senior Officer </div>	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 <div style="font-family: cursive; font-size: 1.2em;"> 907. 586.0393 </div>	DATE <div style="font-family: cursive; font-size: 1.2em;"> 10/9/13 </div>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="font-family: cursive; font-size: 1.5em; text-align: center;"> </div>	AREA NUMBER	Y M D

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NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.7	*****	6.9		0		
	Permit reqmt.	*****	*****		6.3 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	246	430		*****	16	28		0		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids G - Influent 00530	Sample meas.	*****	*****		*****	276	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	287	*****		*****	18	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	23	23		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite

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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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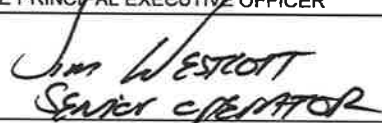
MONITORING PERIOD: 8/1/2016

TO 8/31/2016

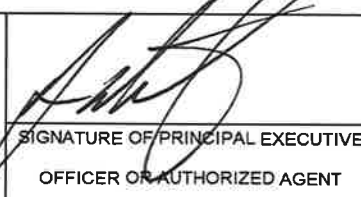
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Hardness, Total (as CaCO3) 1 - Final Effluent 00900	Sample meas.	*****	*****		*****	72	72		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable 1 - Final Effluent 01079	Sample meas.	*****	*****		*****	NA	NA		NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****	NA	NA		NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****	NA	NA		NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	0.23	0.23		*****	15	15		0		
	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

 Jim Westcott
 Senior Operator
 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.


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
907. 586.0595	7/9/13
AREA NUMBER	Y M D

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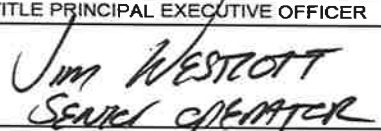
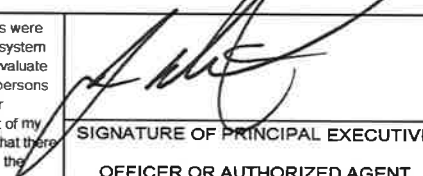
MONITORING PERIOD: 8/1/2016

TO 8/31/2016

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	Average	Maximum				
Chronic Toxicity 1 - Final Effluent TTOO0	Sample meas.	*****	*****		*****	NA	NA		NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual 1 - Final Effluent 45613	Sample meas.	*****	*****		*****	*****	P		P		
	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow 1 - Final Effluent 50050	Sample meas.	1.88	2.15		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	5	58		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	7	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab

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TYPED OR PRINTED		AREA NUMBER	Y M D

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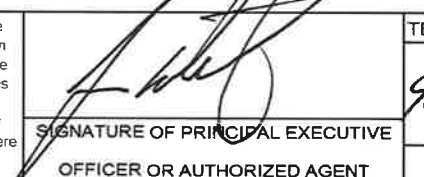
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
BOD5 Minimum % Removal	Sample meas.	*****	*****		95	*****	*****		0		
K - Percent Removal 81010	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		94	*****	*****		0		
K - Percent Removal 81011	Permit reqmt.	*****	*****		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 <div style="font-family: cursive; font-size: 1.2em; text-align: center;"> Jim Westcott Senior Operator </div>	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 <div style="font-family: cursive; font-size: 1.2em;"> 907.586.0893 </div>	DATE <div style="font-family: cursive; font-size: 1.2em;"> 10/9/13 </div>
TYPED OR PRINTED	<div style="font-family: cursive; font-size: 1.5em;">  </div> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D