

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 155 South Seward St.
 Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash
 LOCATION: 3 mile Egan Drive
 Juneau, AK 99801

PERMIT NUMBER: AKG380005
 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 NO DISCHARGE: ND

OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Temperature (C)		*****	*****							
1 - Final Effluent 00010	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	DEGC		Monthly	Grab
Turbidity	Sample meas.	*****	*****							
1 - Final Effluent 00070	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	NTU		Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****							
1 - Final Effluent 00921	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****							
1 - Final Effluent 00978	Permit reqmt.	*****	*****		Report monthly average	10 daily maximum	ug/l		Monthly	Grab
Iron, Total Recoverable	Sample meas.	*****	*****							
1 - Final Effluent 00980	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Ben Doyle / UTILITIES TREATMENT MGR</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OFFICER OR AUTHORIZED AGENT	TELEPHONE 907 586-0741	DATE 2016/1/14
TYPED OR PRINTED		AREA NUMBER Y M D	

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PERMIT NUMBER: AKG380005

MONITORING PERIOD: 3/1/2016

TO 3/31/2016

OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Zinc Total Recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt. 01094	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Lead Total Recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt. 01114	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Copper Total Recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt. 01119	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Manganese, Total Recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt. 11123	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Chloride	Sample meas.	*****	*****		*****					
	Permit reqmt. 46225	*****	*****		Report monthly average	Report daily maximum	mg/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Bethany Davis / UTILITIES TREATMENT MGR</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OFFICER OR AUTHORIZED AGENT	TELEPHONE 907 586 0741	DATE 2016/4/14
TYPED OR PRINTED		AREA NUMBER Y M D	

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 155 South Seward St.
 Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash
 LOCATION: 3 mile Egan Drive
 Juneau, AK 99801


PERMIT NUMBER: AKG380005
 OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub

MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 NO DISCHARGE: ND

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Flow	1 - Final Effluent 50050	Report monthly average	Report daily maximum	MGD	*****	*****	*****			
	Sample meas.	*****	*****		*****	*****				
Sulfate	1 - Final Effluent 81020	Report monthly average	Report daily maximum		*****	*****	Report monthly average	mg/l	2X Annually	Grab
	Sample meas.	*****	*****		*****	*****	Report daily maximum			

COMMENTS:

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>Brian Love / UTILITIES TREATMENT</i> MGD-	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907 586-0741	DATE 2016/4/14
TYPED OR PRINTED		AREA NUMBER	Y M D

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 155 South Seward St.
 Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash
 LOCATION: 3 mile Egan Drive
 Juneau, AK 99801

PERMIT NUMBER: AKG380005
 OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

MONITORING PERIOD: 3/1/2016

TO 3/31/2016

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
pH	Sample meas.	*****	*****							
	Permit reqmt.	*****	*****		6.5 instantaneous minimum	8.5 instantaneous maximum	S.U.		Monthly	Grab
Salinity	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	PPTH		2X Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	mg/l		Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Davis / UTILITIES TREATMENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 907 586-0741	DATE 2/26/16
TYPED OR PRINTED		AREA NUMBER	Y M D

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

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 Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash
 LOCATION: 3 mile Egan Drive
 Juneau, AK 99801

PERMIT NUMBER: AKG380005

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

MONITORING PERIOD: 3/1/2016

TO

3/31/2016

NO DISCHARGE: ND

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Iron, Total Recoverable 1 - Final Effluent 00980	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		2X Annually	Grab
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		2X Annually	Grab
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		2X Annually	Grab
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		2X Annually	Grab
Manganese, Total Recoverable 1 - Final Effluent 11123	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Brian Doyle</i> / UTILITIES TREATMENT WGR	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 907 586-0741	DATE 2016/4/14
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA NUMBER Y M D	

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PERMIT NUMBER: AKG380005

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning


MONITORING PERIOD: 3/1/2016

TO 3/31/2016
 NO DISCHARGE: ND

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Chloride	1 - Final Effluent 46225	*****	*****		*****					
		*****	*****		*****	Report monthly average	mg/l		2X Annually	Grab
Total Residual Chlorine	Sample meas.	*****	*****		*****					
	Permit reqmt. 50060	*****	*****		*****	0.0075 monthly average	mg/l		Monthly	Grab
Sulfate	Sample meas.	*****	*****		*****					
	Permit reqmt. 81020	*****	*****		*****	Report monthly average	mg/l		2X Annually	Grab

COMMENTS:

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 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>FRAN DRYLE / UTILITIES TREATMENT WWSR</i>	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 907 586-0741	DATE 2016/4/14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA NUMBER Y M D	

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 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 NO DISCHARGE: ND

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
pH	Sample meas.	*****	*****							
	Permit reqmt.	*****	*****		6.5 instantaneous minimum	8.5 instantaneous maximum	S.U.		Annually	Grab
Salinity	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	PPTH		Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	mg/l		Annually	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Ben Divil</i> / UTILITIES TREATMENT Mge	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 907 586 2741	DATE 2016 04/14
TYPED OR PRINTED		AREA NUMBER	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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MONITORING PERIOD: 3/1/2016

TO 3/31/2016
 NO DISCHARGE: ND

Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Iron, Total Recoverable 1 - Final Effluent 00980	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Manganese, Total Recoverable 1 - Final Effluent 11123	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	ug/l		Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Ben Dole / UTILITY'S TREATMENT WGR</i>	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 907 586 0741	DATE 2016/04/
SIGNATURE OF PRINCIPAL EXECUTIVE 		OFFICER OR AUTHORIZED AGENT AREA NUMBER Y M D	Y M D

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Parameter	Sample meas. Permit reqmt.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
Chloride	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	mg/l		Annually	Grab
Total Residual Chlorine	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	mg/l		Annually	Grab
Sulfate	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		*****	Report monthly average	mg/l		Annually	Grab

COMMENTS:

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NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER <i>Brian Doyle / UTILITIES DEPARTMENT</i> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  OFFICER OR AUTHORIZED AGENT	TELEPHONE 907 586-0741	DATE 2016/4/14
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