

# 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: 4/1/2016

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	Maximum				
Temperature (C)	1 - Final Effluent 00010	***** *****	***** *****		13.26 Report monthly average	13.26 Report daily maximum	DEG.C		Monthly	Grab
Turbidity	Sample meas. Permit reqmt.	***** *****	***** *****		***** *****	Report monthly average Report daily maximum	NTU		Monthly	Grab
Magnesium, total recoverable	Sample meas. Permit reqmt.	***** *****	***** *****		***** *****	Report monthly average Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas. Permit reqmt.	***** *****	***** *****		***** *****	Report monthly average Report daily maximum	ug/l		Monthly	Grab
Iron, Total Recoverable	Sample meas. Permit reqmt.	***** *****	***** *****		***** *****	Report monthly average Report daily maximum	ug/l		2X Annually	Grab

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">                     Brian Davis / Utilities Treatment Mgr                 </div> 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.	TELEPHONE: 586-0741 DATE: 5/13/16
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA   NUMBER: Y   M   D

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PERMIT NUMBER: AKG380005  
 MONITORING PERIOD: 4/1/2016 TO 4/30/2016  
 NO DISCHARGE:

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				
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  Brian Davis / Utilities Technical Mgr	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: 586-0741 DATE: 5/13/16	AREA   NUMBER: Y   M   D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

MONITORING PERIOD: 4/1/2016 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				
Flow 1 - Final Effluent 50050	0.0063	0.072	MGD	*****	*****				
	Report monthly average	Report daily maximum		*****	*****			Continuous	Recorded
Sulfate 1 - Final Effluent 81020	*****	*****		*****	*****				
	Report monthly average	Report daily maximum		Report monthly average	Report daily maximum	mg/l		2X Annually	Grab

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 TYPED OR PRINTED: <u>Dennis Williams Treatment Mgr</u>	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: <u>586-0741</u>	DATE: <u>8/13/16</u>
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:	AREA   NUMBER: _____	Y   M   D: <u>8   13   16</u>	

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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:

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average	Maximum				
pH	Sample meas.	*****		7.2	7.5	S.U.		1	Grab	
	Permit reqmt. 00400	*****		instantaneous minimum	Report monthly average maximum	S.U.		Monthly		
Salinity	Sample meas.	*****		*****					Grab	
	Permit reqmt. 00480	*****		*****	Report monthly average	PPTH		2X Annually		
Ammonia Nitrogen (as N)	Sample meas.	*****		*****					Grab	
	Permit reqmt. 00610	*****		*****	Report daily maximum	mg/l		Monthly		
Magnesium, total recoverable	Sample meas.	*****		*****					Grab	
	Permit reqmt. 00921	*****		*****	Report monthly average	ug/l		2X Annually		
Arsenic, Total Recoverable	Sample meas.	*****		*****					Grab	
	Permit reqmt. 00978	*****		*****	Report daily maximum	ug/l		2X Annually		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Benjamin Dove / Utilities Facility Mgr</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 566-0741	DATE 5/13/16
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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 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

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

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	Maximum				
Iron, Total Recoverable 1 - Final Effluent 00980	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Manganese, Total Recoverable 1 - Final Effluent 11123	Sample meas.	*****	*****		*****					
	Permit reqmt.	*****	*****		Report monthly average	Report daily maximum	ug/l		2X Annually	Grab

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER <i>Brian Dove / Utah Trout Mgr</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 586-0741	DATE 5/13/16
TYPED OR PRINTED		AREA   NUMBER	Y   M   D

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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:

Parameter	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
	*****	*****		*****	Report daily maximum				
Total Residual Chlorine 1 - Final Effluent 50060	*****	*****		*****	0.0075 monthly average	mg/l		Monthly	Grab
	*****	*****		*****	Report daily maximum				
Sulfate 1 - Final Effluent 81020	*****	*****		*****	Report monthly average	mg/l		2X Annually	Grab
	*****	*****		*****	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: <i>Benjamin Davis / Utilities Technical Mgr</i>  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.	TELEPHONE: <i>586-0741</i>  AREA NUMBER: _____ Y   M   D: <i>3/13/16</i>	DATE: <i>3/13/16</i>
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>[Signature]</i>			



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PERMIT NUMBER: AKG380005

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place

MONITORING PERIOD: 3/1/2016

TO

3/31/2016

NO DISCHARGE: ND

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
pH	*****	*****		6.5 instantaneous minimum	8.5 instantaneous maximum	S.U.		Annually	Grab
	*****	*****		*****	*****				
Salinity	*****	*****		*****	*****			Annually	Grab
	*****	*****		*****	*****	PPTH			
Ammonia Nitrogen (as N)	*****	*****		*****	*****			Annually	Grab
	*****	*****		*****	*****				
Magnesium, total recoverable	*****	*****		*****	*****	mg/l		Annually	Grab
	*****	*****		*****	*****				
Arsenic, Total Recoverable	*****	*****		*****	*****	ug/l		Annually	Grab
	*****	*****		*****	*****				
1 - Final Effluent 00400	*****	*****		*****	*****	ug/l		Annually	Grab
	*****	*****		*****	*****				
1 - Final Effluent 00480	*****	*****		*****	*****				
	*****	*****		*****	*****				
1 - Final Effluent 00610	*****	*****		*****	*****				
	*****	*****		*****	*****				
1 - Final Effluent 00921	*****	*****		*****	*****				
	*****	*****		*****	*****				
1 - Final Effluent 00978	*****	*****		*****	*****				
	*****	*****		*****	*****				

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  <i>Bevin Doyle / Utilities Treatment Mgr</i>	TELEPHONE 586-7741	DATE 5/13/16
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA   NUMBER Y   M   D 5   13   16
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.		
TYPED OR PRINTED		

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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				
Iron, Total Recoverable	Sample meas. Permit reqmt. 00980	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Zinc Total Recoverable	Sample meas. Permit reqmt. 01094	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Lead Total Recoverable	Sample meas. Permit reqmt. 01114	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Copper Total Recoverable	Sample meas. Permit reqmt. 01119	*****	*****		*****	Report monthly average	ug/l		Annually	Grab
Manganese, Total Recoverable	Sample meas. Permit reqmt. 11123	*****	*****		*****	Report monthly average	ug/l		Annually	Grab

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  <i>Bevan Davis / Utilities Technical Mgr</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  	TELEPHONE  586-0741	DATE  5/13/16
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.		AREA   NUMBER Y   M   D	



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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	Maximum				
Chloride	1 - Final Effluent 46225	*****	*****		*****	Report monthly average	mg/l		Annually	Grab
		*****	*****		Report daily maximum					
Total Residual Chlorine	Sample meas. Permit reqmt.	*****	*****		*****	Report monthly average	mg/l		Annually	Grab
		*****	*****		Report daily maximum					
Sulfate	1 - Final Effluent 81020	*****	*****		*****	Report monthly average	mg/l		Annually	Grab
		*****	*****		Report daily maximum					

COMMENTS:

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Brian Davis / Principal Executive Officer</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  	TELEPHONE  586-0741	DATE  5/13/16
TYPED OR PRINTED		AREA NUMBER	Y   M   D