CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive

Juneau, AK 99801

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 5/1/2016

5/31/2016

OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub NO DISCHARGE:

Parameter	er Quantity or Loading Units Quality or Concentration			Units	No.		Sample Type			
		Average	Maximum	Minimum	Average	Maximum		Ex.	Analysis	11-10 establic
Temperature (C)	Sample meas.	*****	*****	*****	7.0	7.0		0	1	
1 - Final Effluent 00010	I CI MILE	****	*****	*****	Instantaneous	Instantaneous maximum	DEG.C		Monthly	Grab
Turbidity	Sample meas.	*****	*****	*****	28.0	28.0		0	1	
1 - Final Effluent 00070	I CI IIII	****	*****	*****	Instantaneous	Instantaneous maximum	NTU		Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****	*****					0	
1 - Final Effluent 00921	Permit reqmt.	****	****	*****	Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****	*****	1.1	1.1		0	1	
1 - Final Effluent 00978		****	****	*****	Instantaneous	Instantaneous maximum	ug/l		Monthly	Grab
Iron, Total Recoverable	Sample meas.	*****	*****	*****					0	
1 - Final Effluent 00980	1 CI IIIIC	****	*****	****	Report monthly average	Report daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Saman the Stoughtenger Litities superintendent
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 ANTHORIZED AGENT

TELEPHONE	DATE	
907 586 0393	11615	
AREA   NUMBER	YIMID	

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

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: 5/1/2016

TO

5/31/2016

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Qua	lity or Concentration		Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Zinc Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 01094	1 CI IIIIC	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Lead Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 01114		*****	*****		*****	Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Copper Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 01119	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Manganese, Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 11123		****	*****		*****	Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Chloride	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 46225	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		2X Annually	Grab

	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
Utilities Sugar la lat	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 PHINCIPAL EXECUTIVE	907 586 6393	16/19/15
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OF AUTHORIZED AGENT	AREA   NUMBER	УІМІР

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

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: 5/1/2016

5/31/2016

NO DISCHARGE:

Parameter			Quantity o	or Loading	Units	Quality or Concentration		ation	Units No. Frequency of		Frequency of	Sample Type
			Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	(22) (20)
Flow		Sample meas.	0.0891	0.232		*****	*****	*****		0	Continuous	
	1 - Final Effluent 50050	Permit reqmt.		Report daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Sulfate		Sample meas.	44444	*****		*****					0	
	1 - Final Effluent 81020	Permit reqmt.		*****		*****	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 Samantha Stoughtenger Willities Superintendent TYPED OR PRINTED

certify under penalty of law that this document and all attachments were repared 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 OF AUTHORIZED AGENT

TELEPHONE	DATE	
9075860393	14/6/15	
AREA   NUMBER	YIMID	

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive

Juneau, AK 99801

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 5/1/2016

TO

5/31/2016

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning NO DISCHARGE:

Parameter Quantity or Loading Units Quality or Concentration				Concentration		No.	. Frequency of	Sample Type		
		Average	Maximum	Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	*****	*****		7.8			0	1	
1 - Final Effluent 00400	Permit reqmt.	*****	*****	6.5 instantaneous minimum	Instantaneous	8.5 instantaneous maximum	S.U.		Monthly	Grab
Salinity	Sample meas.	*****	*****	*****					0	
1 - Final Effluent 00480	1 Climit	*****	*****	*****	Report monthly average	Report daily maximum	PPTH		2X Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	0.43	0.43		0	1	
1 - Final Effluent 00610	I CI IIII	*****	*****	*****	Instantaneous	Instantaneous maximum	mg/l		Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****	*****					0	
1 - Final Effluent 00921	Permit reqmt.	*****	*****	****	Report monthly average	Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****	*****					0	
1 - Final Effluent 00978	Permit reqmt.	*****	*****	*****	Report monthly average	10 daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
utilities Superintendent	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	SIGNATURE OF PRINGIPAL EXECUTIVE	907586 0393	16/6/15
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

Page 4

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive

Juneau, AK 99801

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 5/1/2016

TO

5/31/2016

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

NO DISCHARGE: Parameter Quantity or Loading Units **Quality or Concentration** Frequency of Units No. Sample Type Ex. Analysis Average Maximum Minimum Maximum **Average** Iron, Total Recoverable Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Report Report ug/l 2X Annually 1 - Final Effluent Grab **Permit** monthly average daily maximum 00980 regmt. Zinc Total Recoverable Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Report Report ug/l 1 - Final Effluent 2X Annually Grab **Permit** monthly average daily maximum 01094 regmt. Lead Total Recoverable Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1 - Final Effluent Report Report ug/l 2X Annually Grab **Permit** monthly average daily maximum 01114 regmt. Copper Total Recoverable Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1 - Final Effluent Report Report ug/l 2X Annually Grab **Permit** monthly average daily maximum 01119 regmt. Manganese, Total Recoverable Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1 - Final Effluent Report Report ug/l 2X Annually Grab **Permit** monthly average daily maximum 11123 reqmt.

		7		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
Salarantha Stoughtenger Utilities Superiotendent	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, fure, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE	907 586 0393	14/6/15
TYPED OF 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

PERMIT NUMBER: AKG380005

MAILING ADDRESS: 2009 Radcliffe Rd

Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive

Juneau, AK 99801

MONITORING PERIOD: 5/1/2016

TO

5/31/2016

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

NO DISCHARGE: Parameter Quantity or Loading Units **Quality or Concentration** Units Frequency of No. Sample Type Maximum Minimum Ex. **Analysis** Average Maximum Average Chloride Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1 - Final Effluent mg/l Report Report 2X Annually Grab **Permit** monthly average daily maximum 46225 regmt. Total Residual Chlorine Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ND ND 0 1 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.0075 1 - Final Effluent Report mg/l Monthly Grab **Permit** monthly average daily maximum 50060 reqmt. Sulfate Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1 - Final Effluent Report mg/l Report 2X Annually Grab Permit monthly average daily maximum 81020 regmt.

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.

	L EXECUTIVE OFFICER
Samantha	Stoughterger
utilities	Superintendent
	ED OR PRINTED

certify under penalty of law that this document and all attachments were repared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate he information submitted. Based on my inquiry of the person or persons tho manage the system, or those persons directly responsible for pathering the information, the information submitted is, to the best of my mowledge and belief, true, accurate, and complete. I am aware that there re significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

CIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT

TELEPHONE	DATE
907586 0393	16/6/15
AREA   NUMBER	YIMID

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive

Juneau, AK 99801

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 5/1/2016

TO

5/31/2016

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place NO DISCHARGE: X

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units No			Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	*****	*****							0	
1 - Final Effluent 00400	1 CI IIIIC	*****	*****		6.5 instantaneous minimum	Report monthly average	8.5 instantaneous maximum	S.U.		Annually	Grab
Salinity	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 00480	I CI MILL	*****	*****		*****	Report monthly average	Report daily maximum	PPTH		Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 00610	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Annually	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 00921		*****	*****		*****	Report monthly average	Report daily maximum	ug/l		Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 00978		*****	*****		*****	Report monthly average	10 daily maximum	ug/l		Annually	Grab

NAME/TITLE PRINCIPAL E	XEC	JTIVE OF	FICER	I certify u
samantha Utilities		()	rtenge ntende	uie illioit
TYPED	OR P	RINTED	21 30112	are signi

under penalty of law that this document and all attachments were d under my direction or supervision in accordance with a system ed to assure that qualified personnel properly gather and evaluate mation submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for ig the information, the information submitted is, to the best of my ige and belief, true, accurate, and complete. I am aware that there ificant penalties for submitting false information, including the lity of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ANTHORIZED AGENT

TELEPHONE DATE 907586 0393 AREA | NUMBER YIMID

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive

Juneau, AK 99801

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 5/1/2016

5/31/2016

NO DISCHARGE:

OUTFALL / MONITORING POINT:	001C	Chemical	Clean in Place
		The second second second	

Parameter		Quantity of	or Loading	Units	Qua	Quality or Concentration			No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Iron, Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 00980	1 CI IIIIC	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		Annually	Grab
Zinc Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 01094	1 01 11110	*****	*****		****	Report monthly average	Report daily maximum	ug/l		Annually	Grab
Lead Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 01114	1 01 11110	****	*****		*****	Report monthly average	Report daily maximum	ug/l		Annually	Grab
Copper Total Recoverable	Sample meas.	*****	*****		*****					О	
1 - Final Effluent 01119	1 Climic	****	*****		*****	Report monthly average	Report daily maximum	ug/l		Annually	Grab
Manganese, Total Recoverable	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 11123	1 CI IIIIC	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE		
Samantha Stor Wilities Super	rintendent who man gathering knowledge	to a nationage the ge ar fican
	possibilit	•

penalty of law that this document and all attachments were der my direction or supervision in accordance with a system assure that qualified personnel properly gather and evaluate on submitted. Based on my inquiry of the person or persons the system, or those persons directly responsible for information, the information submitted is, to the best of my nd belief, true, accurate, and complete. I am aware that there nt penalties for submitting false information, including the fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 9015860393 AREA | NUMBER YIMID

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd

Juneau, AK 99801

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive

Juneau, AK 99801

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 5/1/2016

5/31/2016

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place NO DISCHARGE: Χ

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum	L	Minimum	Average	Maximum		Ex.	Analysis	900001 900 NO. (1990)
Chloride	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 46225	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Annually	Grab
Total Residual Chlorine	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 50060	I CI IIIIC	*****	*****		*****	0.0075 monthly average	Report daily maximum	mg/l		Annually	Grab
Sulfate	Sample meas.	*****	*****		*****					0	
1 - Final Effluent 81020		*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Annually	Grab

COMMENTS:	

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ŀ
Samanitha Stoughtenger	
Utilities Superintendent	1
TYPED OR PRINTED	

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT

TELEPHONE DATE 9075860393 AREA | NUMBER YIMID