MENDENHALL WASTEWATER TREATMENT FACILITY

											Junea	au, Alask	a	INEATI					Ma	y-2015					
				F	LOWS							nfluent									Efflu	ent			70)
DAY	DAT	TE IN	SBR FLUENT MGD	precip	SBR TTL EFFL MGD	SBR WASTE MGD	TEMP °C	pН	D.O.	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D.	IPS TSS mg/L	IPS TSS LBS	IPS BOD mg/L)PS BOD LBS	TEMP	pН	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	COLIFO
SUN		3	1.87	0.00	1.74	0.0720				13.04					-		1			11194	, , mg/r, .	L. LDO.	· · · mg/e. ·	405	/(00)11
MON	-		1.98	0.00	1.87	0.0897	11.7	7.4	3.5	183.0	3021.9	230.0	3798.0	1770.0	29228.4	480.0	7926.3	13.4	6.8	2.8	26.0	405.5	16.0	249.5	2.0
TUE			2.00	0.00	1.79	0.0929	11.5	7.2	3.7	202.0	3369.4	330.0	5504.4	1820.0	75894.0	500.0	8340.0	13.7	6.8	2.7	15.0	223.9	14.0	209.0	1.0
WED	-		1.96	0.00	1.76	0.0889	12.3	7.3	2.6	220.0	3596.2	330.0	5394.3	812.0	40632.5	480.0	7846.3	14.6	6.8	3.2	14.0	205.5	17.0	249.5	
THU	_		1.85	T	1.69	0.0994	12.4	7.3	2.1	215.0	3317.2	450.0	6943.1	420.0	24519.6	560.0	8640.2	14.5	6.8	3.0	14.0	197.3	18.0	253.7	
FRI			1.89	T	1.60	0.0856	12.5	7.3	2.3	185.0	2916.1	530.0	8354.2	353.0	23552.2	720.0	11349.1	14.5	6.9	2.8	13.0	173.5	27.0	360.3	
SAT			1.88	0.22	1.69	0.0761											1								
SUN	_	10	-	0.01	1.57	0.0814																			
MON	-	11		Т	1.69	0.0740	13.7	7.4	3.7	204.0	3062.4	277.0	4158.3	1480.0	22217.8	510.0	7656.1	16.0	6.8	3.2	19.0	267.8	21.0	296.0	2.0
TUE			1.80	0.00	1.65	0.1037	13.6	7.1	3.5	252.0	3783.0	370.0	5554.4	440.0	6605.3	500.0	7506.0	15.6	6.7	3.3	15.0	206.4	24.0	330.3	170.0
WED		13		0.00	1.63	0.0907	13.0	7.4	3.0	112.0	1737.4	360.0	5584.5	3370.0	52276.8		10238.2	15.0	6.8	2.8	15.0	203.9	23.0	312.7	
THU		14		0.00	1.64	0.1152	12.6	7.2	3.9	266.0	4148.5	430.0	6706.2	1220.0	19026.9	610.0	9513.4	15.3	6.8	2.9	15.0	205.2	21.0	287.2	
FRI		15 1		0.00	1.58	0.1075	14.1	7.1	0.1	350.0	4991.5	490.0	6988.1	1180.0	16828.5	700.0	9983.0	15.2	6.8	2.9	17.0	224.0	21.0	276.7	
SAT		16		0.00	1.69	0.0710																			
SUN		17		0.00	1.50	0.0623																			
MON	_	18		0.00	1.65	0.1256	14.3	7.0	2.2	288.0	4275.4	280.0	4156.7	420.0	6235.0	590.0	8758.7	15.0	6.8	2.8	15.0	206.4	24.0	330.3	11.0
TUE			1.78	0.00	1.64	0.0915	13.7	7.1	2.8	340.0	5047.4	450.0	6680.3	480.0	7125.7	650.0	9649.4	15.8	6.8	3.1	17.0	232.5	28.0	383.0	22.0
WED			1.80	0.00	1.65	0.1182	13.8	7.2	2.3	344.0	5164.1	520.0	7806.2	500.0	7506.0	660.0	9907.9	15.7	6.8	2.8	20.0	275.2	25.0	344.0	
THU			1.87	0.00	1.71	0.1211	13.5	7.5	2.6	380.0	5926.4	550.0	8577.7	510.0	7953.9	670.0	10449.2	16.5	6.7	2.7	17.0	242.4	28.0	399.3	
FRI			1.64	0.00	1.54	0.1134	13.8	7.4	2.4	240.0	3282.6	330.0	4513.6	1040.0	14224.7	500.0	6838.8	16.6	6.7	2.0	17.0	218.3	23.0	295.4	
SAT			1.68	0.00	1.57	0.0897																			
SUN		24 1		0.00	1.44	0.0829																			
MON			1.84	0.00	1.68	0.0860	13.2	7.3	3.8	253.0	3882.4	250.0	3836.4	520.0	7979.7	760.0	11662.7	16.7	6.8	2.5	19.0	266.2	21.0	294.2	23.0
TUE			1.74	T	1.68	0.0943	14.2	7.3	3.7	390.0	5659.5	390.0	5659.5	760.0	11028.8	560.0	8126.5	16.7	6.9	2.7	15.0	210.2	21.0	294.2	45.0
WED			1.77	0.05	1.63	0.0972	14.3	7.0	2.9	253.0	3734.7	410.0	6052.3	470.0	6938.0	560.0	8266.6	16.1	6.9	2.5	16.0	217.5	23.0	312.7	10.0
THU			1.79	Т	1.65	0.1038	14.6	7.1	2.5	273.0	4075.5	460.0	6867.2	530.0	7912.2	670.0	10002.2	16.6	6.8	3.4	16.0	220.2	26.0	357.8	
FRI			1.74	0.00	1.54	0.0990	14.0	7.3	3.3	293.0	4251.9	570.0	8271.6	490.0	7110.7	790.0	11464.2	16.7	6.8	2.4	18.0	231.2	30.0	385.3	
SAT			1.66	0.00	1.57	0.0736											1								
TOT			50.42	0.28	46.04	2.6067	2002-07	Later Control					D001900		di di di				44,000	10000000	A15500				100000
MAXI			2.00	0.22	1.87	0.1256	14.6	7.5	3.9	390.0	5926.4	570.0	8577.7	3370.0	75894.0	790.0	11662.7	16.7	6.9	3.4	26.0	405.5	30.0	399.3	170.0
MINI			1.57	0.00	1.44	0.0623	11.5	7.0	0.1	112.0	1737.4	230.0	3798.0	353.0	6235.0	480.0	6838.8	13.4	6.7	2.0	13.0	173.5	14.0	209.0	1.0
AVER			1.80	0.01	1.64	0.0931	13.34		2.8	262.2	3962.2	400.4	6070.4	929.3	19739.8	606.5	9206.2	15.5	1000	2.8	16.7	231.7	22.6	311.1	10.7
ber of	f Ana	alys	28	23	28	28	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	8
								201				015 Metals						SERVICE OF	100000	WEEKLY. A	VERAGE	17.15.11	WEEKLY		
								Hrd. mg/l	68.0	5/18/2015		ug/L (ppm)	LBS		% REN	MOVAL		WEEK	5.50	BOD .	Т		COLIFORM		
								Hrd. mg/l			Copper	20.0	0.28	5/18/2015		94.4			mg/l	lbs	mg/l		Geo. Mear		
								Alk. mg/l			Copper				S.S.	93.6		1	18.4	264.4	16.4	241.1	1.4		
								D.O.mg/l	2.0]	Lead	ND	ND	5/18/2017	Floating	g Solids		2	22.0	300.6	16.2	221.5	18.4		
											Silver	ND	ND	5/18/2018	Waste,	or Foam		3	25.6	350.4	17.2	235.0	15.6	1	
											Zinc	40.0	0.55	5/18/2019	Pass/Fail	P		4	24.2	328.8	16.8	229.0	32.2	1	
								Tox. TUc	NA		***NH3 mg/L	20.0	275.2	5/18/2020			-	MAX	25.6	350.4	17.2	241.1	32.2	1	

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:

1-May

TO

31-May NO DISCHARGE:

Parameter		Quantity (or Loading	Units Quality or Concentration			Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	15.5	16.7		0		
1 - Final Effluent 00010	I CI IIII	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.0	*****	3.4		0		
1 - Final Effluent 00300	I CI IIII	*****	****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	311.1	399.3		*****	22.6	30.0	77	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.	*****	*****	7	*****	400.4	*****		0		
G - Influent 00310	1 (111111)	*****	*****		****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	350.4	*****		*****	25.6	*****		0		
W - See Comments 00310	1 CI IIIIC	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 prepared under my direction or supervision in accordance with a system		TELEPHONE	DATE
GRIEND TEMPEL	designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons		007 -8/ 039	1 //
SK. OPERATOR	who manage the system, or those persons directly responsible for	BIONATURE OF PRINCIPAL EXECUTIVE	907,5-86,6393	15/06/0
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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PERMIT NUMBER: AK0022951

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MONITORING PERIOD:

1-May

TO

31-May NO DISCHARGE:

Parameter		Quantity o	or Loading	Units Quality or Concentration			Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	100
pH	Sample meas.	*****	*****		6.7	*****	6.9		0		
1 - Final Effluent 00400	I CI IIII	*****	*****		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	231.7	405.5		*****	16.7	26.0		0		
1 - Final Effluent 00530	1 CI IIII	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.	*****	*****		*****	262.2	*****		0		
G - Influent 00530	1 CI IIIIC	****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	241.1	*****		*****	17.2	*****		0		
W - See Comments 00530	1 CI IIII	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	275.2	275.2	lbs/day	*****	20.0	20.0		0		
1 - Final Effluent 00610	1 CI IIIIC	*****	*****		****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite

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GRIEND TEMPEL SK. OPEKATOR	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	907,006.039	315/66/49
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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Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD:

1-May

TO

31-May NO DISCHARGE:

Parameter Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Ex. **Average** Maximum Minimum **Analysis Average** Maximum Hardness, Total (as CaCO3) Sample ***** ***** ***** 68.0 68.0 0 meas. ***** 1 - Final Effluent Report Report mg/l Monthly 24-Hr Composite Permit monthly average daily maximum 00900 regmt. Silver Total Recoverable Sample ***** ND ND ND ND 0 meas. ***** ***** ***** 1 - Final Effluent Report Report ug/I 24-Hr Composite See Permit Permit lbs/day monthly average daily maximum Requirements 01079 regmt. Zinc Total Recoverable Sample 0.55 0.55 ***** 40.0 40.0 0 meas. ***** ***** ***** 1 - Final Effluent Report Report ug/l See Permit 24-Hr Composite **Permit** lbs/day monthly average daily maximum Requirements 01094 reamt. Lead Total Recoverable Sample ***** ND ND ND ND 0 meas. ***** ***** ***** 1 - Final Effluent Report Report ug/l See Permit 24-Hr Composite Permit lbs/day monthly average daily maximum Requirements 01114 reqmt. Copper Total Recoverable Sample ***** 0.28 0.28 20.0 20.0 0 meas. 1.82 ***** 3.92 lbs/day 44.5 1 - Final Effluent 95.8 ug/I Monthly 24-Hr Composite **Permit** monthly average daily maximum monthly average daily maximum 01119 regmt.

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		TELEPHONE	DATE
GRIEND TEMPEL	designed to assure that qualified personnel properly gather and evaluate		1	
	the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for		007 586.039	3
SR. OPERATOR	gathering the information, the information submitted is, to the best of my	SIGNATURE OF PRINCIPAL EXECUTIVE	1 / 1 /	15/00/07
TYPED OR PRINTED	 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. 	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD:

1-May

TO

31-May NO DISCHARGE:

Parameter Quantity or Loading Units **Quality or Concentration** Units No. Frequency of Sample Type Average Maximum Minimum Ex. **Analysis Average** Maximum **Chronic Toxicity** Sample ***** ***** ***** NA NA 0 meas. 1 - Final Effluent ***** Report Report TUC See Permit 24-Hr Composite Permit monthly average daily maximum Requirements TTOOO reqmt. Floating solids, waste or visible Sample ***** ***** ***** ***** Р 0 foam-visual meas. ***** ***** ***** ***** 1 - Final Effluent pass/fail Report Monthly Visual **Permit** value 45613 regmt. Flow Sample 1.64 1.87 ***** ***** ***** 0 meas. ***** 4.9 ***** 1 - Final Effluent Report MGD ***** Continuous Recorded Permit monthly average daily maximum 50050 regmt. Fecal Coliform Sample ***** ***** ***** 10.7 170.0 0 meas. ***** ***** ***** 1 - Final Effluent 200 800 cts/100 ml Weekly Permit Grab daily maximum monthly 74055 regmt. geometric mean Fecal Coliform Sample ***** ***** ***** ***** 32.2 0 meas. ***** ***** ***** ***** W - See Comments 400 cts/100 ml Weekly Grab **Permit** weekly geometric 74055 reamt. mean

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
GRIEND TEMPEL	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		907,506,039	3 / //
SK. OPEKATOR	gathering the information, the information submitted is to the best of my	SIGNATURE OF PRINCIPAL EVECUTIVE		15/06/4
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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MONITORING PERIOD:

1-May

TO

31-May NO DISCHARGE:

Parameter		Quantity or Loading		Units	Qual	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
BOD5 Minimum % Removal	Sample meas.	*****	*****		94.4	*****	*****		0		
K - Percent Removal 81010	I CI IIII	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****	3916	93.6	*****	*****		0		
K - Percent Removal 81011	I CI IIII	****	*****		85 minimum	*****	*****	%		Monthly	Calculation

JU	M	M	FI	11	5:	

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 GRIGHD TEMPEL

SK. OPEKATOK

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

TELEPHONE AREA | NUMBER