

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

November 2015

DAY	FLOWS				Influent										Effluent											
	SBR INFLUENT MGD	precip MGD	SBR TITL EFFLU MGD	WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TSS mg/L	TSS LBS	IPS mg/L	IPS LBS	IPS mg/L	IPS LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Turbidity on FC Grab	FECAL Coliform /100 ml
SUN	1	2.08	0.00	1.90	0.0873													14.7	6.8	3.1	14.0	233.5	15.0	250.2	6.7	13.0
MON	2	2.16	0.04	2.00	0.0852	14.6	7.6	5.4	164.0	2894.4	220.0	3663.2					14.9	6.8	2.9	14.0	237.0	16.0	270.9	9.2	180.0	
TUE	3	2.16	0.67	2.03	0.0876	14.5	7.5	5.6	204.0	3674.9	340.0	6124.9					15.3	6.8	2.7	17.0	334.6	19.0	374.0			
WED	4	2.52	0.27	2.36	0.1308	15.1	7.1	6.4	248.0	5212.2	370.0	7776.2					14.9	6.7	2.6	17.0	321.8	21.0	397.6			
THU	5	2.55	0.39	2.27	0.1308	14.0	7.3	6.3	195.0	4147.1	270.0	5742.1					14.6	6.7	3.7							
FRI	6	2.53	0.30	2.49	0.1021	14.3	7.3	6.4	157.0	3443.7	240.0	5284.2														
SAT	7	2.63	0.52	2.54	0.0722																					
SUN	8	2.39	0.09	2.33	0.0699																					
MON	9	2.61	0.68	2.33	0.0733	13.6	7.4	6.3									13.9	6.8	3.2							
TUE	10	2.88	0.36	2.72	0.1010	13.6	7.2	6.0	375.0	9007.2	290.0	6965.6					14.4	6.8	3.2	24.0	544.4	23.0	521.8	8.0	30.0	
WED	11	2.54	0.19	2.48	0.1584	14.4	7.1	7.5	210.0	4448.6	370.0	7837.9					13.9	6.7	3.6	19.0	393.0	16.0	330.9	10.1	410.0	
THU	12	2.96	1.04	2.77	0.1296	13.8	7.3	5.7	192.0	4739.8	240.0	5924.7					13.7	6.8	3.8	16.0	369.6	16.0	369.6	11.5	300.0	
FRI	13	3.29	1.22	3.28	0.0112	14.2	7.2	6.4	196.0	5378.0	250.0	6899.7					14.7	6.7	3.8	19.0	519.7	20.0	547.1			
SAT	14	3.07	0.41	3.01	0.0727																					
SUN	15	2.70	0.17	2.49	0.0772																					
MON	16	2.51	0.04	2.49	0.0918	13.0	7.2	6.0	188.0	3935.5	180.0	3768.0					13.5	6.9	3.5	14.0	290.7	11.0	228.4	6.4	20.0	
TUE	17	2.28	0.31	2.20	0.0914	13.5	7.4	6.8	165.0	3194.6	230.0	4373.5					13.8	6.9	3.0	21.0	385.3	14.0	256.9	4.0	58.0	
WED	18	2.28	0.52	2.24	0.0886	14.1	7.2	4.6	228.0	4335.5	420.0	7986.4					14.1	6.8	3.6	16.0	299.9	14.0	281.5			
THU	19	2.25	0.04	2.13	0.1435	13.7	7.3	6.8	220.0	4128.3	430.0	8069.0					13.3	6.8	3.1	19.0	337.5	18.0	319.8			
FRI	20	2.58	0.86	2.22	0.1702	14.2	7.3	6.3	188.0	4045.2	360.0	7746.2					13.7	6.8	2.8	22.0	407.3	19.0	351.8			
SAT	21	3.60	0.51	3.34	0.1898																					
SUN	22	2.60	0.19	2.60	0.1149																					
MON	23	2.58	0.00	2.51	0.1212	12.7	7.4	9.1	150.0	3227.6	200.0	4303.4					12.6	6.8	3.5	15.0	314.0	15.0	314.0	8.0	210	
TUE	24	2.47	0.01	2.32	0.1450	12.1	7.1	7.9	180.0	3708.0	290.0	5973.9					13.1	6.9	3.3	13.0	251.5	11.0	212.8	4.9	98	
WED	25	2.47	T	2.22	0.1216	13.4	7.6	5.9	217.0	4470.2	370.0	7621.9					12.8	6.8	3.1	15.0	277.7	12.0	222.2			
THU	26	2.21	0.00	2.21	0.0926	13.3	7.4	3.2									13.9	6.8	4.0							
FRI	27	2.05	0.32	1.99	0.0883	13.2	7.5	6.8									13.7	6.9	2.9							
SAT	28	2.58	1.35	2.44	0.1252																					
TOTAL		71.63	10.50	67.81	2.9725																					
MAXIMUM		3.60	1.35	3.34	0.1898	15.1	7.6	9.1	375.0	9007.2	430.0	8069.0					15.3	6.9	4.0	24.0	544.4	23.0	547.1	11.5	410.0	
MINIMUM		2.05	0.00	1.90	0.0112	12.1	7.1	3.2	150.0	2954.4	180.0	3768.0					12.6	6.7	2.6	13.0	233.5	11.0	212.8	4.0	13.0	
AVERAGE *		2.56	0.39	2.42	0.1052	13.8		6.3	204.7	4385.9	298.2	6253.0					14.0		3.3	17.2	344.8	16.5	332.0	7.6	83.9	
Number of Analyses		28	27	28	28	20	20	17	17	17	17	17	0	0	0	0	20	20	20	16	16	16	17	17	9	9

Tox. TUp	N/A
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Copper	19.0	Hrd mg/l	68.0	Floating Solids	
Lead	ND	Alk. mg/l	157.0	Waste, or Foam	
Silver	ND	Avg. O ₂ X 3 days		Pass/Fail	P
Zinc	19.0	MGD			
***NH ₃ mg/l	23.0				

Hrd mg/l	75.0
Alk. mg/l	133.3
D.O. mg/l	3.3

Copper	26.0	LBS	0.59
Lead	ND		
Silver	ND		
Zinc	30.7	LBS	0.70
***NH ₃ mg/l	13.0		294.9

% REMOVAL	94.5
B.O.D.	91.6
S.S.	91.6
Floating Solids	
Waste, or Foam	
Pass/Fail	P

WEEK	BOD	TSS	WEEKLY AVERAGE	WEEKLY COLIFORM
	mg/l	lbs	mg/l	lbs
1	18.2	341.6	15.5	281.7
2	18.8	442.4	19.5	456.7
3	15.2	283.7	18.4	344.0
4	12.7	249.7	14.3	281.1
MAX	18.8	442.4	19.5	456.7

Cu, Pb, Zn, Ag, Hardness and Alk are a 3 day avg. 11/10-11/12

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: 11/1/2015 TO 11/30/2015
 OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Chronic Toxicity	*****	*****	*****		*****	*****		0	See Permit Requirements	24-Hr Composite
1 - Final Effluent T000	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	TUC		
Floating solids, waste or visible foam-visual	Sample meas.	*****	*****		*****	*****	P	P	Monthly	Visual
1 - Final Effluent 45613	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		
Flow	Sample meas.	2.42	3.34	MGD	*****	*****	*****	0	Continuous	Recorded
1 - Final Effluent 50050	Permit reqmt.	Report monthly average	4.9 daily maximum		*****	*****	*****			
Fecal Coliform	Sample meas.	*****	*****		*****	*****	83.9	2		
1 - Final Effluent 74055	Permit reqmt.	*****	*****		*****	*****	112 monthly geometric mean	224 daily maximum	2X Weekly	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	*****	154.5	0		
W - See Comments 74055	Permit reqmt.	*****	*****		*****	*****	168 weekly geometric mean		2X Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
GRIFFIN TEMPEL	907.586.0893	11-02-15
SR. OPERATOR	AREA NUMBER	Y M D
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

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

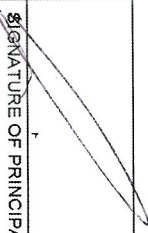
CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Rd.
 Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY
 LOCATION: 2009 RADCLIFFE RD
 Juneau, AK 99801

PERMIT NUMBER: AK0022951
 MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 11/1/2015 TO 11/30/2015
 NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
pH	1 - Final Effluent 00400	*****	*****	S.U.	6.7	6.9	0	5X Weekly	Grab	
		*****	*****		6.5	8.5				
Total Suspended Solids	1 - Final Effluent 00530	344.8	544.4	lbs/day	*****	24.0	0	2X Monthly	24-Hr Composite	
		1226	2452		*****	60				
Total Suspended Solids	G - Influent 00530	*****	*****	mg/l	375.0	*****	0	2X Monthly	24-Hr Composite	
		*****	*****		Report	*****				
Total Suspended Solids	W - See Comments 00530	456.7	*****	lbs/day	19.5	*****	0	2X Monthly	24-Hr Composite	
		1839	*****		45	*****				
Ammonia Nitrogen (as N)	1 - Final Effluent 00610	294.9	294.9	lbs/day	13.0	13.0	0	Monthly	24-Hr Composite	
		1165	1655		28.5	40.5				

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 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	
GRIEVE TEMPEL						907-586-2393		11-02-15	
SR. OPERATOR						AREA NUMBER		Y M D	
TYPED OR PRINTED									