

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

September 2016

FLOWS		Influent												Effluent											
DAY	DATE	SBR INFLUENT MGD	precip	SBR ToT EFF MGD	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	TSS mg/L	TSS LBS	B.O.D. mg/L	B.O.D. LBS	IPS TSS mg/L	IPS TSS LBS	IPS BOD mg/L	IPS BOD LBS	TEMP °C	pH	D.O. mg/L	TSS mg/L	TSS LBS	B.O.D. mg/L	B.O.D. LBS	FEDAL COLIFORM /100 ml	Turbidity on FC Grab
Thur	1	1.96	0.00	1.79	0.1185	18.0	7.3	5.3	547	8941	790	11794	405	60799	500	22059	17.5	6.8	2.7	23	343	37	552	16	10.2
Fri	2	1.80	0.00	1.69	0.1078	16.8	7.3	5.5	176	2642	340	5104	305	4579	350	5254	17.6	6.8	2.7	21	296	22	310		
Sat	3	1.79	0.00	1.62	0.1199																				
Sun	4	1.66	0.00	1.45	0.0844																				
Mon	5	1.94	0.90	1.72	0.0733	15.9	7.3	3.6	208	3365	280	4530	350	5663	480	7766	18.1	6.8	4.6	13	186	16	230	2	
Tue	6	2.46	1.28	2.30	0.0845	17.2	7.5	5.4	224	4596	290	5950	280	5745	340	6976	17.4	6.9	3.7	11	211	14	269	2	3.5
Wed	7	2.14	0.06	1.99	0.0935	17.7	7.2	4.4	280	4997	390	6961	340	6068	540	9638	17.2	6.8	2.8	14	232	18	299		
Thu	8	2.04	0.44	2.00	0.1016	16.9	7.4	5.0	233	3964	410	6976	370	6295	430	7316	16.8	6.8	2.6	14	234	20	334		
Fri	9	3.57	2.54	3.44	0.0663	16.6	7.2	5.9	202	6014	380	11314	390	11612	370	11016	17.0	6.8	4.9	18	516	18	516		
Sat	10	2.70	0.07	3.07	0.0704																				
Sun	11	2.25	0.00	2.49	0.0566																				
Mon	12	2.23	0.30	2.37	0.0801	15.9	7.5	4.3									15.6	6.8	3.2						
Tue	13	2.66	0.21	2.70	0.1217	16.4	7.4	6.6	258	5724	280	6212	440	9761	290	6433	16.6	6.9	3.0	14	315	14	315	2	3.4
Wed	14	2.42	0.61	2.48	0.1181	16.7	7.0	6.0	222	4481	330	6660	323	6519	300	6055	16.2	6.9	3.2	12	248	14	290	8	5.8
Thu	15	3.08	0.02	3.16	0.1489	16.0	7.3	6.4	240	6165	360	9247	780	20036	320	8220	16.4	6.8	2.7	13	343	29	764		
Fri	16	3.11	0.45	3.24	0.0865	15.6	7.1	6.3	167	4332	270	7003	260	6744	260	6744	15.9	6.7	3.0	10	270	18	486		
Sat	17	2.82	0.18	2.77	0.0839																				
Sun	18	2.54	T	2.63	0.0728																				
Mon	19	2.29	0.00	2.55	0.0717	14.6	7.4	5.6	143	2731	150	2865	256	4889	230	4393	15.6	6.8	2.9	12	255	13	276	2	3.5
Tue	20	2.25	0.00	2.36	0.1041	14.9	7.1	5.0	176	3303	200	3753	240	4504	230	4316	15.7	6.9	3.2	10	197	10	197	5	3.6
Wed	21	2.37	0.00	2.28	0.1172	14.5	7.5	5.9	244	4823	410	8104	332	6562	410	8104	15.9	6.9	3.1	14	266	21	399		
Thu	22	2.42	1.36	2.46	0.1167	15.4	6.9	4.6	260	5248	400	8073	400	8073	440	8880	16.0	6.8	2.4	14	287	22	451		
Fri	23	2.38	0.23	2.45	0.1200	15.5	7.2	5.8	190	3771	430	8535	410	8138	390	7741	15.7	6.8	2.7	18	368	29	593		
Sat	24	2.47	0.83	2.46	0.0791																				
Sun	25	2.56	0.05	2.54	0.0759																				
Mon	26	2.24	0.21	2.38	0.0604	13.8	7.5	1.5	390	7286	230	4297	300	5604	290	5418	15.5	6.9	3.2	9	185	18	357	2	4.2
Tue	27	2.25	0.30	2.29	0.1405	14.5	7.2	5.6	220	4128	260	4879	620	11634	350	6568	15.6	6.7	2.9	8	153	13	248	18	7.5
Wed	28	2.24	0.01	2.19	0.0912	15.4	7.0	6.4	250	4670	380	7099	460	8594	380	7099	16.2	6.8	3.4	10	183	17	310		
Thu	29	2.17	0.00	2.23	0.1069	15.6	7.3	4.5	180	3258	350	6334	300	5429	340	6153	15.3	6.7	2.9	13	242	19	353		
Fri	30	2.08	0.00	2.08	0.1153	16.2	7.4	6.0	190	3296	440	7633	390	6765	550	9541	16.2	6.9	2.7	14	243	28	486		
Sept.	1	2.00	0.00	1.99	0.0984																				
TOTAL		70.89	10.05	71.18	2.89																				
MAXIMUM		3.57	2.54	3.44	0.15	18.0	7.5	6.6	547	8941	790	11794	780	60799	550	22059	18.1	6.9	4.9	23	516	37	764	18	10.2
MINIMUM		1.66	0.00	1.45	0.06	13.8	6.9	1.5	143	2642	150	2865	240	4504	230	4316	15.3	6.7	2.4	8	153	10	197	2	3.4
AVERAGE		2.36	0.34	2.37	0.10	15.9		5.3	238	4654	351	6825	379	10191	371	7890	16.4		3.1	14	265	20	383	4	5.2
Number of Analyses		31	30	31	31	22	22	22	21	21	21	21	21	21	21	21	22	22	21	21	21	21	21	9	8

Sept. 4th-Oct. 1st used in calculating wklly avgs only.
Sept. 1st-30th used for monthly calculation s only.

2016		2016	
Hrd. mg/l	81	9/1/2016	
Hrd. mg/l			
Alk. mg/l	150	9/1/2016	
NH3 mg/L	19	9/1/2016	
Tox. Tuc	NA		

WEEK	EFF WEEKLY AVERAGE				WEEKLY		% REMOVAL	
	BOD		TSS		COLIFORM	B.O.D.		
	mg/l	lbs	mg/l	lbs	Geo. Mean	S.S.		
1	17	329	14	276	2		Floating Solids	
2	19	464	12	294	4		Waste, or Foam	
3	19	383	14	275	3		Pass/Fail	
4	19	351	11	201	6		P	
AVG	18	382	13	261	4			

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

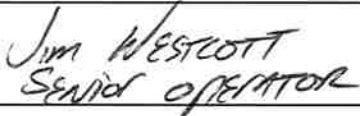
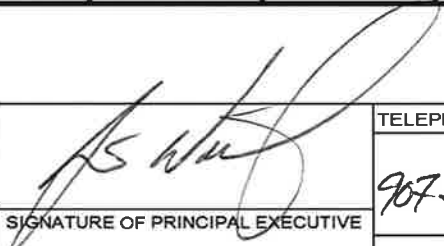
MONITORING PERIOD: 9/1/2016

TO 9/30/2016

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	16.4	18.1		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		2.4	*****	4.9		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	383	764		*****	20	37		0		
	Permit reqmt.	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) G - Influent 00310	Sample meas.	*****	*****		*****	351	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	382	*****		*****	18	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center;">  Jim Westcott Senior Operator </div>	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 <div style="text-align: center;">  AS WA </div> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE 10/10/12
TYPED OR PRINTED		AREA NUMBER 907-586-0593	Y M D 10 10 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
 OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 9/1/2016 TO 9/30/2016
 NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.7	*****	6.9		0		
	Permit reqmt.	*****	*****		6.3 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3) 1 - Final Effluent 00410	Sample meas.	*****	*****		*****	150	150		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	265	516		*****	14	23		0		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids G - Influent 00530	Sample meas.	*****	*****		*****	238	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	261	*****		*****	13	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

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TYPED OR PRINTED			AREA NUMBER	Y M D

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MONITORING PERIOD: 9/1/2016

TO 9/30/2016

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	19	19		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3) 1 - Final Effluent 00900	Sample meas.	*****	*****		*****	81	81		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable 1 - Final Effluent 01079	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; text-align: center;"> Jim Westcott Senior Operator </div>	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 <div style="font-family: cursive; font-size: 1.2em;"> 907 586-0395 </div>	DATE <div style="font-family: cursive; font-size: 1.2em;"> 10/10/12 </div>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="font-family: cursive; font-size: 1.5em; text-align: center;"> </div>	AREA NUMBER	Y M D

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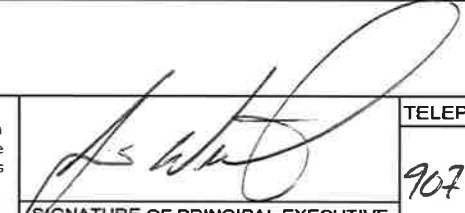
MONITORING PERIOD: 9/1/2016

TO 9/30/2016

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	0.28	0.28		*****	19	19		0		
	Permit reqmt.	1.82 monthly average	3.92 daily maximum	lbs/day	*****	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity 1 - Final Effluent T000	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual 1 - Final Effluent 45613	Sample meas.	*****	*****		*****	*****	P		0		
	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow 1 - Final Effluent 50050	Sample meas.	2.37	3.44		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	4	18		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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			907-586-0393	10/10/12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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MONITORING PERIOD: 9/1/2016 TO 9/30/2016
 NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	4	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		94	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		94	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation

COMMENTS:
 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 <i>Jim Westcott</i> SENIOR OPERATOR	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 907-586-0393	DATE 10/10/12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA NUMBER	Y M D