

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

December 2016

DAY	DATE	FLOWS				Influent								Effluent											
		SBR INFLUENT	precip	SBR TTL EFFL	SBR WASTE	TEMP	pH	D.O	S.S	S.S	B.O.D	B.O.D	IPS TSS	IPS TSS	IPS BOD	IPS BOD	TEMP	pH	D.O	S.S	S.S	B.O.D	B.O.D	Turbidity on FC	FECAL COLIFORM
		MGD		MGD	MGD	°C		mg/L	mg/L	LBS	mg/L	LBS	mg/L	LBS	mg/L	LBS	°C		mg/L	mg/L	LBS	mg/L	LBS	Grab	/100 ml
Thu	1	1.91	0.24	1.67	0.1277	14.2	7.5	6.6	213	3393	380	6053	400	6372	580	9239	14.2	6.9	3.0	10	139	13	181		68
Fri	2	2.25	1.27	2.18	0.1646	13.7	7.1	0.1	240	4504	530	9945	380	7131	630	11822	13.7	6.8	2.5	23	418	16	291		
Sat	3	2.89	1.10	2.70	0.1553																				
Sun	4	2.33	T	2.25	0.0791																				
Mon	5	2.25	0.00	2.18	0.0656	11.6	8.0	7.7	175	3284	190	3565	1380	25896	270	5067	11.7	6.8	6.0	10	178	10	182	5.8	16
Tue	6	2.14	0.21	2.02	0.0597	11.9	7.2	7.1	220	3926	280	4997	410	7318	290	5176	12.4	6.8	3.9	18	303	12	202	5.0	5
Wed	7	1.95	0.39	1.87	0.1107	11.8	7.7	7.1	245	3984	380	6180	565	9189	420	6830	11.9	6.8	3.2	18	281	17	265		
Thu	8	2.04	0.00	1.90	0.1145	11.8	7.3	7.2	200	3403	410	6976	360	6125	490	8337	12.6	6.8	3.4	12	190	14	222		
Fri	9	2.01	T	1.83	0.1497	12.6	7.5	7.5	225	3772	300	5029	470	7879	500	8382	11.8	6.9	3.2	16	244	15	229		
Sat	10	2.08	0.00	1.91	0.1026																				
Sun	11	1.87	0.00	1.79	0.0771																				
Mon	12	2.01	0.00	1.97	0.0917	11.4	7.6	2.8	196	3286	210	3520	556	9320	280	4694	11.6	6.9	3.5	9	145	10	163	5.0	3
Tue	13	2.20	T	1.99	0.0995	11.0	7.3	7.2	376	6899	440	8073	507	9302	370	6789	11.4	6.9	3.9	10	166	14	232	3.5	1
Wed	14	2.13	T	1.93	0.1341	12.0	7.1	8.0	285	5063	530	9415	745	13234	600	10659	11.7	6.8	3.0	23	370	19	306		
Thu	15	2.10	0.00	1.92	0.1237	12.2	7.3	4.9	280	4904	300	5254	410	7181	370	6480	11.7	6.9	3.2	16	256	25	400		
Fri	16	1.99	0.03	1.76	0.1391	11.9	7.6	6.3	230	3817	280	4647	100	1660	180	2987	11.4	6.9	3.2	14	205	15	220		
Sat	17	1.97	0.63	1.85	0.1235																				
Sun	18	1.89	0.59	1.89	0.0894																				
Mon	19	2.26	0.44	2.15	0.1261	11.1	7.5	7.6	214	4034	240	4524	640	12063	430	8105	12.1	6.9	3.0	12	215	13	233	6.3	58
Tue	20	2.40	0.61	2.28	0.1430	11.3	7.3	7.8	245	4904	350	7006	427	8547	360	7206	12.4	6.8	3.6	11	209	14	266	7.0	150
Wed	21	2.63	0.34	2.43	0.1059	11.0	7.3	7.8	232	5089	420	9212	1110	24347	510	11186	12.1	6.8	4.0	16	324	21	426		
Thu	22	2.30	T	2.18	0.1120	11.3	7.3	7.8	213	4086	320	6138	320	6138	360	6906	12.4	6.8	3.9	14	255	15	273		
Fri	23	2.30	0.00	2.02	0.1110	11.6	9.3	7.9	193	3702	320	6138	300	5755	370	7097	12.2	6.8	3.3	12	202	18	303		
Sat	24	2.15	0.00	1.90	0.0939																				
Sun	25	1.89	0.02	1.69	0.0803																				
Mon	26	2.01	0.10	1.83	0.0844	10.7	7.5	7.6									11.7	6.9	2.3						
Tue	27	1.99	0.22	1.69	0.1274	11.1	7.6	7.1	252	4182	260	4315	1710	28380	340	5643	12.0	6.9	2.7	16	226	17	240	7.2	10
Wed	28	2.20	0.35	1.90	0.1110	11.7	7.3	7.7	280	5137	370	6789	1060	19449	510	9357	12.2	6.9	2.7	14	222	15	238	8.7	16
Thu	29	2.01	0.03	1.81	0.0954	11.7	7.3	8.5	255	4275	440	7376	670	11231	520	8717	12.4	6.9	3.0	14	211	21	317		
Fri	30	2.01	0.16	1.86	0.0950	11.4	7.5	5.5	235	3939	296	4962	705	11818	360	6035	11.7	6.8	2.6	13	202	19	295		
Sat	31	1.92	0.00	1.81	0.0811																				
TOTAL		66.08	6.73	61.16	3.3740																				
MAXIMUM		2.9	1.27	2.7	0.1646	14.2	9.3	8.5	376	6899	530	9945	1710	28380	630	11822	12.6	6.9	6.0	23	418	25	426	8.7	150
MINIMUM		1.9	0.00	1.7	0.0597	10.7	7.1	0.1	175	3284	190	3520	100	1660	180	2987	11.4	6.8	2.3	9	139	10	163	3.5	1
AVERAGE *		2.1	0.26	2.0	0.109	11.8		6.7	238	4266	345	6196	630	11349	416	7463	12.2		3.3	14	236	16	261	6.1	14
Number of Analyses		31	26	31	31	22	22	22	21	21	21	21	21	21	21	21	22	22	22	21	21	21	21	8	9

2016	
Hrd. mg/l	71
Hrd. mg/l	
Alk. mg/l	130
Tox. TUc	NA

2016 Metals	
mg/L	ppm
Copper	13.0
Copper	0.18
Lead	ND
Silver	ND
Zinc	ND
***NH3 mg/L	15.0

% REMOVAL	
B.O.D	95
S.S.	94
Floating Solids	
Waste, or Foam	
Pass/Fail	P

WEEKLY AVERAGES					
WEEK	BOD		TSS		COLIFORM
	mg/l	lbs	mg/l	lbs	Geo. Mean
1	14	220	15	239	9
2	17	264	14	228	2
3	16	300	13	241	93
4	18	272	14	215	13
MAX WEEKLY AVG	18	300	15	241	93

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

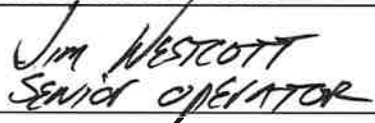
MONITORING PERIOD: 12/1/2016

TO 12/31/2016


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.	*****	*****		*****	12.2	12.6		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		2.3	*****	6.0		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	261	426		*****	16	25		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.	*****	*****		*****	345	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	300	*****		*****	18	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 Jim Westcott
 Senior Operator
 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

TELEPHONE	DATE
907.586.0993	12/1/16
AREA NUMBER	Y M D

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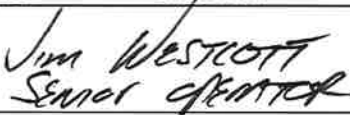
MONITORING PERIOD: 12/1/2016

TO 12/31/2016

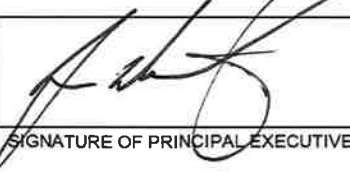
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.8	*****	6.9		0		
	Permit reqmt.	*****	*****		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	236	418		*****	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.	241	*****		*****	15	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	209	209		*****	15	15		0		
	Permit reqmt.	1165 monthly average	1655 daily maximum	lbs/day	*****	28.5 monthly average	40.5 daily maximum	mg/l		Monthly	24-Hr Composite

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 OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
907 586 0353	12/1/16
AREA NUMBER	Y M D

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PERMIT NUMBER: AK0022951

MONITORING PERIOD: 12/1/2016

TO 12/31/2016

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				
Hardness, Total (as CaCO3) 1 - Final Effluent 00900	Sample meas.	*****	*****		*****	71	71		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable 1 - Final Effluent 01079	Sample meas.	*****	*****		*****	ND	ND		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.	*****	*****		*****	ND	ND		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.	*****	*****		*****	ND	ND		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	0.18	0.18		*****	13	13		0		
	Permit reqmt.	3.54 monthly average	7.63 daily maximum	lbs/day	*****	86.7 monthly average	187.0 daily maximum	ug/l		Monthly	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. 586.0293 </div>	DATE <div style="font-family: cursive; font-size: 1.2em;"> 12/1/16 </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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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Chronic Toxicity 1 - Final Effluent TTOO	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	5.1 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.	2.0	2.7		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	14	150		0		
	Permit reqmt.	*****	*****		*****	112 monthly geometric mean	224 daily maximum	cts/100 ml		2X Weekly	Grab
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	93	*****		0		
	Permit reqmt.	*****	*****		*****	168 weekly geometric mean	*****	cts/100 ml		2X Weekly	Grab

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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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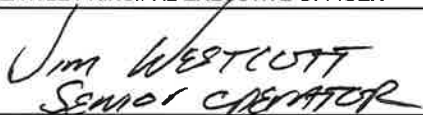
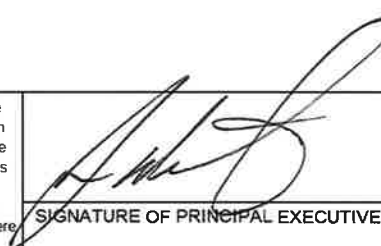
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		95	*****	*****		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  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	TELEPHONE 907.586.0393	DATE 12/1/16
			AREA NUMBER	Y M D