

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

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

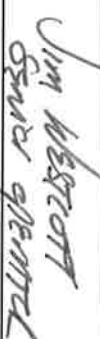

FACILITY: MENDENHALL WW TREATMENT FACILITY
 LOCATION: 2009 RADCLIFFE RD
 Juneau, AK 99801

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

MONITORING PERIOD: 4/1/2017

TO 4/30/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Maximum	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				Minimum	Average				
Temperature (C)	Sample meas.	*****	*****	*****	12.5	13.8			
	1 - Final Effluent Permit regmt. 00010	*****	*****	*****	Report monthly average	Report daily maximum	DEG.C	5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****	2.2	*****	5.0			
	1 - Final Effluent Permit regmt. 00300	*****	*****	Report daily minimum	*****	Report daily maximum	mg/l	Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	389	512	*****	28	37			
	1 - Final Effluent Permit regmt. 00310	1226 monthly average	2452 daily maximum	*****	30 monthly average	60 daily maximum	mg/l	2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	*****	*****	701	*****			
	G - Influent Permit regmt. 00310	*****	*****	*****	Report monthly average	*****	mg/l	2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	430	*****	*****	31	*****			
	W - See Comments 00310	1839 weekly average	*****	*****	45 weekly average	*****	mg/l	2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
 Jim Westcott Senior Analyst					
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA NUMBER	
		 OFFICER OR AUTHORIZED AGENT		907 586 0595 17/5/11	

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.

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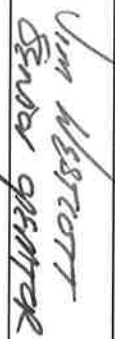
PERMIT NUMBER: AK0022951
 MONTORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 4/1/2017

TO 4/30/2017

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Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
pH	Sample meas.	*****	6.6	*****	6.9	S.U.	5X Weekly	Grab
	Permit reqmt.	*****	6.5 instantaneous minimum	*****	8.5 instantaneous maximum			
Total Suspended Solids	Sample meas.	339	568	*****	25	41		
	Permit reqmt.	1226 monthly average	2452 daily maximum	*****	30 monthly average	60 daily maximum		24-Hr Composite
Total Suspended Solids	Sample meas.	*****	*****	*****	891	*****		
	Permit reqmt.	*****	*****	*****	Report monthly average	*****		24-Hr Composite
Total Suspended Solids	Sample meas.	408	*****	*****	28	*****		
	Permit reqmt.	1839 weekly average	*****	*****	45 weekly average	*****		24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	273	273	*****	20	20		
	Permit reqmt.	1165 monthly average	1655 daily maximum	*****	28.5 monthly average	40.5 daily maximum		24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 Jim Westcott
 Senior Operator

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 907.586.0993
 AREA | NUMBER: 17/511
 DATE: 17/5/17

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 LOCATION: 2009 RADCLIFFE RD
 Juneau, AK 99801

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

MONITORING PERIOD: 4/1/2017

TO 4/30/2017

NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum			
Hardness, Total (as CaCO3)	Sample meas.	*****	*****	*****	82	82	24-Hr Composite
	1 - Final Effluent Permit reqmt. 00900	*****	*****	*****	Report monthly average	Report daily maximum	
Silver Total Recoverable	Sample meas.	*****	*****	*****	0	0	24-Hr Composite
	1 - Final Effluent Permit reqmt. 01079	*****	*****	*****	Report monthly average	Report daily maximum	
Zinc Total Recoverable	Sample meas.	*****	*****	*****	0	0	24-Hr Composite
	1 - Final Effluent Permit reqmt. 01094	*****	*****	*****	Report monthly average	Report daily maximum	
Lead Total Recoverable	Sample meas.	*****	*****	*****	0	0	24-Hr Composite
	1 - Final Effluent Permit reqmt. 01114	*****	*****	*****	Report monthly average	Report daily maximum	
Copper Total Recoverable	Sample meas.	0.26	0.26	0.26	19	19	24-Hr Composite
	1 - Final Effluent Permit reqmt. 01119	3.54 monthly average	7.63 daily maximum	lbs/day	86.7 monthly average	187.0 daily maximum	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Jim Abbott
 TYPED OR PRINTED: Jim Abbott
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE: 907.586.0993
 AREA NUMBER: 1715/11
 DATE: 17/5/17

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.

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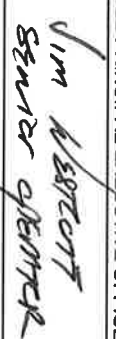

PERMIT NUMBER: AK0022951
 MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 4/1/2017

TO 4/30/2017

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	1 - Final Effluent T1000	*****	*****		*****	0			See Permit Requirements	24-Hr Composite
		*****	*****		5.1 monthly average	Report daily maximum	TUC			
Floating solids, waste or visible foam-visual	1 - Final Effluent 45613	*****	*****		*****	P			Monthly	Visual
		*****	*****		*****	Report value	pass/fail			
Flow	1 - Final Effluent 50050	1.6	2.0	MGD	*****	*****			Continuous	Recorded
		Report monthly average	4.9 daily maximum		*****	*****				
Fecal Coliform	1 - Final Effluent 74055	*****	*****		*****	17		2	2X Weekly	Grab
		*****	*****		112 monthly geometric mean	224 daily maximum	cts/100 ml			
Fecal Coliform	W - See Comments 74055	*****	*****		*****	92			2X Weekly	Grab
		*****	*****		168 weekly geometric mean	*****	cts/100 ml			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Jim Wertzoff Senior Planner 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  Jim Wertzoff	TELEPHONE 907.586.5395
OFFICER OR AUTHORIZED AGENT	DATE 17/5/11
AREA NUMBER	Y M D

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 MAILING ADDRESS: 2009 Radcliffe Rd.
 Juneau, AK 99801

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 LOCATION: 2009 RADCLIFFE RD
 Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFUSER

MONITORING PERIOD: 4/1/2017

TO 4/30/2017

NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Maximum				
BOD5 Minimum % Removal	*****	*****	*****		96	*****	*****			
K - Percent Removal	*****	*****	*****		85	*****	*****	%	Monthly	Calculation
81010	Permit reqmt.				minimum					
Total Suspended Solids Minimum % Removal	*****	*****	*****		97	*****	*****			
K - Percent Removal	*****	*****	*****		85	*****	*****	%	Monthly	Calculation
81011	Permit reqmt.				minimum					

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.

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<i>Jim Westcott</i> General Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE
TYPED OR PRINTED	<i>[Signature]</i>	907.586.0595
		DATE
		17/5/17
	AREA NUMBER	Y M D