CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Rd. FACILITY: MENDENHALL WW TREATMENT FACILITY LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

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

Juneau, AK 99801

MONITORING PERIOD: 4/1/2017

TO

4/30/2017 NO DISCHARGE:

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

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are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	gamering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for	designed to assure that qualified personnel properly gather and evaluate	I certify under penalty of law that this document and all attachments were
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	Market 1	4/1/1	////
AREA NUMBER	() who !!	1650 YES 276		TELEPHONE
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/	TELEPHONE	DATE
	2650 250 200	11/5/41
XECUTIVE	1-1	, , ::
AGENT	AREA NUMBER	AIWID

CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

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

MONITORING PERIOD: 4/1/2017

To NO DISCHARGE: 4/30/2017

	2 10 00 10 10 10 10 10 10 10 10 10 10 10		00000						-	NO DISCHARGE: L	
Parameter		Quantity o	Quantity or Loading	Units	Quality	ity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рH	Sample meas.	* * * *	**		6.6	* * * * *	6.9				
1 - Final Effluent 00400	Permit reqmt.	**	* * * *		6.5 instantaneous	** ** ** **	8.5 instantaneous	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	339	568		****	25	41				
1 - Final Effluent 00530	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	Sample meas.	* * * *	* * * * *		****	891	* * * * *				
G - Influent 00530	Permit reqmt.	** ** ** *	** ** **		** ** ** **	Report monthly average	**	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	408	* * * * *		* * * * *	28	* * * * *				
W - See Comments 00530	Permit reqmt.	1839 weekly average	**	lbs/day	* * * * *	45 weekly average	**	mg/l		2X Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	273	273		* * * * *	20	20				
1 - Final Effluent 00610	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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are significant penalties for submiting false information, including the possibility of fine and imprisonment for knowing violations.	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property 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 pattering the information, the information submitted is, to the best of my pattering the information and complete is no everyther.	I certify under penalty of law that this document and all attachments were

OFFICER OR AUTHORIZED AGENT	IGNATURE OF PRINCIPAL EXECUTIVE	1 May	
AREA NUMBER	101.50-12	250 150 250	I ELEPHONE
DIWIL	1/3/11		DATE

SIGNATURE OF PRINC

MAILING ADDRESS: 2009 Radcliffe Rd. CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

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

Juneau, AK 99801

MONITORING PERIOD: 4/1/2017

TO NO DISCHARGE: 4/30/2017

CATHOLIC STREET, STREE									5	O DAOGHILLIAGE.	
Parameter		Quantity or Loading	r Loading	Units	Quality	ity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Hardness, Total (as CaCO3)	Sample meas.	* * * *	* * * *		* * * *	82	82				
1 - Final Effluent 00900	Permit reqmt.	* * * *	****		**	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	* * * * *	* * * * *		* * * * *	0	0				
1 - Final Effluent 01079	Permit reqmt.	* * * *	* * * *		** ** ** *	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	* * * * *	* * * * *		* * * * *	0	0				
1 - Final Effluent 01094	Permit reqmt.	**	*****		**	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample meas.	** **	* * * *		* * * * *	0	0				
1 - Final Effluent 01114	Permit reqmt	**	**		****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Copper Total Recoverable	Sample meas.	0.26	0.26		* * * * *	19	19				
1 - Final Effluent 01119	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

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ed under my direction or supervision in accordance with a system red to assure that qualified personnel properly gather and evaluate ng the information, the information submitted is, to the best of my rmation submitted. Based on my inquiry of the person or persons under penalty of law that this document and all attachments were ige and belief, true, accurate, and complete. I am aware that there

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UTIVE IT	TELEPHONE 907. St. 1993	DATE 1745/11
NT T	AREA NUMBER	AIWID

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Rd. FACILITY: MENDENHALL WW TREATMENT FACILITY LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER

Juneau, AK 99801

Parameter

OUTFALL / MONITORIN

	Amaluaia					Avarago Mavimum	
Sample Type	Frequency of	No.	Units	Quality or Concentration	Units	Quantity or Loading	
	NO DISCHARGE:					NG POINT: 001A MENDENHALL RIVER DIFFUSER	NG POINT: OUTA
	4/30/2017	TO	,,,,,,	MONITORING PERIOD: 4/1/2017		2951	NUMBER: AK0022951

		Average	Maximum		Minimum	Average	Maximum			Ex.
Chronic Toxicity	Sample meas.	* * * * *	* * * * *		* * * * *	0	0			
1 - Final Effluent TT000	Permit reqmt.	**	** **		* * * *	5.1 monthly average	Report daily maximum	im r	rt TUC	
Floating solids, waste or visible foam-visual	Sample meas.	* * * *	* * * *		* * * * *	* * * * *	P			
1 - Final Effluent 45613	Permit reqmt.	****	* * * *		* * * * *	* * * * *	Report value	ue	oort pass/fail ue	
Flow	Sample meas.	1.6	2.0		* * * * *	* * * *	* *	* * * *	* *	* *
1 - Final Effluent 50050	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	* * * *	* * * *	*	* * *	**	**
Fecal Coliform	Sample meas.	* * * *	* * * * *		* * * * *	17	2	270	70	70 2
1 - Final Effluent 74055	Permit reqmt.	* * * *	**		* * * * * * * * * * * * * * * * * * *	112 monthly geometric mean	daily n	224 daily maximum	cts/100 ml naximum	
Fecal Coliform	Sample meas.	* * * * *	* * * * *		* * * * *	92	*	* * * * *	* * *	** **
W - See Comments 74055	Permit reqmt.	**	* * * * *		* * * * *	168 weekly geometric mean	* *	* * * *	**** cts/100 ml	

OFFICER OR AUTHORIZED AGENT	gathering the information, the information submitted is, to the best of my Knowledge and helief the accurate and complete I am aware that hour SIGNATURE OF PRINC PAL EXECUTIVE		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
ZED AGENT AREA I NUMBER	TEXECUTIVE 401 XP COLD 1/2/		TELEPHONE
Y M D	11/5/11.	12/2/	DATE

CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

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

MONITORING PERIOD: 4/1/2017

4/30/2017

TO

OUTFALL / MONITOKING POINT: OUTA MENDENHALL KIVEK DIFFUSEK	OOTA ME	NDENHALL RIVE	K DIFFUSER						7	NO DISCHARGE:	
Parameter		Quantity or Loading	or Loading	Units	Qual	Quality or Concentration	ition	Units	No.	No. Frequency of Sample Type	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
BOD5 Minimum % Removal	Sample	* * * *	* * * * *		0,6	* * * * *	* * * * *				
	meas.				90						
K - Percent Removal Permit	Permit	****	****		85	* * * * *	**	%		Monthly	Calculation
81010	81010 reqmt.										
Total Suspended Solids Minimum Sample	Sample	* * * * *	* * * * *		07	* * * *	* * * * * *				
% Removal	meas.				7/						
K - Percent Removal Permit	Permit	***	****		85	* * * * * * * * * * * * * * * * * * * *	**	%		Monthly	Calculation
81011 reqmt.	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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are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	gamening the information, the information submitted is, to the best of my knowledge and belief the accurate and complete. I am aware that there	prepared labor my discussion in supernison in accordance with a system dosigned to assure that quasified personnel property 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	certify under penalty of law that this document and all atlachments were	
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	L when	1 1	/
AREA NUMBER		907. Sec555 17/	TELEPHONE	
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AREA NUMBER	907.56.055	TELEPHONE
AIMID	17/5/41	DATE