CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

PERMIT NIIMBER: AKOO22951	^ ドハハソンタ ロ	7			MONITOR	OBING PERIOD.	2/1/2017		TO	7170/2017	
	ANOUZZZ	Ĭ			MOM	OKING F EKIOD: 2/1/201/	1107/1/2			1107/97/7	
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER	001A ME	NDENHALL RIVE	R DIFFUSER						7	NO DISCHARGE:	
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	
Temperature (C)	Sample meas.	****	****		****	11.1	11.6		0		
1 - Final Effluent 00010	Permit reqmt.	* * * * *	* * *		* * * * *	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	* * * * *	* * * *		2.3	* * * * *	6.3		0		
1 - Final Effluent 00300	Permit reqmt.	** ** *	* * * * *		Report daily minimum	**	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	428	624		****	29	43		0		
1 - Final Effluent 00310	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)	Sample meas.	* * * *	***		** **	512	* * * * *		0		
G - Influent 00310	Permit reqmt	****	****		****	Report monthly average	****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	504	* * * *		**	34	* * * *		0		
W - See Comments 00310	Permit reqmt.	1839 weekly average	****	lbs/day	****	45 weekly average)	mg/l		2X Monthly	24-Hr Composite
							\			a .	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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the information submitted. Based on my inquiry of the person or persons

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possibility of fine and imprisonment for knowing violations.

knowledge and belief, true, accurate, and complete. I am aware that there who manage the system, or those persons directly responsible for tesigned to assure that qualified personnel properly gather and evaluate prepared under my direction or supervision in accordance with a system certify under penalty of law that this document and all attachments were

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA | NUMBER

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

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

Juneau, AK 99801

				,	\						
24-Hr Composite	Monthly		mg/l	40.5 daily maximum	28.5 monthly average	* * *	lbs/day	1655 daily maximum	1165 monthly average	Permit reqmt	1 - Final Effluent 00610
		0		14	14	* * * *		291	291	Sample meas.	Ammonia Nitrogen (as N)
24-Hr Composite	2X Monthly		mg/l	*****	45 weekly average	** ** **	lbs/day	* * * *	1839 weekly average	Permit reqmt.	W - See Comments 00530
		0		* * * * *	25	* * * * *		* * * * *	365	Sample meas.	Total Suspended Solids
24-Hr Composite	2X Monthly		mg/l	** ** **	Report monthly average	* * *		***	* * * * * * *	Permit reqmt	G - Influent 00530
		0		****	704	* * * * *		* * * *	* * * *	Sample meas.	Total Suspended Solids
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 00530
		0		39	21	* * * * *		579	315	Sample meas.	Total Suspended Solids
Grab	5X Weekly		S.U.	8.5 instantaneous maximum	* * * * *	6.5 instantaneous minimum		* * * * *	**	Permit reqmt	1 - Final Effluent 00400
		0		7.0	* * * *	6.7		* * * *	****	Sample meas.	РН
h .	Analysis	Ex.		Maximum	Average	Minimum		Maximum	Average		
Sample Type	Frequency of	No.	Units	ıtion	lity or Concentration	Quality	Units	Quantity or Loading	Quantity		Parameter
	NO DISCHARGE:	-	110					ER DIFFUSER	ENDENHALL RIVE	001A ME	OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER
	2/28/2017	TO		2/1/2017	MONITORING PERIOD: 2/1/2017	MONIT			51	AK00229	PERMIT NUMBER: AK0022951

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gathering the information, the information submitted is, to the best of my who manage the system, or those persons directly responsible for the information submitted. Based on my inquiry of the person or persons

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possibility of fine and imprisonment for knowing violations. are significant penalties for submitting false information, including the knowledge and belief, true, accurate, and complete. I am aware that there certify under penalty of law that this document and all attachments were

TELEPHONE

DATE

designed to assure that qualified personnel property gather and evaluate prepared under my direction or supervision in accordance with a system

CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

MONITORING PERIOD: 2/1/2017

Copper Total Recoverable Zinc Total Recoverable Silver Total Recoverable **Lead Total Recoverable** Hardness, Total (as CaCO3) Parameter **OUTFALL / MONITORING POINT:** 1 - Final Effluent PERMIT NUMBER: AK0022951 01119 01114 01094 01079 00900 001A MENDENHALL RIVER DIFFUSER Permit Permit Permit Sample reqmt. Permit reqmt. Sample reqmt. Sample Permit Sample reqmt Sample reqmt. meas. meas. meas. meas. meas. monthly average ***** ***** ***** ***** Average 0.35 **** **** ***** 3.54 Quantity or Loading daily maximum Maximum ***** ***** ***** ***** 0.35 ***** ***** ***** 7.63 lbs/day Units Minimum ***** ***** ***** ***** ***** ***** ***** ***** **** **Quality or Concentration** monthly average monthly average monthly average monthly average monthly average Average Report Report Report Report 86.7 Z Z 17 N 64 daily maximum daily maximum daily maximum daily maximum daily maximum Maximum Report Report Report 187.0 Report Z 17 Z NA 64 Units l/gu mg/l l/gu lg J l/gu 70 Ex. 0 0 0 0 0 NO DISCHARGE: 2/28/2017 Frequency of Requirements Requirements Requirements See Permit See Permit See Permit Analysis Monthly Monthly 24-Hr Composite 24-Hr Composite 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type

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87.58.0IS AREA | NUMBER YIMID 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

Parameter OUTFAL

PERMIT NUMBER: AK0022951 ALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER	AK002295 001A ME	NDENHALL RIVE	R DIFFUSER		MONIT	MONITORING PERIOD:	2/1/2017		To	2/28/2017 VO DISCHARGE:	
•		Quantity or Loading	r Loading	Units	Qual	Quality or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Ovicity											

					\						
					weekly geometric mean					74055 reqmt.	74055
Grab	2X Weekly		cts/100 ml	***	168	* * * * * * * * * * * * * * * * * * * *		* * * * * *	***	Permit	W - See Comments
		0		* * * *	57	* * * *		* * * *	* * * *	Sample meas.	Fecal Coliform
Grab	2X Weekly		cts/100 ml	224 daily maximum	112 monthly geometric mean	* * * * *		****	** ** ** **	Permit reqmt.	1 - Final Effluent Permit 74055 reqmt.
		0		140	38	* * *		* * * * *	* * * *	Sample meas.	Fecal Coliform
Recorded	Continuous			**	**	* * * * *	MGD	4.9 daily maximum	Report monthly average	Permit reqmt.	1 - Final Effluent 50050
		0		* * * * *	* * * * *	* * * *		2.5	1.8	Sample meas.	Flow
Visual	Monthly		pass/fail	Report value	** ** ** *	* * * * *		*** ** **	* * * * *	Permit reqmt	1 - Final Effluent 45613
		0		Р	* * * * *	* * * * *		* * * * *	* * * * *	Sample meas.	Floating solids, waste or visible foam-visual
24-Hr Composite	See Permit Requirements		TUC	Report daily maximum	5.1 monthly average	***		** ** **	**	Permit reqmt.	1 - Final Effluent ТТООО
		0		NA	NA	* * * * *		* * * * *	* * * *	Sample meas.	Chronic Toxicity
				1710270111101111	Tiverage				0		

GIWIA	AREA NUMBER	OFFICER OR AUTHORIZED AGENT	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
45/41	9256-033 17/2K	PRINGIBAL EXECUTIVE	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 befief the, accurate, and complete. I am aware that there	SENICY CARACTER
DATE	TELEPHONE	1	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

FACILITY: MENDENHALL WW TREATMENT FACILITY

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

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

TONO DISCHARGE: 2/28/2017

MONITORING PERIOD: 2/1/2017

OOTTAGE / MONITONING FOINT: OOTA WENDENHALL RIVER DIFFUSER	OOTA ME	ADENDALL VIVE	א טורדטטבא						-	NO DISCHARGE: L	
Parameter		Quantity or Loading	r Loading	Units	Qual	Quality or Concentration	tion	Units	No.	No. Frequency of Sample Type	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
BOD5 Minimum % Removal	Sample meas.	* * * * *	****		94	* * * * *	* * * *		0		
K - Percent Removal Permit 81010 reqmt.	emoval Permit 81010 reqmt	李孝安李本	**		85 mīnimum	******	**	%		Monthly	Calculation
Total Suspended Solids Minimum Sample % Removal meas.	Sample meas.	* * * * *	****		97	* * * * *	* * * * *		0		
K - Percent Removal 81011	emoval Permit 81011 reqmt	***	****		85 mînimum	**	**	%		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.

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are significant penalties for submitting take information, including the possibility of fine and imprisonment for knowing violations.	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 horwledge and helief the accurate and complete I am aware that these horwledges and helief the accurate and complete.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	111	
AREA NUMBER	12/41 S8098 406	TELEPHONE	
AIMID	15/51	DATE	

HONE	DATE
7 556 0893	45/41
7	. ,
REA NUMBER	AIMID
	TELEPHONE 907 SH 0395 AREA NUMBER