



# 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 DIFFUSER  
 MONITORING PERIOD: 2/1/2017 TO 2/28/2017  
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Temperature (C)	Sample meas.	*****	*****	*****	*****	0	5X Weekly	Grab
	Permit regmt.	*****	*****	*****	*****	0	5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****	2.3	*****	0	Monthly	Grab
	Permit regmt.	*****	*****	Report daily minimum	*****	0	Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	428	624	*****	43	0	2X Monthly	24-Hr Composite
	Permit regmt.	1226 monthly average	2452 daily maximum	*****	60 daily maximum	0	2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	*****	*****	*****	0	2X Monthly	24-Hr Composite
	Permit regmt.	*****	*****	*****	*****	0	2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	504	*****	*****	*****	0	2X Monthly	24-Hr Composite
	Permit regmt.	1839 weekly average	*****	*****	*****	0	2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Jim Wescott</i> 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.
OFFICER OR AUTHORIZED AGENT 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER 
TELEPHONE 907. 586-5393	DATE 17/3/19
AREA   NUMBER	Y   M   D

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MONITORING PERIOD: 2/1/2017 TO 2/28/2017  
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Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Average				
pH	Sample meas.	*****	6.7	*****	7.0	0	5X Weekly	Grab
	Permit reqmt.	*****	6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		
Total Suspended Solids	Sample meas.	315	579	*****	21	39	0	24-Hr Composite
	Permit reqmt.	1226 monthly average	2452 daily maximum	*****	30 monthly average	60 daily maximum		
Total Suspended Solids	Sample meas.	*****	*****	*****	704	*****	0	24-Hr Composite
	Permit reqmt.	*****	*****	*****	Report monthly average	*****		
Total Suspended Solids	Sample meas.	365	*****	*****	25	*****	0	24-Hr Composite
	Permit reqmt.	1839 weekly average	*****	*****	45 weekly average	*****		
Ammonia Nitrogen (as N)	Sample meas.	291	291	*****	14	14	0	24-Hr Composite
	Permit reqmt.	1165 monthly average	1655 daily maximum	*****	28.5 monthly average	40.5 daily maximum		

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Jim Westcott  
 Senior Analyst

907.586.0393

17/3/19

AREA | NUMBER

Y | M | D

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 LOCATION: 2009 RADCLIFFE RD  
 Juneau, AK 99801

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

MONITORING PERIOD: 2/1/2017

TO 2/28/2017  
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Average				
Hardness, Total (as CaCO3)	Sample meas.	*****	*****	64	64	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 00900								
Silver Total Recoverable	Sample meas.	*****	*****	NA	NA	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 01079								
Zinc Total Recoverable	Sample meas.	*****	*****	NA	NA	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 01094								
Lead Total Recoverable	Sample meas.	*****	*****	NA	NA	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 01114								
Copper Total Recoverable	Sample meas.	0.35	0.35	17	17	0	Monthly	24-Hr Composite
	Permit reqmt.	3.54 monthly average	7.63 daily maximum	Report monthly average	Report daily maximum			
1 - Final Effluent 01119								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
 Jim Westcott  
 Senior Assistant  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 907.586.0585  
 DATE: 1/13/19  
 AREA | NUMBER: Y | M | D

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 OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFUSER      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 T7000	*****	*****		*****	NA		0	See Permit Requirements	24-Hr Composite
		*****	*****		*****	Report maximum	TUC			
Floating solids, waste or visible foam-visual	1 - Final Effluent 45613	*****	*****		*****	P	pass/fail	0	Monthly	Visual
		*****	*****		*****	Report value				
Flow	1 - Final Effluent 50050	1.8	2.5	MGD	*****	*****		0	Continuous	Recorded
		Report monthly average	4.9 daily maximum		*****	*****				
Fecal Coliform	1 - Final Effluent 74055	*****	*****		*****	38		0	2X Weekly	Grab
		*****	*****		*****	112 monthly geometric mean	224 daily maximum			
Fecal Coliform	W - See Comments 74055	*****	*****		*****	57		0	2X Weekly	Grab
		*****	*****		*****	168 weekly geometric mean	*****			

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Jim W. ESTOTT  
 Senior OPERATOR

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907 586 6885

17/5/19

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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				
BOD5 Minimum % Removal	*****	*****		94	*****	*****		0		
K - Percent Removal 81010	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	*****	*****		97	*****	*****		0		
K - Percent Removal 81011	*****	*****		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		TELEPHONE	DATE
<i>Jim Westcott</i> Senior Operator	<i>[Signature]</i>	907 586 0895	17/3/19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y   M   D

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