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 NUMBER: AK0022951	AK002295	51			MONIT	MONITORING PERIOD: 3/1/2017	3/1/2017		To	3/31/2017	
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER	001A ME	NDENHALL RIVE	R DIFFUSER			112			7.	NO DISCHARGE:	
Parameter		Quantity or Loading	or Loading	Units	Quality	ity or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.	* * * * *	* * * *		****	11.5	16.6		0		
1 - Final Effluent 00010	Permit reqmt.	* * * *	* * * *		****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	****	****		2.2	* * * * *	3.7		0		
1 - Final Effluent 00300	Permit reqmt.	****	**		Report daily minimum	* * * *	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	523	999		****	37	49		1		
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.	* * * * *	***		* * * *	865	* * * * *		0		
G - Influent 00310	Permit reqmt.	* * * * *	****		* * *	Report monthly average	**	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	606	* * * * *		* * * * *	45	* * * * *		0		
W - See Comments 00310	Permit reqmt.	1839 weekly average	* * * * *	lbs/day	* * * * * *	45 weekly average	)	mg/l		2X Monthly	24-Hr Composite

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	EXECUTIVE OFFICE
	OFFICER

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possibility of fine and imprisonment for knowing violations.

the information submitted. Based on my inquiry of the person or persons are significant penalties for submitting false information, including the knowledge and belief, true, accurate, and complete. I am aware that they gathering the information, the information submitted is, to the best of my who manage the system, or those persons directly responsible for designed 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

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CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801

PERMIT NUMBER: AK0022951	AK00229	51			MONIT	MONITORING PERIOD: 3/1/2017	3/1/2017		To	3/31/2017	
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER	001A ME	NDENHALL RIVE	R DIFFUSER					-	7.	NO DISCHARGE:	
Parameter		Quantity or Loading	or Loading	Units	Quality o	lity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	* * * *	***		6.6	***	6.9		0		
1 - Final Effluent 00400	Permit reqmt.	**	** ** **		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	393	549		****	28	36		0		
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.	* * * * *	* * * *		* * * *	865	* * * * *		0		
G - Influent 00530	Permit reqmt.	**	* * * * *		* * * * *	Report monthly average	* * * *	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	439	****		* * * *	28	* * * * *		0		
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.	267	267		* * * *	20.0	20.0		0		
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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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

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

TO 3/31/2017

MONITORING PERIOD: 3/1/2017

	DATE		m.	TELEPHONE		tern lenn	all attachments w	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	I certify under penalty of prepared under my direct	7	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
24-Hr Composite	Monthly		ug/I	187.0 daily maximum	86.7 monthly average	*****	lbs/day	7.63 daily maximum	3.54 monthly average	Permit reqmt.	1 - Final Effluent 01119
		0		28.0	28.0	* * * * *		0.37	0.37	Sample meas.	Copper Total Recoverable
24-Hr Composite	See Permit Requirements		ug/l	Report daily maximum	Report monthly average	**		*****	** * * * *	Permit reqmt.	1 - Final Effluent 01114
		0		ND	DN	* * * * *		* * * *	* * * *	Sample meas.	Lead Total Recoverable
24-Hr Composite	See Permit Requirements		ug/l	Report daily maximum	Report monthly average	****		***	* * * * *	Permit reqmt.	1 - Final Effluent 01094
		0		26	26	****		* * * * *	* * * * *	Sample meas.	Zinc Total Recoverable
24-Hr Composite	See Permit Requirements		ug/l	Report daily maximum	Report monthly average	* * * * *		** ** ** *	****	Permit reqmt.	1 - Final Effluent 01079
		0		ND	ND	* * * * *		* * * * *	* * * * *	Sample meas.	Silver Total Recoverable
24-Hr Composite	Monthly		mg/l	Report daily maximum	Report monthly average	*		**	****	Permit reqmt	1 - Final Effluent 00900
		0		77	77	* * * * *		* * * *	* * * * *	Sample meas.	Hardness, Total (as CaCO3)
	Analysis	Ex.		Maximum	Average	Minimum		Maximum	Average		
Sample Type	Frequency of	No.	Units	ition	lity or Concentration	Quality	Units	Quantity or Loading	Quantity		Parameter
	NO DISCHARGE:	1						ER DIFFUSER	-NUENHALL RIV	OUTA IVI	OUTFALL / MONITORING FOINT: OUTA MENDENHALL RIVER DIFFUSER

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knowledge and belief, true, accurate, and complete. I am aware that the

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AREA | NUMBER

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are significant penalties for submitting false information, including the pathering the information, the information submitted is, to the best of my 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 property gather and evaluate certify under penalty of law that this document and all attachments were

repared 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

3/31/2017

**OUTFALL / MONITORING POINT:** PERMIT NUMBER: AK0022951 001A MENDENHALL RIVER DIFFUSER MONITORING PERIOD: 3/1/2017 TO NO DISCHARGE:

Flow Fecal Coliform Fecal Coliform Floating solids, waste or visible toam-visual Chronic Toxicity Parameter W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent 74055 74055 T000 50050 45613 Sample Permit Sample Permit reqmt reqmt. Permit Sample Sample reqmt. reqmt. Permit Permit reqmt. Sample meas. meas. meas. meas. meas. monthly average \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* Average \*\*\*\*\* Report \*\*\*\*\* 1.7 **Quantity or Loading** daily maximum Maximum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* 2.4 4.9 Units MGD Minimum \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **Quality or Concentration** weekly geometric geometric mean monthly average \*\*\*\* \*\*\*\*\* Average monthly \*\*\*\* mean 165 \*\*\*\* 112 NA 168 48 5.1 daily maximum daily maximum Maximum \*\*\*\*\* \*\*\*\*\* 280 Report value Report 224 Z ₽ cts/100 ml cts/100 ml pass/fail Units JUC Ex. 0  $\vdash$ 0 0 0 Frequency of Requirements 2X Weekly Continuous 2X Weekly See Permit Monthly 24-Hr Composite Sample Type Recorded Grab Grab Visual

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the information submitted. Based on my inquiry of the person or persons designed to assure that qualified personnel properly gather and evaluate ire significant penalties for submitting false information, including the mowledge and belief, true, accurate, and complete. I am aware that then pathering the information, the information submitted is, to the best of my who manage the system, or those persons directly responsible for prepared under my direction or supervision in accordance with a system certify under penalty of law that this document and all attachments were ossibility of fine and imprisonment for knowing violations

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2850-355.766 AREA | NUMBER 4/12/14 YIMID

TELEPHONE

DATE

CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

Juneau, AK 99801

LOCATION: 2009 RADCLIFFE RD

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 3/1/2017

TO 3/31/2017

OGITALL / MONITONING FOINT: OUTA WENDENHALL KIVER DIFFUSER	OUTA ME	NUENHALL RIVE	RUIFFUSER						Z	NO DISCHARGE:	
Parameter		Quantity of	Quantity or Loading	Units	Qual	Quality or Concentration	ition	Units	No.	Frequency of Sample Type	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
BOD5 Minimum % Removal	Sample meas.	* * * *	* * * *		94	* * * * *	* * * * *		0		
K - Percent Removal 81010	emoval Permit 81010 reqmt	** ** **	*****		85 minimum	******	**	%		Monthly	Calculation
Total Suspended Solids Minimum Sample % Removal meas.	Sample meas.	* * * * *	* * * *		97	* * * * *	* * * * *		0		
K - Percent Removal 81011	emoval Permit 81011 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.

TYPED OR PRINTED  are significant penaties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	designed to assure that qualified personnel properly gather and evaluate 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 besief, true, accurate, and complete. I am aware that there	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	
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VIMID	Wheht	DATE	