

# 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: 3/1/2017

TO 3/31/2017  
 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		
	1 - Final Effluent Permit reqmt.	*****	*****	*****	*****	0	5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****	2.2	*****	0		
	1 - Final Effluent Permit reqmt.	*****	*****	Report daily minimum	*****	0	Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	523	666	*****	49	1		
	1 - Final Effluent Permit reqmt.	1226 monthly average	2452 daily maximum	*****	30 monthly average	60 daily maximum	2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	*****	*****	865	0		
	G - Influent Permit reqmt.	*****	*****	*****	Report monthly average	*****	2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	606	*****	*****	45	0		
	W - See Comments 00310	1839 weekly average	*****	*****	45 weekly average	*****	2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Jim Westcott*  
 Senior Operator

TELEPHONE: 907-582-0595  
 AREA | NUMBER: 412/12

DATE: 4/12/17

TYPED OR PRINTED

OFFICER OR AUTHORIZED AGENT: *[Signature]*

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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		Average	Maximum		Minimum	Average				
pH	1 - Final Effluent 00400	*****	*****		6.6	6.9	S.U.	0	5X Weekly	Grab
		*****	*****		6.5 instantaneous minimum	*****				
Total Suspended Solids	1 - Final Effluent 00530	393	549	lbs/day	*****	36	mg/l	0	2X Monthly	24-Hr Composite
		1226 monthly average	2452 daily maximum		*****	30 monthly average				
Total Suspended Solids	G - Influent 00530	*****	*****		*****	*****	mg/l	0	2X Monthly	24-Hr Composite
		*****	*****		*****	Report monthly average				
Total Suspended Solids	W - See Comments 00530	439	*****	lbs/day	*****	*****	mg/l	0	2X Monthly	24-Hr Composite
		1839 weekly average	*****		*****	45 weekly average				
Ammonia Nitrogen (as N)	1 - Final Effluent 00610	267	267	lbs/day	*****	20.0	mg/l	0	Monthly	24-Hr Composite
		1165 monthly average	1655 daily maximum		*****	28.5 monthly average				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Jim Westcott*  
*Senior Operator*

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OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA | NUMBER

Y | M | D

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MONITORING PERIOD: 3/1/2017 TO 3/31/2017  
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Hardness, Total (as CaCO3)	Sample meas.	*****	*****	77	77	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
Silver Total Recoverable	Sample meas.	*****	*****	ND	ND	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
Zinc Total Recoverable	Sample meas.	*****	*****	26	26	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
Lead Total Recoverable	Sample meas.	*****	*****	ND	ND	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
Copper Total Recoverable	Sample meas.	0.37	0.37	28.0	28.0	0	Monthly	24-Hr Composite
	Permit reqmt.	3.54 monthly average	7.63 daily maximum	Report monthly average	Report daily maximum			

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

*Jim Westcott*  
 Senior Operator

*Jim Westcott*

OFFICER OR AUTHORIZED AGENT

907.566.0595

4/12/17

AREA | NUMBER Y | M | D

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MONITORING PERIOD: 3/1/2017 TO 3/31/2017  
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Maximum				
Chronic Toxicity	Sample meas.	*****	*****	*****	NA	NA	0	See Permit Requirements
	Permit reqmt.	*****	*****	*****	5.1 monthly average	Report daily maximum	TUC	
Floating solids, waste or visible foam-visual	Sample meas.	*****	*****	*****	*****	P	0	Monthly
	Permit reqmt.	*****	*****	*****	*****	Report value	pass/fail	
Flow	Sample meas.	1.7	2.4	*****	*****	*****	0	Continuous
	Permit reqmt.	Report monthly average	4.9 daily maximum	*****	*****	*****	Recorded	
Fecal Coliform	Sample meas.	*****	*****	*****	48	280	1	2X Weekly
	Permit reqmt.	*****	*****	*****	112 monthly geometric mean	224 daily maximum	Grab	
Fecal Coliform	Sample meas.	*****	*****	*****	165	*****	0	2X Weekly
	Permit reqmt.	*****	*****	*****	168 weekly geometric mean	*****	Grab	

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Jim Wehrat  
 Senior Operator  
 TYPED OR PRINTED

*[Signature]*

907.586.0395

4/12/17

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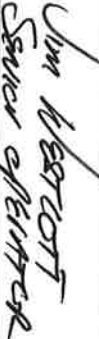
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Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
BOD5 Minimum % Removal	*****	*****		94	*****	*****	0		
K - Percent Removal 81010	*****	*****		85 minimum	*****	*****		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
 Jim Westcott Senior Engineer	907.56.0393	4/12/17
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER
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