

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

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

FACILITY: Salmon Creek Water Plant Backwash
 LOCATION: 3 mile Egan Drive
 Juneau, AK 99801

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 12/1/2016

TO 12/31/2016

OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	4	4		0	1	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	DEG.C		Monthly	Grab
Turbidity 1 - Final Effluent 00070	Sample meas.	*****	*****		*****	16.5	16.5		0	1	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	NTU		Monthly	Grab
Magnesium, total recoverable 1 - Final Effluent 00921	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable 1 - Final Effluent 00978	Sample meas.	*****	*****		*****	1.3	1.3		0	1	
	Permit reqmt.	*****	*****		*****	Report instantaneous	10 daily maximum	ug/l		Monthly	Grab
Iron, Total Recoverable 1 - Final Effluent 00980	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ROGER K. HEAVY PW+ENG DIRECTOR	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.	TELEPHONE 907 586 0500	DATE 12/01/09
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA NUMBER	Y M D

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NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Manganese, Total Recoverable 1 - Final Effluent 11123	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Chloride 1 - Final Effluent 46225	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;"> ROGER K. HEALY Pw & ENG DIRECTOR </div>	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.	TELEPHONE <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;"> 907 5860800 </div>	DATE <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;"> 12/01/09 </div>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="font-family: cursive; font-size: 1.5em; margin-top: 5px;"> ROGER K. HEALY </div>	AREA NUMBER	Y M D

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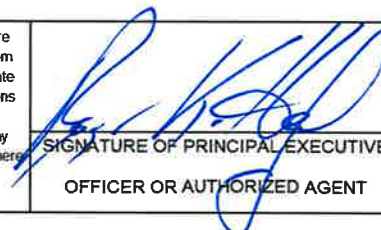
OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow 1 - Final Effluent 50050	Sample meas.	0.026	0.041		*****	*****	*****		0	Continuous	
	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Sulfate 1 - Final Effluent 81020	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		2X Annually	Grab

COMMENTS:

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 <i>ROGER K. HEALY</i> <i>PW&ENG DIRECTOR</i>	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE <i>9075860800</i>	DATE <i>17/01/09</i>
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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TO: 12/31/2016

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH	Sample meas.	*****	*****		6.65	6.65	6.65		0	1	
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.5 instantaneous minimum	Report instantaneous	8.5 instantaneous maximum	S.U.		Monthly	Grab
Salinity	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00480 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ppt		2X Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	0.65	0.65		0	1	
	1 - Final Effluent 00610 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00921 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00978 Permit reqmt.	*****	*****		*****	Report instantaneous	10 daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">ROGER K. HEALY</div> <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">PWA ENR DIRECTOR</div>	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.	TELEPHONE <div style="font-size: 1.2em; margin-top: 5px;">9075860800</div>	DATE <div style="font-size: 1.2em; margin-top: 5px;">17/01/09</div>
TYPED OR PRINTED	<div style="text-align: center;"> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT </div>	AREA NUMBER Y M D	

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OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Iron, Total Recoverable 1 - Final Effluent 00980	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Manganese, Total Recoverable 1 - Final Effluent 11123	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBER K. HEALY
PW&NB DIRECTOR
 TYPED OR PRINTED

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R. K. Healy
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Chloride 1 - Final Effluent 46225	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		2X Annually	Grab
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****	ND	ND		0	1	
	Permit reqmt.	*****	*****		*****	0.0075 Report instantaneous	Report daily maximum	mg/l		Monthly	Grab
Sulfate 1 - Final Effluent 81020	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		2X Annually	Grab



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TO: 12/31/2016

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.5 instantaneous minimum	Report instantaneous	8.5 instantaneous maximum	S.U.		Annually	Grab
Salinity	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00480 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ppt		Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00610 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		Annually	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00921 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 00978 Permit reqmt.	*****	*****		*****	Report instantaneous	10 daily maximum	ug/l		Annually	Grab

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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				
Iron, Total Recoverable 1 - Final Effluent 00980	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Manganese, Total Recoverable 1 - Final Effluent 11123	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab

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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				
Chloride 1 - Final Effluent 46225	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		Annually	Grab
Total Residual Chlorine 1 - Final Effluent 50060	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	0.0075 Report instantaneous	Report daily maximum	mg/l		Annually	Grab
Sulfate 1 - Final Effluent 81020	Sample meas.	*****	*****		*****				0	0	
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		Annually	Grab

COMMENTS:

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TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D