

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

CONTACT NAME: Samantha Stoughtenger
MAILING ADDRESS: 2009 Raddiffe Rd
 Juneau, AK 99801
FACILITY: Salmon Creek Water Plant Backwash
LOCATION: 3 mile Egan Drive
 Juneau, AK 99801

PERMIT NUMBER: AKG380005
MONITORING POINT: 001A Reverse Flow/Air Scrub
MONITORING PERIOD: 3/1/2017 TO 3/31/2017
NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Temperature (C)	Sample meas.	*****	*****	*****	DEG.C	0	1	Grab
	Permit reqmt.	*****	*****	*****				
Turbidity	Sample meas.	*****	*****	*****	NTU	0	1	Grab
	Permit reqmt.	*****	*****	*****				
Magnesium, total recoverable	Sample meas.	*****	*****	*****	ug/l	0	0	Grab
	Permit reqmt.	*****	*****	*****				
Arsenic, Total Recoverable	Sample meas.	*****	*****	*****	ug/l	0	1	Grab
	Permit reqmt.	*****	*****	*****				
Iron, Total Recoverable	Sample meas.	*****	*****	*****	ug/l	0	0	Grab
	Permit reqmt.	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
	586-0875	4/11/17
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	AREA NUMBER
TYPED OR PRINTED		Y M D


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

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 NO DISCHARGE:

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	DATE
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Report instantaneous	586-0877	4/4/17
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	Report daily maximum	AREA NUMBER	Y M D

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 Juneau, AK 99801


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PERMIT NUMBER: AKG380005
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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				
FLOW	0.031	Report monthly average	0.043	Report daily maximum	MGD	0	Continuous	Recorded
1 - Final Effluent 50050	Permit reqmt.	Report monthly average	Permit reqmt.	Report daily maximum	MGD	0	Continuous	Recorded
Sulfate	Sample meas.	*****	*****	Report instantaneous	mg/l	0	2X Annually	Grab
1 - Final Effluent 81020	Permit reqmt.	*****	*****	Report daily maximum	mg/l	0	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.

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			586 0877	3/14/11
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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CONTACT NAME: Samantha Stoughtenger
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 Juneau, AK 99801

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

PERMIT NUMBER: AKG380005

MONITORING PERIOD: 3/1/2017

TO: 3/31/2017

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
pH	1 - Final Effluent	6.80	6.80	S.U.	6.5 Instantaneous minimum	8.5 Instantaneous maximum	0	1	Monthly	Grab
	00400	Permit reqmt.	*****		*****	Report Instantaneous				
Salinity	1 - Final Effluent	0.2	0.2	ppt	0	0	0	1	2X Annually	Grab
	00480	Permit reqmt.	*****		*****	Report Instantaneous				
Ammonia Nitrogen (as N)	1 - Final Effluent	0	0	mg/l	0	0	0	1	Monthly	Grab
	00610	Permit reqmt.	*****		*****	Report Instantaneous				
Magnesium, total recoverable	1 - Final Effluent	0	0	ug/l	0	0	0	2X Annually	Grab	Grab
	00921	Permit reqmt.	*****		*****	Report Instantaneous				
Arsenic, Total Recoverable	1 - Final Effluent	0	0	ug/l	0	0	0	2X Annually	Grab	Grab
	00978	Permit reqmt.	*****		*****	Report Instantaneous				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Roger A. Healy*

TYPED OR PRINTED: *Roger A. Healy*

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: *Roger A. Healy*

OFFICER OR AUTHORIZED AGENT: *Roger A. Healy*

TELEPHONE: 907-586-0873

AREA | NUMBER: 73174/11

DATE: 3/17/11

Y | M | D

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

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 Juneau, AK 99801

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

PERMIT NUMBER: AKG380005
 MONITORING POINT: 001B Enhanced Flux Cleaning
 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				
Iron, Total Recoverable	Sample meas. *****		*****	*****	ug/l	0	0	Grab
1 - Final Effluent 00980	Permit reqmt. *****		*****	*****	ug/l	0	0	2X Annually
Zinc Total Recoverable	Sample meas. *****		*****	*****	ug/l	0	0	Grab
1 - Final Effluent 01094	Permit reqmt. *****		*****	*****	ug/l	0	0	2X Annually
Lead Total Recoverable	Sample meas. *****		*****	*****	ug/l	0	0	Grab
1 - Final Effluent 01114	Permit reqmt. *****		*****	*****	ug/l	0	0	2X Annually
Copper Total Recoverable	Sample meas. *****		*****	*****	ug/l	0	0	Grab
1 - Final Effluent 01119	Permit reqmt. *****		*****	*****	ug/l	0	0	2X Annually
Manganese, Total Recoverable	Sample meas. *****		*****	*****	ug/l	0	0	Grab
1 - Final Effluent 11123	Permit reqmt. *****		*****	*****	ug/l	0	0	2X Annually

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OFFICER OR AUTHORIZED AGENT 	TELEPHONE 586 0877
DATE 1/4/11	AREA NUMBER Y M D

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PERMIT NUMBER: AKG380005
 MONITORING POINT: 001B Enhanced Flux Cleaning
 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				
Chloride	Sample meas. *****		*****	*****	mg/l	0	0	Grab
1 - Final Effluent	Permit reqmt. *****		*****	*****	mg/l	0	2X Annually	Grab
Total Residual Chlorine	Sample meas. *****		*****	0.02	mg/l	0	1	Grab
1 - Final Effluent	Permit reqmt. *****		*****	0.0075 Report instantaneous	mg/l		Monthly	Grab
Sulfate	Sample meas. *****		*****	*****	mg/l	0	0	Grab
1 - Final Effluent	Permit reqmt. *****		*****	Report instantaneous	mg/l		2X Annually	Grab

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
 TYPED OR PRINTED	586-0877	12/4/11
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	
		
	AREA NUMBER	Y M D

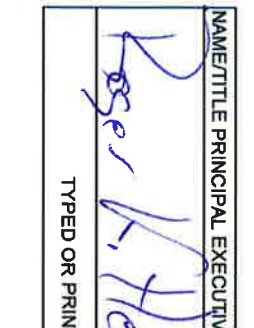
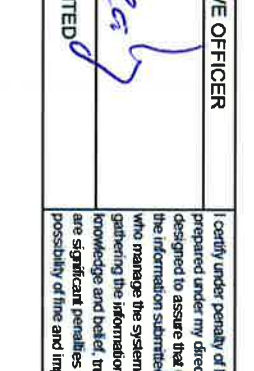
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PERMIT NUMBER: AKG380005
 MONITORING POINT: 001C Chemical Clean in Place
 MONITORING PERIOD: 3/1/2017 TO: 3/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Maximum				
pH	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	*****	*****	0	0	
Salinity	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	*****	*****	0	0	
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	*****	*****	0	0	
Magnesium, total recoverable	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	*****	*****	0	0	
Arsenic, Total Recoverable	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	*****	*****	0	0	

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

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TYPED OR PRINTED Regan V. Healy		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		586-0877 17/4/11	

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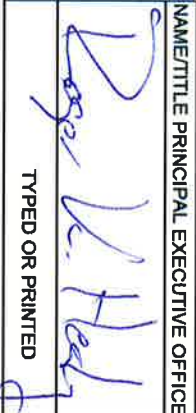

MONITORING PERIOD: 3/1/2017

TO: 3/31/2017
 NO DISCHARGE:

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

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AREA NUMBER	AREA NUMBER	Y M D	Y M D