<u>Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)</u>

CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801

PERMIT NUMBER: AK0022951

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

TO 5/31/2017

MONITORING PERIOD: 5/1/2017

CONTRACT / PRODUCT OF THE COLOR OF THE NOTION OF THE COLOR OF THE COLO	COLY MI	INDENDALL KIVE	IX CITTOSEX						-	NO DISCHARGE:	
Parameter		Quantity	Quantity or Loading	Units	Qua	Quality or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	-110-00	Ex.	Analysis	
Temperature (C)	Sample meas.	* * * * *	** ** **		* * * * *	13.8	15.1	Sales Control of the Control	0		
1 - Final Effluent 00010	Permit regmt.	* * * * *	* * * * *		***	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	* * * * *	* * * * *		2.1	* * * * *	4.3		0		
1 - Final Effluent 00300	Permit reqmt.	* * * * *	* * * * *		Report daily minimum	* * * * *	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	355	578		* * * *	24	41		0		
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.	* * * * *	* * * * *		* * * * *	545	* * * * *		0		
G - Influent 00310	Permit reqmt.	* * * * *	* * * * * * * * * * * * * * * * * * * *		***	Report monthly average	** ** **	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	408	* * * * *		* * * *	28	* * * * *		0		
W - See Comments 00310	Permit reqmt	1839 weekly average	* * * *	lbs/day	* * * * *	45 weekly average	* * * *	mg/l		2X Monthly	24-Hr Composite

SENICY OFFINIED	Jan WESTLOTT	NAME TITLE BRINCIPAL EYECHTIVE OFFICER
JE C	im WESTCOTT	TE BRINCIDAL EYECHTIVE 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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons knowledge and belief, true, accurate, and complete. I am aware that there gathering the information, the information submitted is, to the best of my who manage the system, or those persons directly responsible for ossibility of fine and imprisonment for knowing violations.

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PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 5/1/2017 TO NO DISCHARGE: 5/31/2017

									-	INO DISCHARGE.	
Parameter		Quantity or Loading	r Loading	Units	Quality	ity or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	* * * *	* * * * *		6.7	* * * * * * * * * * * * * * * * * * *	6.9		0		
1 - Final Effluent 00400	Permit reqmt.	* * * *	***		6.5 instantaneous minimum	** ** ** **	8.5 instantaneous maxīmum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3)	Sample meas.	* * * * *	* * * * *		* * * * * *	NA	NA		0		
1 - Final Effluent 00410	Permit reqmt.	**************************************	* * * *		** ** **	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids	Sample meas.	302	394		* * * *	20	27		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.	* * * * * *	****		* * * * *	683	* * * * *		0		
G - Influent 00530	Permit reqmt	***	*****		**	Report monthly average	***	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	339	* * * * *		* * * * *	23	* * * * *		0		
W - See Comments 00530	Permit reqmt.	1839 weekly average	**	lbs/day	**	45 weekly average	\frac{\cdot***}{**}	mg/l		2X Monthly	24-Hr Composite

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MONITORING PERIOD: 5/1/2017

Juneau, AK 99801

5/31/2017

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

 T_0 NO DISCHARGE:

Parameter		Quantity of	Quantity or Loading	Units	Qual	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	H H
Ammonia Nitrogen (as N)	Sample meas.	* * * *	* * * * *		* * * * *	18	18		0		
1 - Final Effluent 00610	Permit reqmt.	**	* * * *		**	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3)	Sample meas.	* * * * *	* * * * *		****	83	83		0		
1 - Final Effluent Permit 00900 regmt.	Permit reqmt	* * * * *	* * * * * * * * * * * * * * * * * * *		***	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	* * * * *	* * * *		* * * * *	ND	ND		0		
1 - Final Effluent 01079	Permit reqmt.	**	** ** **		* * * *	Report monthly average	Report daily maximum	ug/I		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	* * * *	* * * *		* * * * *	33	33		0		
1 - Final Effluent 01094	Permit reqmt.	* **	****		****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample meas.	* * * * *	* * * * *		* * * * *	ND	ND		0		
1 - Final Effluent 01114	Permit reqmt.	* * * * *	** ** ** **		** ** ** ** **	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
)				

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MONITORING PERIOD: 5/1/2017

NO DISCHARGE:

TO 5/31/2017

Juneau, AK 99801

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Parameter		Quantity or Loading	r Loading	Units	Qual	Quality or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	,
Copper Total Recoverable	Sample meas.	0.25	0.25		* * * *	17	17		0		
1 - Final Effluent 01119	Permit reqmt.	1.82 monthly average	3.92 daily maximum	lbs/day	***	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity	Sample meas.	* * * * *	* * * * *		* * * * *	5.6	5.6		0		
1 - Final Effluent ТТООО	Permit reqmt.	* * * *	****		* * * *	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	* * * * *	* * * * *		* * * *	* * * * *	P		0		
1 - Final Effluent 45613	Permit reqmt.	** ** **	** ** **		****	*****	Report value	pass/fail		Monthly	Visual
Flow	Sample meas.	1.7	2.2		* * * * *	* * * * *	* * * *		0		
1 - Final Effluent 50050	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	* * * *	**	* * * * *			Continuous	Recorded
Fecal Coliform	Sample meas.	* * * * *	* * * * *		* * * * *	8.0	40		0		
1 - Final Effluent 74055	Permit reqmt.	* **	**		****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab
							1				

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER MONITORING PERIOD: 5/1/2017 To NO DISCHARGE: 5/31/2017

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Parameter		Quantity or Loading	r Loading	Units	Quality	ity or Concentration	tion	Units	No.	Frequency of Sample Type	Sample Type
		Average	Maximum		Minimum	Average	Maximum		THE REAL PROPERTY.	Analysis	,
Fecal Coliform	Sample meas.	* * * * *	* * * * *		* * * *	20	* * * * *		0		
W - See Comments Permit 74055 regmt.	ments Permit 74055 reqmt.	**** ** **	* * * * *		****	400 weekly geometric mean	**	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	* * * * *	* * * * *		96	* * * * *	* * * * *		0		
K - Percent Removal Permit 81010 reqmt.	emoval Permit 81010 reqmt	* * * * *	* * * *		85 minimum	** ** ** *	* * * *	%		Monthly	Calculation
Total Suspended Solids Minimum Sample % Removal meas.	Sample meas.	* * * *	* * * *		97	* * * * * *	* * * * *		0		
K - Percent Removal Permit 81011 reqmt.	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.

Y M D	AREA NUMBER	OFFICER OR AUTHORIZED AGENT	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
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DATE	TELEPHONE	1///	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER