JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

December 2016

										Dece	mber 20	16									
		WEAT		FLOWS				NFLUEN						Effluen							
YAC	DATE:	TEMP	RAIN FALL INCHES	J-D FTL EFFL MGD	TEMP	ρH	100	T:5:5: inio/L	T,S.S.	BOD ma/L	LBS	[-(TEMP-]	.pH	10:0. ma/t	T:5:5. ma/l	T.5.5,	BOD	BOD	FECAL: Colifornia (100 et)	Channel Fecal /100 ml	Enterro Fecal /100 ml
Thur	1	39.7	0,04	1 11	9.4	7.6	4.9	Triag &	- Card	HAD E	200	10.5	6.8	4.6		- 00	T.HIM/L		7230 111	7100 1111	7,459,00
Fri	2	41.5	0.84	3,50	7.4	7.7	7.8	100				10.6	6.8	5.3					-		
Sat	3	36,0	2,01	2.60											The PAS	_					
Sun	4	26.7	0.57	0.94																	
Mon	5	19,6	0.00	0.78	9.2	7_3	6.3					8.9	7.0	5.5							
Tue	6	19.2	0.00	0.70	8.6	7.5	4.8	110	645	150	879	9.3	6.9	7.1	1	6	3	16	2		
Wed	7	24,8	0.58	0.64	10.9	7.3	6,7	180	962	210	1123	10,0	6.8	5.8	6	30	4	23			
Thu	8	22.1	0.23	0,66	8.5	7.6	3,7					9.9	6.8	5.3				-			
Fri	9	21.2	Т	0.55	10.0	8.2	2,3					10,0	7.0	6.7							
Sat	10	17,9	0,00	0.58																	
Sun	11	23.1	0.00	0.57							1										
Mon	12	26.5	0.00	0.59	10.7	7.4	3.5					10.3	7_0	4.7							
Tue	13	15.5	0 00	0.59	10.8	7.4	4.9	84	414	140	690	9.7	6.8	6.3	1	5	3	13	7		
Wed	14	20 9	0.00	0.60	10,5	7.4	5,8	208	1044	230	1155	9.6	6.8	5.3	- 6	28	4	18			
Thu	15	19.9	0,00	0.61	9.4	7.4	6.2					9.7	6.8	5.8							
Fri	16	21.4	0.00	0.50	10,1	7,7	3,3					10.2	6.8	5.9							
Sat	17	32,6	0.00	0.96																	
Sun	18	36.3	0.32	1.84																	
Mon	19	36.8	1,11	1.54	4.8	7.8	10.0					7.3	6.9	6.6							
Tue	20	37.2	0.70	2 09	7.4	7.5	7.8	76	1325	36	628	7.7	6.7	5.5	5	85	6	112	2		
Wed	21	37.2	1,13	1.26	8.1	7.2	9.7	36	377	80	838	6.9	6.9	7.5	10	105	5	48			1
Thu	22	35.2	0,45	1.00	7.5	7.4	8.1					8.4	6.7	5.4							
Fri	23	25.7	_ M	0,50	10.8	8.3	4.0					9.7	6.7	5.1							
Sat	24	22.5	0.00	0.61																	
Sun	25	29_1	0.00	0.56																	
Mon	26	32.9	0.14	0.58	7.7	7.4	2.8				The Charles	9.2	6.9	5.1							
Tue	27	35 1	0.21	0,86	7.8	7.4	2.8	208	1487	230	1644	9.2	6.8	4.8	1	7	4	27			1
Wed	28	37.0	0,45	1,07	6.4	7.5	6.6	108	962	130	1158	9,3	6.7	4.8	4	36	3	26	5		
Thu	29	35.8	0.48	0,69	7.3	7.5	5.5					8.8	6.7	7.3		7					
Fri	30	35.6	0,04	1,18	7.9	7.7	4.0					9.2	6.6	5.5							
Sat	31	28.90	0.71	0.75																	
Total	1 / V V V	1000000	10.01	31.01																	
MUMEXAN		41.5	2 01	3,50	10.9	8.3	10.0	208	1487	230	1644	10.6	7.0	7.5	10	105	6	112	7		
MUMBER		15.5	0.00	0,50	4.8	7.2	2.3	36	377	36	628	6.9	6.6	4.6	1	5	3	13	2		
VERAGE*		28.8	0.35	1,00	0.00000	7.5	5.5	126	902	151	1014	9,3		5.7	4	38	4	35	11		
ber 11 Jeurys	ier .	3(2.0	Z9	3	72	2	22	1 3		72.00	-8	22	TI.	22		8 .	800	2	Section 1	0	0

Ammonia	mg/L	Copper	ug/L
12/6/16	2.1	NA	NA

85	%
B.O.D.	97
S.S.	97

Weekly											
TSS,BOD	TSS		800		Collform						
Aver.	mg/l	Ros .	mg/(lbs	Geo Mezm						
WEEK1	3	18	4	20	2						
WEEK2	3	17	6	15	7						
WEEK3	7	95	3	80	2						
WEEK4	3	21	3	26	5						
MAX WKLY AVG	7	95	6	80	7						

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 12/1/2016

12/31/2016

TO

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	Quality or Concentration Minimum Average Maximum		Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	*****	10.6		0		
1 - Final Effluent 00010	I CI IIII	*****	*****		*****	****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		4.6	*****	7.5		0		
1 - Final Effluent 00300	Permit reqmt.	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	35	112		*****	4	6		0		
1 - Final Effluent 00310	1 0111110	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	1014	*****		*****	151	*****		0		
G - Influent 00310	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	80		*****	6	*****		0		
W - See Comments 00310	Permit reqmt.	****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
GRIEKO TEMPEL	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate			. 1
011011111111111111111111111111111111111	the information submitted. Based on my inquiry of the person or persons	1/2	- D/	1/1/
SK. OF BRATON	who manage the system, or those persons directly responsible for		907.506.0393	17/1/6
SK. Of SEATION	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EVECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID
	possibility of the did imprisorate in knowing arounds.			

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LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 12/1/2016

TO

12/31/2016 NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	*****	*****		6.6	*****	7.0		0		
1 - Final Effluent 00400	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	38	105		*****	4	10		0		
1 - Final Effluent 00530	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	902	*****		*****	126	*****		0		
G - Influent 00530	1 Clinic	report monthly average	****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	*****	95		*****	7	*****		0		
W - See Comments 00530	1 0111110	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	2.1	2.1		0		
1 - Final Effluent 00610	1 Clinic	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate			
010000	the information submitted. Based on my inquiry of the person or persons		- /	1 / 2
000 000	who manage the system, or those persons directly responsible for	11	907.506.0393	17/1/61
	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		'/ '
TYPEN OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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Juneau, AK 99801

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LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 12/1/2016

12/31/2016

TO

NO DISCHARGE:

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	2.1	*****		0		
W - See Comment: 00610	I CI IIII	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable	Sample meas.	*****	*****		*****	*****	NA		0		
1 - Final Effluen 01119	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow	Sample meas.	1.00	3.5		*****	*****	*****		0		
1 - Final Effluen 50050	I CI IIIIC	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****	MGD		Continuous	Recorded
Enterococci	Sample meas.	*****	*****		*****	*****	NA		0		
1 - Final Effluen 61211		*****	****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	1	7		0		
1 - Final Effluent 74055	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 mi		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
GRIEKO TEMPEL	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate			
DR1040 12 102	the information submitted. Based on my inquiry of the person or persons		0/	1 / .
SK. OPERATOR	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my		907.506.0393	17/1/6
) K : Cy c : Cy C :	knowledge and belief, true, accurate, and complete. I am aware that there			11.10
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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LOCATION: 1540 Thane Rd

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PERMIT NUMBER: AK0023213

OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 12/1/2016

12/31/2016

TO

NO DISCHARGE:

Parameter		Quantity	or Loading	Units	Oual	ity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum	Onics	Minimum	Average	Maximum	Omes	Ex.	Analysis	Sample Type
Fecal Coliform	Sample meas.	*****	*****		*****	7	*****		0		
W - See Comments 74055		****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		97	*****	*****		0	ā	
K - Percent Removal 81010	I CI IIIIC	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		97	*****	*****				
K - Percent Removal 81011	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

20	M	M	E	N'	Τ	S:	

W = weekly average;

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.

	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
California	prepared under my direction or supervision in accordance with a system			
	designed to assure that qualified personnel properly gather and evaluate		l ,	
±	the information submitted. Based on my inquiry of the person or persons		P/ 0301	
	who manage the system, or those persons directly responsible for		907.586.0393	17/1/
	gathering the information, the information submitted is, to the best of my	SIGNATURE OF PRINCIPAL EXECUTIVE	/ /	11/10
	knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		
	are significant penalties for submitting false information, including the	OFFICER OR AUTHORIZED AGENT	ADEA LAKIMADED	VIMID
	possibility of fine and imprisonment for knowing violations.	OF TOLK ON AUTHORIZED AGENT	AREA NUMBER	YIMID

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 12/1/2016

TO 12/31/2016

MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE:

	Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type	
	Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	(a)	
Sample meas. Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab	
Sample meas. Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab	
Sample meas. Permit reqmt.	*****	***** *****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab	
Sample meas. Permit reqmt.	*****	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded	
Sample meas. Permit reqmt.	*****	report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded	
	meas. Permit reqmt. Sample meas. Permit reqmt. Sample meas. Permit reqmt. Sample meas. Permit reqmt. Permit reqmt.	Sample meas. Permit reqmt. Sample meas. Permit reqmt.	Average Maximum Sample meas. Permit reqmt. Sample meas. Permit reqmt.	Average Maximum Sample meas. Permit reqmt. Sample meas. Permit reqmt.	Average Maximum Sample meas. Permit reqmt. Sample meas. Report monthly average reqmt. Report daily maximum Report daily maximum Report daily maximum ****** ****** Permit reqmt. Sample meas. Permit reqmt. Sample meas. Permit reqmt. ****** Report daily maximum ****** ****** ****** ****** ******	Sample meas. Permit reqmt. Sample meas. Permit reqmt.	Sample meas. Permit reqmt. Sample meas. Permit reqmt.	Average Maximum Average Maximum Average Maximum Sample meas. Permit reqmt. Sample meas. Report monthly average Report daily maximum Report monthly average reqmt. Sample meas. Permit reqmt.	Sample meas. Permit reqmt. Sample meas. Permit report daily maximum min/day ****** ****** ****** ****** ******	Sample meas. Permit reqmt. Sample meas. Sample meas. Permit reqmt. Sample meas. Sample meas. Permit reqmt. Sample meas. Sample meas. Sample meas. Sample meas. Permit reqmt. Sample meas. Sample meas. Sample meas. Permit reqmt. Sample meas. Sample meas. Sample meas. Permit reqmt. Sample meas. Sample meas. Permit reqmt. Sample meas. Permit requt. Sample meas.	

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.

I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
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		907-790-2525	-
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

NON ASSOCIATION DE

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 12/1/2016

TO 1

12/31/2016

MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE:

Parameter		Quantity or Loading		Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
	emical Oxygen Demand Sample *****			Report monthly average	Report daily maximum	mg/l		When Discharging	Grab		
Total Suspended Solids 1 - Final Effluent 00530 R	1 CI IIIIC	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C 1 - Final Effluent 31616 R	Dormit	*****	*****		*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 R	I CI IIIIC	Report monthly average	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 R	reimit	*****	report daily maximum	min/day	*****	*****	* * * * * * *****			When Discharging	Instantaneous Reading

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CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street

Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

MONITORING POINT: 002 (N-11) (P) Sta AE

Juneau, AK 99801

MONITORING PERIOD: 12/1/2016

12/31/2016

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Qua	lity or Concentra	or Concentration			Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand (BOD5)	Sample meas.				*****						
1 - Final Effluent 00310 P	I CI IIII	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids 1 - Final Effluent 00530 P	I CI IIIIC	report monthly average	report daily maximum	lbs/day	*****	report monthly average	report maximum monthly average	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C 1 - Final Effluent 31616 P	Darmit	*****	*****		*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow 1 - Final Effluent 50050 P		*****	report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge 1 - Final Effluent 81381 P	Sample meas. Permit reqmt.	***** *****	Report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED

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.

OFFICER OR AUTHORIZED AGENT

TELEPHONE 907.790.2525 AREA! NUMBER YIMID

City and Borough of Juneau **Public Works Utilities Department** 2009 Radcliffe Road, Juneau, Alaska 99801

Telephone: 586-0393 FAX: 586-4523

January 11, 2017

Alaska Department of Environmental Conservation Division of Water 555 Cordova Street Anchorage, AK 99501-2617

Reference: Juneau Douglas WWTP permit # AK-0023213

The Whole Effluent Toxicity test conducted in April 2016 (start 4/20/16 at 0700 AM, end 4/21/2016 at 0715 AM, see included Chain Of Custody) was unsuccessful due to issues with the test organisms (see included copy of the email from the test laboratory, Bio-Aquatics for explanation).

Another test was conducted in November 2016. This test was successful, and will be reported with the May 2017 DMR as per permit reporting requirements (section 1.3.6.1).

Sincerely,

Grieko Tempel Senior Wastewater Treatment Operator CBJ Wastewater Utility 2009 Radcliffe Road Juneau, AK 99801 907-586-0393 rico.tempel@juneau.org

Rico Tempel

From:

Brandi Grubbs

bgrubbs@bio-aquatic.com>

Sent:

Monday, May 02, 2016 1:54 PM

To:

Rico Tempel; Karen Sewell; Randall Brown

Subject:

Re: Juneau-Douglas AK-0023213

Follow Up Flag:

Follow up

Due By:

Thursday, September 15, 2016 8:00 AM

Flag Status:

Flagged

Hello,

I wanted to contact you all to let you know that for this sampling period, the laboratory did not have a successful experience spawning the wild-caught organisms used for your test. The gravid period for the organisms fluctuates and the harvest we received was either not gravid (not in season) or was too stressed from shipment to spawn as required for the embryo development test. I have spoken with our president and the technicians who perform this test and they all believe that it is in your facility's best interest to try this test again later in the year when the organisms are more likely to be gravid. We will attempt to order our next set of organisms from an oyster farm, rather than having them wild-caught from the ocean, so that we can hopefully preselect the ratio of males to females. If farmed oysters cannot be obtained, we will likely target November for testing due to a more evenly distributed ratio of males to females in the wild. I apologize for any inconvenience. Should you have any questions, please let me know and I will forward them to the correct party.

Thank you,

Brandi

On 4/20/2016 12:08 PM, Rico Tempel wrote:

Hi Brandi, dropped the samples for the Blue Mussels WET test for the Juneau-Douglas WWTP of at FedEx

Please let me know if you have any questions.

Thank you,

Rico Tempel

Senior Operator Wastewater Freatment

City and Borough of Tuneau

Work: 907-586-0393 (Mendenhall WATE)

907-586-5329 (Imperu Doeglas W.S. III)

Cell: 907-723-2203

907-957-4393

Email: rico.tempel@juneau.org

Brandi Grubbs Bio-Aquatic Testing Scheduling

Phone: 972-242-7750 X 115

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BIO-AQUATIC TESTING, INC. 2501 MAYES RD., STE. 100				. [CHAIN OF CUSTODY Sio Only: Lab Id: 62,170										
CARROLLTON, TX 75006 PH: 972-242-7750 FAX: 972-242-7749					Please Fill Out C-O-C by Completing Sections A, B, & C. P.O. No:										
);; I.D.	-			A.1 Check	k Sampl	e # For Chr	onic a	nd 48 Hou	ur Ac	ute Tests : _	First,	Sec	ond, or_	Third.
	City and Bo	rougn of		=/_	Check the	type	of test(s	s) red	quired,	if d	lifferent f	rom the S	Schedul	ed Tes	t(s) in "A'
Facility: Douglas V	WTF								<u> </u>	ú	,		, ,	5	,
Permit No: <u>AK0023213</u>		Outfall	: 001		C. <i>dubia</i> (water flea)	pulex	water flea)	D. magna	r flea	nola	(minnow)	M. bahia (shrimp)	, dilin	(minnow)	- N
Client Contact: Karer	n Sewell				C. dı. vater	D. pu	/ater	O. Mi	wate	2	min 7	W. be (shrii	9	min (m	12 3
Client Phone: 907-5	86-0393					7	٤	7		۵			2		BLUE
A. SC	SCHEDULED TEST(s):							□Ch			Chronic	□Chronic		hronic	⊠Chron
Embryo Developme Mytilus sp. To Ship the					□96 Hour □48 Hour				Hour Hour	□96 Hour □ □48 Hour		□96 Hou □48 Hou		6 Hour 8 Hour	□96 Ho □48 Ho
Embryo Developine	iviyilius s	1st Sample on:			□24 Hour	□2 ⁴	4 Hour	□24	Hour	□2	4 Hour	□24 Hou	r	4 Hour	½ 24 Ho
Dilution Series: 1.25 2.5 5 10 20					Notes: Annu			st (BG)	PEC	Eiu	NING W	atter is	GLA	13	
Include Semi-annual 24hr A	Acute Test?	No]	١	Mytil	ostrea g us gallo	provincialis	:)	GA	1				
В.	Sample Type: E = Effluent	Sa	ample Date		Sample Time (military) Grab			ab				ampled B	v.		Numbe
Sample ID or Location: (Outfall No. or Name)	E = Effluent RS = Rec. Stream S = Sediment	From	То		From		To Comp				(Sign and Print Name)				Contail Shipp
FIMAL				0						0		-			
EFFLUBAL	_E	4-19-1	-19-16 4-20-16		E) DUA	Day 0740 COM		np.	P. RICO TEMPES						
AV# 0023213	RS	4-20-1	0-16 4-20-16		0715A	0715	APT G	KAR - PION PEMPER							
TEMP BLANK	<i>u</i> =	_	_		~	<u></u>									1
C. Relinquished By: Date			Time	1.5	Ω		Received By:				Da	ite	Time		
RICO TEM	061		4-20-16	5	0838 Am		KenlilV		evz	Zel		4/20/	16	8:39 N	
2												1739			
}		4				: P:									(iai)
,					ent Parameters:			Receiving Stream Parameters:							
Bio-Aquatic S	Sample Lo	g <u>in</u>	E	fflue	nt Paramet	ers:			Vece	CIVIII	iy Sireaiii	raiamete	15.	ļ	
Bio-Aquatic S	Sample Lo	g <u>in</u>	<u>E</u> Temp: (C)	fflue pH:		ers: Int. Sal:	ppt	Tem		_	pH:	Int. Sal:	ppt	,	
Date:	Time:		Temp: (C)				ppt	+-	ıp: (⁽	C) [Int. Sal:			
Date:	Time: IR Gun#:	nthetic Lab	Temp: (C)	pH: DO:	mg/l	Int. Sal:		Cl2	ıp: (⁽	C)	pH:	Int. Sal:	ppt		