

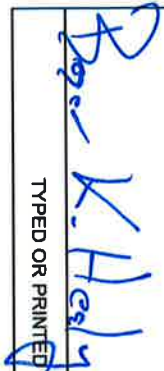
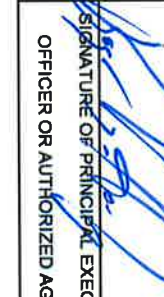
Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

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: 5/1/2017 TO 5/31/2017
 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
			Minimum	Maximum				
Temperature (C)	Average		*****	*****		0	1	Grab
	Maximum		*****	*****		0	1	
1 - Final Effluent 00010	Sample meas.		*****	*****	Report instantaneous	0	Monthly	Grab
	Permit reqmt.		*****	*****	Report daily maximum	0	Monthly	
Turbidity	Average		*****	*****		0	1	Grab
	Maximum		*****	*****		0	1	
1 - Final Effluent 00070	Sample meas.		*****	*****	Report instantaneous	0	Monthly	Grab
	Permit reqmt.		*****	*****	Report daily maximum	0	Monthly	
Magnesium, total recoverable	Average		*****	*****		0	0	Grab
	Maximum		*****	*****		0	0	
1 - Final Effluent 00921	Sample meas.		*****	*****	Report instantaneous	0	2X Annually	Grab
	Permit reqmt.		*****	*****	Report daily maximum	0	2X Annually	
Arsenic, Total Recoverable	Average		*****	*****		0	1	Grab
	Maximum		*****	*****		0	1	
1 - Final Effluent 00978	Sample meas.		*****	*****	Report instantaneous	0	Monthly	Grab
	Permit reqmt.		*****	*****	Report daily maximum	0	Monthly	
Iron, Total Recoverable	Average		*****	*****		0	0	Grab
	Maximum		*****	*****		0	0	
1 - Final Effluent 00980	Sample meas.		*****	*****	Report instantaneous	0	2X Annually	Grab
	Permit reqmt.		*****	*****	Report daily maximum	0	2X Annually	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  TYPED OR PRINTED	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.
OFFICER OR AUTHORIZED AGENT 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE 586-0877	DATE 6/7/2017
AREA NUMBER	Y M D

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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: 5/1/2017

TO 5/31/2017

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

NO DISCHARGE:

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Roger K. Healy</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 fines and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Roger K. Healy</i>	TELEPHONE	DATE
	TYPED OR PRINTED	586-0877		2017/6/7	

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

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 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 POINT: 001A Reverse Flow/Air Scrub
 MONITORING PERIOD: 5/1/2017 TO 5/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Maximum				
Flow	Sample meas.	0.027	MGD	*****	*****		0	Continuous	Recorded
	Report monthly average	0.042		Report daily maximum	*****				
Sulfate	1 - Final Effluent 50050	Permit reqmt.		*****	*****		0	Continuous	
	1 - Final Effluent 81020	Sample meas.		*****	*****	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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
 TYPED OR PRINTED	586-0877	2617/6/17
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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 POINT: 001B Enhanced Flux Cleaning
 MONITORING PERIOD: 5/1/2017 TO: 5/31/2017
 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.	*****	*****		7.35	7.35	7.35	S.U.	0	1	Grab
	1 - Final Effluent 00400 Permit reqmt.	*****	*****		6.5 instantaneous minimum	Report instantaneous	8.5 instantaneous maximum			Monthly	Grab
Salinity	Sample meas.	*****	*****		*****			ppt	0	0	Grab
	1 - Final Effluent 00480 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum			2X Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	0.55	0.55	mg/l	0	1	Grab
	1 - Final Effluent 00610 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum			Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****			ug/l	0	0	Grab
	1 - Final Effluent 00921 Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum			2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****			ug/l	0	0	Grab
	1 - Final Effluent 00978 Permit reqmt.	*****	*****		*****	Report instantaneous	10 daily maximum			2X Annually	Grab

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<i>Roger V. Healy</i>		586-0877	2017/6/7
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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CONTACT NAME: Samantha Stoughtenger
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 Juneau, AK 99801

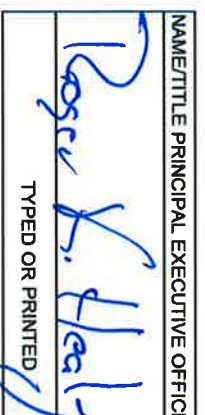
FACILITY: Salmon Creek Water Plant Backwash
 LOCATION: 3 mile Egan Drive
 Juneau, AK 99801

PERMIT NUMBER: AKG380005
 MONITORING POINT: 001B Enhanced Flux Cleaning

MONITORING PERIOD: 5/1/2017

TO: 5/31/2017
 NO DISCHARGE:

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

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			AREA NUMBER	Y M D

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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: 5/1/2017 TO: 5/31/2017
 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	Grab
	Permit reqmt.	*****	*****	Report instantaneous	Report daily maximum	mg/l	2X Annually	
Total Residual Chlorine	Sample meas.	*****	*****	ND	ND	0	1	Grab
	Permit reqmt.	*****	*****	0.0075 Report instantaneous	Report daily maximum	mg/l	Monthly	
Sulfate	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	Report instantaneous	Report daily maximum	mg/l	2X Annually	

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<i>Roscoe V. Healy</i>		<i>Roscoe V. Healy</i>		586-0877	2017/6/7
TYPED OR PRINTED			OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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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: 001C Chemical Clean In Place
 MONITORING PERIOD: 5/1/2017 TO: 5/31/2017
 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.	*****	*****		6.5 instantaneous minimum	Report instantaneous	8.5 instantaneous maximum	0	0	Annually	Grab
	Permit reqmt.	*****	*****								
Salinity	Sample meas.	*****	*****		*****	Report instantaneous	Report daily maximum	0	0	Annually	Grab
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum				
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	Report instantaneous	Report daily maximum	0	0	Annually	Grab
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum				
Magnesium, total recoverable	Sample meas.	*****	*****		*****	Report instantaneous	Report daily maximum	0	0	Annually	Grab
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum				
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****	Report instantaneous	Report daily maximum	0	0	Annually	Grab
	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Roger K. Healy</i>	586-0877	2017/5/17
TYPED OR PRINTED	AREA NUMBER	Y M D

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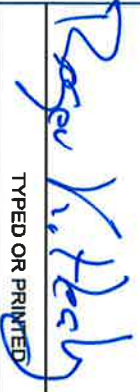

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 MONITORING PERIOD: 5/1/2017 TO: 5/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Iron, Total Recoverable	Sample meas.	*****	*****			0	0	Grab
	Permit reqmt.	*****	*****					
Zinc Total Recoverable	Sample meas.	*****	*****			0	0	Grab
	Permit reqmt.	*****	*****					
Lead Total Recoverable	Sample meas.	*****	*****			0	0	Grab
	Permit reqmt.	*****	*****					
Copper Total Recoverable	Sample meas.	*****	*****			0	0	Grab
	Permit reqmt.	*****	*****					
Manganese, Total Recoverable	Sample meas.	*****	*****			0	0	Grab
	Permit reqmt.	*****	*****					

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OFFICER OR AUTHORIZED AGENT 	TELEPHONE 586 0877
DATE 2016/5/7	AREA NUMBER Y M D

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PERMIT NUMBER: AKG380005
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 MONITORING PERIOD: 5/1/2017 TO: 5/31/2017
 NO DISCHARGE:

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

COMMENTS:

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Rose K. Healy</i>	586-0877	2017/6/15
TYPED OR PRINTED	AREA NUMBER	Y M D
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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<i>Rose K. Healy</i>		