CONTACT NAME: Samantha Stoughtenger Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

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

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

MONITORING PERIOD: 6/1/2017

TO 6/30/2017

			00						-	NO DISCHARGE:	
Parameter		Quantity or Loading	or Loading	Units	Quality	lity or Concentration	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample	*** ***	* * * *		* * * * *	477	2				
	meas.					15.4	16.9		C		
1 - Final Effluent	Permit	****	**		* * *	Report	Report	DEG.C		5X Weekly	Grab
00010						monthly average	daily maximum				
Dissolved Oxygen	Sample meas.	* * * *	***		2.2	** ** **	4.2		0		
1 - Final Effluent 00300	Permit reqmt	* * * * * * * * * * * * * * * * * * *	***		Report daily minimum	* * * * *	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	310	397		* * * * *	22	29		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.	* * * *	* * * *		****	571	* * * * *		0		
G - Influent 00310	Permit reqmt.	****	* * *		****	Report monthly average	* * * *	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	337	** ** **		* * * * *	24	* * * * *		0		
W - See Comments 00310	ments Permit 00310 regmt.	1839 weekly average	****	lbs/day	* * * * * * * * * * * * * * * * * * *	45 weekly average	****	mg/l		2X Monthly	24-Hr Composite

TYPED OR PRINTED	Jam WESTOTT	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
O.	74	OFFICER
poss	desi the in who	cert

certify under penalty of law that this document and all attachments were pared under my direction or supervision in accordance with a system igned to assure that qualified personnel properly gather and evaluate wedge and belief, true, accurate, and complete. I am aware that there lering the information, the information submitted is, to the best of my significant penalties for submitting false information, including the manage the system, or those persons directly responsible for nformation submitted. Based on my inquiry of the person or persons

SIGNATURE OF ARINGHAL EXECUT OFFICER OR AUTHORIZED AGEN

	TELEPHONE	DATE
	29228298	21/4/12
m	ADDA - NIIMBDO	× .
Ä	AREA NUMBER	YIMID

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

CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801 LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 6/1/2017 TO NO DISCHARGE: 6/30/2017

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	
рH	Sample meas.	* * * *	* * * *		6.7	** ** ** *	6.9		0		
1 - Final Effluent 00400	Permit reqmt.	**** ** *	****		6.5 instantaneous minimum	* * * * * * * * * * * * * * * * * * *	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3)	Sample meas.	* * * * *	* * * * *		* * * *	160	160		0		
1 - Final Effluent 00410	Permit reqmt.	****	* * * * * *		****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids	Sample meas.	253	360		* * * *	18	26		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.	* * * *	* * *		***	866	* * * * *		0		
G - Influent 00530	Permit reqmt.	** ** ** *	** **		****	Report monthly average	** ** **	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	287	* * * *		* * * * *	21	* * * * *		0		
W - See Comments 00530	Permit reqmt.	1839 weekly average	***	lbs/day	* * * * * * *	45 weekly average	**	mg/l		2x Monthly	24-Hr Composite

TYPED OR PRINTED	Jum WESTCOTT	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
------------------	--------------	--

prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my the information submitted. Based on my inquiry of the person or persons I certify under penalty of law that this document and all attachments were

SIGNATURE OF PRINCIPAL EXECU. OFFICER OR AUTHORIZED AGEN

4	TIVE		a Lusar
AREA NUMBER		542 Sec. 75	TELEPHONE
GIWIA	1 .	17/7/12	DATE

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

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

CONTACT NAME: Samantha Stoughtenger

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 6/1/2017 TO 6/30/2017

NO DISCHARGE:

Parameter		Quantity or Loading	r Loading	Units	Quality	ity or Concentration	ltion	Units	No.	Frequency of	Sample Type
											bampic 1 ypc
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Ammonia Nitrogen (as N)	Sample meas	* * * * *	* * * *		* * * *	1.9	1.9		0		
1 - Final Effluent 00610	Permit	**	****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3)	Sample meas.	* * * *	* * * *		***	82	82		0		
1 - Final Effluent 00900	Permit reqmt.	**	****		* * * * * * * * * * * * * * * * * * *	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	* * * * *	* * * * *		* * * * *	AN	NA		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.	* * * * *	* * * * *		* * * * *	NA	NA		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.	* * * * *	* * * * *		* * * *	AN	NA		0		
1 - Final Effluent Permit 01114 reqmt.	Permit reqmt	***	** ** ** **		****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

OM MESTOT

SENICL OFFICER

TYPED OR PRINTED

I certify under peralty 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 befief, true, accurate, and complete. Lam aware that they are significant penalties for submitting false information, including the

SIGNATURE OF PRINCHPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

	mi	
AREA I NUMBER	907-56-085	TELEPHONE
Y M D	17/7/12	DATE
	1	

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

CONTACT NAME: Samantha Stoughtenger

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 6/1/2017

TO NO DISCHARGE: 6/30/2017

Parameter		Quantity o	Quantity or Loading	Units	Quality	ity or Concentration	ition	Units	S	Frequency of	Sample Type
		Average	Maximum		Minimum		Maximum		Ex.	Analysis	
Copper Total Recoverable	Sample meas.	0.22	0.22		* * *	16.0	16.0		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.	* * * * *	* * * * *		****	NA	NA		0		
1 - Final Effluent ПООО	Permit reqmt.	*** ** **	*****		** ** ** **	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	* * * * *	* * * *		* * * * * * * * * * * * * * * * * * *	****	Р		0		
1 - Final Effluent 45613	Permit reqmt	****	* * * *		*****	** ** **	Report value	pass/fail		Monthly	Visual
Flow	Sample meas.	1.7	2.1		* * * * * *	* * * * *	* * * * *		0		
1 - Final Effluent Permit 50050 reqmt.	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	****	****	****			Continuous	Recorded
Fecal Coliform	Sample meas.	* * * *	* * * *		* * * * *	17	100		0		
1 - Final Effluent 74055	Permit reqmt	*****	** ** ** *		** ** ** **	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab
)				

are signifit	TYPED OR PRINTED
gathering	Service of Bernias
whо прапа	•
the inform	1102/53/14
prepared) ; (
certify un	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

mation submitted. Based on my inquiry of the person or persons nage the system, or those persons directly responsible for d under my direction or supervision in accordance with a system d to assure that qualified personnel properly gather and evaluate under penalty of law that this document and all attachments were te and belief, true, accurate, and complete. I am aware that there the information, the information submitted is, to the best of my icant penalties for submitting false information, including the

SIGNATURE OF PRINCIPAL EXECU-OFFICER OR AUTHORIZED AGENT TELEPHONE AKEA | NUMBER

NT	TIVE (~	II
AREA NUMBER		927. Sec. 0393	TELEPHONE
DIWIA		17/7	DATE

<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

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

MONITORING PERIOD: 6/1/2017

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

TO 6/30/2017 NO DISCHARGE:

	00 1010								,	To production.	
Parameter		Quantity or Loading	or Loading	Units	Quality	ity or Concentration	tion	Units	No.	Frequency of Sample Type	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	* * * * *	* * *		* * * * *	54	* * * * *		0		
W - See Comments Permit 74055 reqmt.	ments Permit 74055 regmt	****	* * * * *		* * * * *	400 weekly geometric mean	****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	* * * *	***		96	**	* * * *		0		
K - Percent Removal Permit 81010 reqmt.	Permit reqmt.	****	* * * * * *		85 minimum	*****	****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	* * * *	* * * * *		86	* * * *	* * * *		0		
K - Percent Removal 81011	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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED possibility of fine and imprisonment for knowing violations. knowledge and belief, true, accurate, and complete. I am aware that there gathering the information, the information submitted is, to the best of my the information submitted. Based on my inquiry of the person or persons prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate who manage the system, or those persons directly responsible for certify under penalty of law that this document and all attachments were

FIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA | NUMBER Y | M | D