

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
 MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 6/1/2017

TO 6/30/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Maximum				
Temperature (C)	Sample meas. *****		*****	*****		0	5X Weekly	Grab
1 - Final Effluent 00010	Permit reqmt. *****		Report monthly average	Report daily maximum	DEG.C			
Dissolved Oxygen	Sample meas. *****		2.2	4.2		0	Monthly	Grab
1 - Final Effluent 00300	Permit reqmt. *****		Report daily minimum	Report daily maximum	mg/l			
Biochemical Oxygen Demand (BOD5)	Sample meas. 310	lbs/day	*****	22	29	0	2X Monthly	24-Hr Composite
1 - Final Effluent 00310	Permit reqmt. 1226 monthly average		2452 daily maximum	30 monthly average	60 daily maximum			
Biochemical Oxygen Demand (BOD5)	Sample meas. *****		*****	571	*****	0	2X Monthly	24-Hr Composite
G - Influent 00310	Permit reqmt. *****		*****	Report monthly average				
Biochemical Oxygen Demand (BOD5)	Sample meas. 337		*****	24	*****	0	2X Monthly	24-Hr Composite
W - See Comments 00310	Permit reqmt. 1839 weekly average	lbs/day	*****	45 weekly average	*****			

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
<i>Jim Vestrott</i> Sander gskmex	<i>[Signature]</i>		907 582 0995	17/7/12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D	

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			Average	Maximum				
pH	Sample meas.	*****	*****	6.7	*****	6.9	0	5X Weekly Grab
	Permit reqmt.	*****	*****	6.5 instantaneous minimum	*****	8.5 instantaneous maximum	0	
Alkalinity, Total (as CaCO3)	Sample meas.	*****	*****	*****	*****	160	0	Quarterly 24-Hr Composite
	Permit reqmt.	*****	*****	*****	*****	Report monthly average	0	
Total Suspended Solids	Sample meas.	253	360	*****	*****	18	0	2X Monthly 24-Hr Composite
	Permit reqmt.	1226 monthly average	2452 daily maximum	*****	*****	30 monthly average	0	
Total Suspended Solids	Sample meas.	*****	*****	*****	*****	866	0	2X Monthly 24-Hr Composite
	Permit reqmt.	*****	*****	*****	*****	Report monthly average	0	
Total Suspended Solids	Sample meas.	287	*****	*****	*****	21	0	2X Monthly 24-Hr Composite
	Permit reqmt.	1839 weekly average	*****	*****	*****	45 weekly average	0	

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Jim Westcott
 Senior Operator

[Signature]

97.566095

17/7/12

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MONITORING PERIOD: 6/1/2017

TO 6/30/2017

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFUSER

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Average	Maximum				
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	1.9	1.9	mg/l	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum				
1 - Final Effluent 00610									
Hardness, Total (as CaCO3)	Sample meas.	*****	*****	82	82	mg/l	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum				
1 - Final Effluent 00900									
Silver Total Recoverable	Sample meas.	*****	*****	NA	NA	ug/l	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum				
1 - Final Effluent 01079									
Zinc Total Recoverable	Sample meas.	*****	*****	NA	NA	ug/l	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum				
1 - Final Effluent 01094									
Lead Total Recoverable	Sample meas.	*****	*****	NA	NA	ug/l	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum				
1 - Final Effluent 01114									

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TELEPHONE

DATE

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OFFICER OR AUTHORIZED AGENT

AREA | NUMBER

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Jim Westcott
Senior Operator

[Signature]

907 586 0393

17/7/12

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NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Copper Total Recoverable	1 - Final Effluent 01119	0.22	0.22	lbs/day	*****	*****	ug/l	0	Monthly	24-Hr Composite
		1.82 monthly average	3.92 daily maximum		44.5 monthly average	95.8 daily maximum				
Chronic Toxicity	1 - Final Effluent T000	*****	*****		*****	*****	TUC	0	See Permit Requirements	24-Hr Composite
		Report monthly average	Report daily maximum		Report monthly average	Report daily maximum				
Floating solids, waste or visible foam-visual	1 - Final Effluent 45613	*****	*****		*****	*****	pass/fail	0	Monthly	Visual
		Report monthly average	Report daily maximum		Report monthly average	Report daily maximum				
Flow	1 - Final Effluent 50050	1.7	2.1	MGD	*****	*****		0	Continuous	Recorded
		Report monthly average	Report daily maximum		Report monthly average	Report daily maximum				
Fecal Coliform	1 - Final Effluent 74055	*****	*****		*****	*****	200 monthly geometric mean	100	Weekly	Grab
		Report monthly average	Report daily maximum		Report monthly average	Report daily maximum				

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 Jim Warront
 Senior Operator
 TYPED OR PRINTED

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TELEPHONE: 907.586.0393
 AREA | NUMBER: 1717 | 112
 DATE: 6/1/17

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			Minimum	Maximum				
Fecal Coliform	Sample meas. *****		*****	*****		0	Weekly	Grab
W - See Comments 74055	Permit reqmt. *****		*****	*****	cts/100 ml			
BOD5 Minimum % Removal	Sample meas. *****		96	*****		0		
K - Percent Removal 81010	Permit reqmt. *****		85 minimum	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas. *****		98	*****		0		
K - Percent Removal 81011	Permit 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	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 violators.	TELEPHONE	DATE
<i>Jim Westcott</i> <i>Senior Engineer</i>		907.566.0995	17/7/12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D
	