Permit

Permit ID:

AK0022951

Major:

✓

Permittee:

JUNEAU, CITY & BOROUGH OF

Permittee Address: 2009 RADCLIFFE ROAD

JUNEAU, AK99801 2009 RADCLIFFE ROAD

Facility:

JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF

Facility Location:

MENDENHALL WWTF

JUNEAU, AK99801

Permitted Feature: 001 - External Outfall

Discharge:

001-A - MENDENHALL RIVER DIFFUSER

Report Dates & Status

Monitoring Period: From 09/01/17 to 09/30/17

Value 1

DMR Due Date:

10/15/17

NetDMR Validated

Considerations for Form Completion

FC/Nov-April=1 Effluent & W-Wkly Ave FC/May-Oct=S Effluent & T- Wkly Avg Ammonia/May-Oct=S Effluent

Principal Executive Officer

First Name:

Last Name:

Brown

Title:

Wastewwater Treatment Plant Supervisor

Telephone:

907-586-0393

Units

No Data Indicator (NODI)

Form NODI:

NODI **Parameter** Code Name

Quantity or Loading

Value 2

Value 1

Units

Quality or Concentration

Value 2

Value 3

Frea, of of Analysis Ex.

Smpl. Type

Pa	rameter	NODI	Quai	ntity	or Loadin	9		Quality or Co.	ncentration		# of	Freq. of Analysis	Smpl.
Code	Name		Value 1		Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Туре
K - Perc	ent Removal												
Season:	0	Req.					>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI											
	Solids, suspended percent removal	Smpl.					=95			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Perc	ent Removal												
Season:	: 0	Req.					>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NŌDI: -		NODI											
	Toxicity, Chronic	Smpl.						=5.6	=5.6	73 - toxic	0	09/99 -	24 - COMP24
1 - Efflu	ent Gross									toxic		See Permit	COMP24
Season:	6	Req.						Req Mon MO AVG	Req Mon DAILY MX	73 - toxic		09/99 - See Permit	24 - COMP24
NODI: -		NODI											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User:

CBJWASTEWATER

Name:

Randall Brown

E-Mail:

randall.brown@juneau.org

Date/Time:

2017-10-10 11:52 (Time Zone:-08:00)

Report Last Signed By

User:

CBJWASTEWATER

Name:

Randall Brown

E-Mail:

randall.brown@juneau.org

Date/Time:

2017-10-10 12:41 (Time Zone:-08:00)

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Parameter	NODI	Quant	ity or Loading			Quality or Cor	centration		#	Freq. of	Smpl
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
										02/30 - Twice Per Month	
NODI: -	NODI										
00530 Solids, total suspended	Smpl.	=477		26 - lb/d		=23		19 -	0	02/30 - Twice Per	24 *
V - See Comments								mg/L		Month 02/30 -	COMP2
Geason: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		mg/L		Twice Per Month	COMP2
IODI: -	NODI										
0610 Nitrogen, ammonia total [as N]	Smpl.					=12	=12	19 mg/L	0	01/30 - Monthly	24 - COMP2
- Effluent Gross	-	1				Dag Mag MO	Dan	40 5		04/20	24
Season: 2	Req.					Req Mon MO AVG	Req Mon DAILY MX	ng/L		01/30 - Monthly	24 - COMP2
IODI: -	NODI	1									
00900 Hardness, total [as CaCO3]	Smpl.					=74	=74	19 = mg/L	0	01/30 - Monthly	24 ECOMP2
- Effluent Gross						D = 11 = 110	D	40		04/00	24.5
Geason: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	COMP2
IODI: - 1119 Copper, tota	NODI	1									
recoverable - Effluent Gross		=0.42	=0.42	26 - lb/d		=18	=18	28 - ug/L	0	01/30 - Monthly	24 COMP
eason: 2	Req.	<=1.82 MO AVG	<=3.92 DAILY MX	26 - lb/d		<=44.5 MO AVG	<=95.8 DAILY	28 - ug/L		01/30 - Monthly	24 COMP
IODI: -	NODI										
5613 Floating solids, wast or visible							-0	9P =	•	01/30 -	VI -
foam-visual - Effluent Gross	Smpl.						=0	N=0;Y=1	0	Monthly	VISUA
Geason: 0	Req.						<=Req Mon DAILY MX	9P * N=0;Y=1		01/30 - Monthly	VI *
ODI: -	NODI										
60050 Flow, in conduit or thru	Cmal	m2.5	-3.4	03 =					0	99/99	RC -
treatment plant - Effluent Gross	Smpl.	=2.5	=3.4	MGD						Continuous	Record (auto)
eason: 0	Req.	Req Mon MO AVG	<=4.9 DAILY	03 * MGD						99/99 - Continuous	RC - Record
IODI: -	NODI										(auto)
4055 Coliform, fecal genera						-4	-12	13 -	0	01/07 -	GR *
- Effluent Gross	J.IIpl.					=4	=13	#/100mL		Weekly	GRAB
eason: 2	Req.					<=200 MO GEOMN	<=800 DAILY MX	13 * #/100mL		01/07 - Weekly	GR *
ODI: -	NODI										
4055 Coliform, fecal genera	Smpl.					=6		13 - #/100ml	0	01/07 -	GR -
V - See Comments								#/100mL		Weekly	GRAB
ieason: 2	Req.					<=400 WK GEOMN		13 #/100mL		01/07 - Weekly	GR GRAB
IODI: -	NODI										
1010 BOD, 5-day percent removal	, Smpl.				=95			23 - %	0	01/30 - Monthly	CA CALCT

PZ	rameter	NODI	Quant	ity or Loading			Quality or Con	Centration		# of	Freq. of Analysis	Smpl Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.		. ,,,,,
00010	Temperature, water deg. centigrade	Smpl.					=16.3	=17	04 - deg C	0	05/WK - Five Per Week	GR = GRAB
1 - Efflu	ent Gross										05/WK -	1
Season	: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		Five Per Week	GR + GRAB
NODI:		NODI										
00300	Oxygen, dissolved [DO]	Smpl.				=2		=4.8	19 = mg/L	0	01/30 - Monthly	GR =
1 - Efflu	ent Gross											
Season	: 0	Req.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
NODI:	ā	NODI										
00310 1 - Efflu	BOD, 5-day, 20 deg. C	Smpl.	=360	=718	26 - lb/d		=18	=30	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP2
Season		Req.	<=1226 MO AVG	<=2452 DAILY	26 - lb/d		<=30 MO AVG	<=60 DAILY	19 - mg/L		02/30 - Twice Per	24 = COMP2
NODI:	8	NODI									Month	
	BOD, 5-day, 20 deg. C								19 -		02/30 -	24 -
G - Rav Influent	Sewage	Smpl.					=351		mg/L	0	Twice Per Month	COMP2
Season	: 0	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 = COMP2
NODI:		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=462		26 - lb/d		=22		19 - mg/L	0	02/30 - Twice Per	24 - COMP2
W - See	Comments										Month	
Season	: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP2
NODI: -		NODI										
00400 1 - Efflu	pH ent Gross	Smpl.				=6.8		=7	12 - SU	0	05/07 - Weekdays	GR - GRAB
Season	: 2	Req.				>=6.3 INST MIN		<=8.5 INST MAX	12 - SU		05/07 - Weekdays	GR - GRAB
NODI: -		NODI										
00410	Alkalinity, total [as CaCO3]	Smpl.					=120	=120	19 - mg/L	0	01/90 - Quarterly	24 - COMP2
1 - Efflu Season	ent Gross	Por					Req Mon MO	Req	19 -		01/90 -	24 -
NODI:		Req.					AVG	Mon DAILY MX	mg/L		Quarterly	COMP2
	Solids, total	NODI									02/20	
	suspended ent Gross	Smpl.	=286	=105	26 - lb/d		=14	=42	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP2
Season	: 0	Req.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP2
NODI:		NODI										
00530	Solids, total suspended	Smrl					=409		19 -	0	02/30 -	24 =
G - Rav Influent	Sewage	Smpl.					-409		rng/L	0	Twice Per Month	COMP2
Season	: 0	Req.					Req Mon MO AVG		19 - mg/L			24 = COMP2

▲ User:CBJWASTEWATER, Permittee User



DMR Copy of Submission

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska September 2017

						Number of Analyses	AVERAGE *	MININ	MAXI	101	Sat	Fri	Thu	Wed	Tue	Mon	Sun	Sat	Fri	Thu	Wed	Tue	Mon	Sun	Sat	Fri	Thu	Wed	Tue	Mon	Sun	Sat	Fri	Thu	Wed	Tue	Mon	Sun	Sat	Fri		DAY		
						Analyses	AGE .	MUM	MUM	ΑL	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	100	DATE		
						0	0.0.s.	0.0.8.	0.0.8.	0.0.8.	0.0.8.															0.0.S.														0.0.8.	MGD	SBR	Flows	
						26	0.32	0.00	1.11	8.30	0.00	7	0.21	1.02	1.03	0.01	0.26	0.32	0.16	0.28	_	0.04	0.08	0.25	0.14	7	1	0.00	0.00	0.06	0.17	1.11	0.68	0.36	0.56	0.00	0.65	0.09	0.01	0.81		precip		
		Tox test	Alk. mg/l	Hrd. mg/l	2		2.46	1.81	3.39	73.94	2.02	2.34	2.87	2,65	2.19	2.17	2.01	1.81	1.95	1.86	1.91	2.00	2,13	2.04	1.97	2.21	2.33	2,46	2.74	3.12	3.39	3.24	2,81	2,80	2,52	2.69	2.91	2.44	3.00	3.36	MGD	TILEFFL		
		NA	120	14	2017	30	0.11	0.0729	0.1588	3,2636	0.1102	0.1302	0.1588	0.1172	0.1040	0.0928	0.0937	0.0838	0.1087	0.1342	0.1366	0.1318	0.0729	0.0990	0.0956	0.1121	0.1088	0.1214	0.1270	0.0973	0.0815	0.1055	0.1181	0.1097	0.1034	0.0740	0.0875	0.0761	0.1195		4 . 1	WASTE		
					lit.	21	15.6	14.7	16.6	WOODS.		14.9	15.9	16.0	15.3	15.6			15.3	16.6	15.7	15.9	16.2			15.4	16.1	16.0	16.2	15.5			15.7	15.2	15.7	15.2	14.7			14.7	°C	TEMP		
Zinc NH3 mg/L	Silver	Lead	Copper	Conner		21	50000000	6,7	8.3	000000		7.0	6.9	6.7	7.1	7.3			7.0	7.2	6,9	7.1	8,3			7.1	7.0	7.0	6.9	7.1			7.2	7.0	7.1	7.1	7.3			7.1		P		
12 0	NA	NA	NA S	18.0	2017 Metals	21		1.7	3.6			2.3	2,3	2.0	2.2	2.7			2.1	3.6	2.2	23	2.9			2.1	2.9	2.8	2.8	2.3			2.8	2.3	2.6	2,5	1.7			3.2	mg/L	0.0		
280				0.42	100	20	409	245	575			436	372	512	448	464			404	444	400	347	293			500	512	575	387	350			496	464	245	275	253				mg/L	TSS	Influent	
						20	8248	5155	11782			8509	8904	11316	8183	8397			6570	6888	6363	5788	5215			9216	9949	11782	8844	9107			11624	10835	5155	6170	6140				LBS	TSS	1	
Pass/Fail	Waste	Float	S.S.	BOD.		20	351	240	580			280	280	360	340	320			460	380	580	360	340			340	280	430	350	340			320	400	330	240	280				mg/L	BOD Sel		Julicau, Alaska
P	Waste, or Foam	Floating Solids	95	BOD 95		20	7006	5384	9341			5464	6702	7956	6210	5791			7481	5895	9227	6005	6051			6267	5441	8811	7998	8847			7499	9341	6944	5384	6795				LBS	BOD		NA SNA
<u> </u>				19		21	16.3	15.6	17.0			16.0	16.6	16.6	17.0	16.3			16.7	16.8	16.6	16.9	16,3			16.4	16.1	16.0	16.0	15.6			16.2	15.9	16,7	15.9	15.7	1		15.8	ô	TEMP		
MAX	ω	2	-	WHILE	000000	20	000000000000000000000000000000000000000	6.8	7.0			6.9	6.9	6.8	6.9	6.8			6.8	6.8	7.0	7.0	6.9			6.8	6.9	6.8	6.8	6.8			7.0	6,8	6,8	6.8	6.8			6.8		구		
22	18	17	14	mon		20		2.0	4.8			2.0	3.6	2.7	4.0	3.4	Ī		2.0	2.3	2.9	2.9	3.1			2,6	2.7	2.6	3.0	3.3			4.8	2.9	2.6	3.1	2.8			2.8	₩.	0.0		
462 462	299	361	320	H(J)	WEEKLY	20	14	6	42			13	42	18	30	10			12	13	12	11	12			10	o	9	11	13			œ	10	7	19	12				™	SS		
23	12	10	11	mo/I	WEEKLY AVERAGE	20	286	124	1005			254	1005	398	548	181			195	202	191	183	214			184	124	174	251	338			187	234	147	426	291				SBJ	SS	Effluent	
477	197	214	- 1	100			18	10	30			22	30	18	28	14			17	20	19	17	18			18	15	16	18	17			16	15	13	16	10				mg/L	B.O.D		cotoni
6 4	6	3	3	Geo. Mean	WEEKLY	20	360	243	718			429	718	398	511	253			276	310	302	284	320			332	291	328	411	442			375	350	274	359	243				LBS	80.0		Deptember 2017
						9	5.6	3.3	11.1				11.1			4.9						5.7	7.6						4.5	3.3					4.5	3,9	5.2				Grab	on FC		1
						9	4	_	13		;		2			7						ω	11						2	σı				13		_	2				/100 ml	COLIFORM		

FACILITY: MENDENHALL WW TREATMENT FACILITY

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

LOCATION: 2009 RADCLIFFE RD Juneau, AK 99801

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER PERMIT NUMBER: AK0022951 MONITORING PERIOD: 9/1/17 TO NO DISCHARGE: 9/30/17

24-Hr Composite	2X Monthly		mg/l	* * * * *	45 weekly average	* * * * *	lbs/day	* * * * *	1839 weekly average	Permit reqmt.	W - See Comments 00310
		0		** ** **	22	* * * *		**	462	Sample meas.	Biochemical Oxygen Demand (BOD5)
24-Hr Composite	2X Monthly		mg/l	* * * * *	Report monthly average	* * * * *		* * * * *	*****	Permit reqmt.	G - Influent: 00310
		0		** ** **	351	* * * *		* * * *	***	Sample meas.	Biochemical Oxygen Demand (BOD5)
24-Hr Composite	2X Monthly		mg/l	60 daily maximum	30 monthly average	* * * * *	lbs/day	2452 daily maximum	1226 monthly average	Permit reqmt.	1 - Final Effluent 00310
		0		30	18	* * * *		718	360	Sample meas.	Biochemical Oxygen Demand (BOD5)
Grab	Monthly		mg/i	Report daily maximum	华代帝 景 泰	Report daily minimum		****	****	Permit reqmt	1 - Final Effluent 00300
		0		4.8	** ** **	2.0		* * * *	***	Sample meas.	Dissolved Oxygen
Grab	5X Weekly		DEG.C	Report daily maximum	Report monthly average	* * * * *		* * * * *	****	Permit reqmt.	1 - Final Effluent; 00010
		0		17	16.3	****		* * * *	**	Sample meas.	Temperature (C)
Sample Type	Frequency of Analysis	No. Ex.	Units	ation Maximum	ity or Concentration Average Mi	Quality Minimum	Units	or Loading Maximum	Quantity or Loading Average Maximu		Parameter

TYPED OR PRINTED		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	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	rearrisy under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system
OFFICER OR AUTH	SIGNATURE OF PRINCIPAL EXECUTIVE	
UTHORIZED AGENT	CUTIVE	
ORIZED AGENT AREA NUMBER	CUTIVE	TELEPHONE

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

MONITORING PERIOD: 9/1/17

9/30/17

 T_0

멀 Total Suspended Solids **Total Suspended Solids** Total Suspended Solids Alkalinity, Total (as CaCO3) Parameter OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER W - See Comments | Permit 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent G - Influent 00400 00530 00410 00530 00530 Permit reqmt. Permit reqmt. Permit reqmt. Sample Permit reqmt. Sample Sample Sample Sample reqmt. meas. meas. meas. meas. meas. monthly average weekly average ***** ***** ***** Average 286 477 ***** Quantity or Loading ***** 1839 1226 daily maximum Maximum ***** ***** ***** ***** 1005 ***** ***** **** **** 2452 lbs/day lbs/day Units instantaneous Minimum ***** ***** ***** minimum 6.8 **** ***** **** ***** **** 6.5 **Quality or Concentration** monthly average monthly average monthly average weekly average ***** Average Report Report ***** 120 409 14 23 30 daily maximum daily maximum instantaneous Maximum ***** maximum ***** 7.0 Report ***** ***** 120 42 8.5 60 Units mg/l mg/l mg/l mg/l S.U. No. Ex. 0 0 0 0 0 NO DISCHARGE: Frequency of 2X Monthly 2X Monthly 2X Monthly 5X Weekly Analysis Quarterly 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type 24-Hr Composite Grab

AREA NUMBER	OFFICER OR AUTHORIZED AGENT	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.	TYPED OR PRINTED
		prepare under his unrectant of superinstorm accordance min 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	
TELEPHONE		certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

CONTACT NAME: Samantha Stoughtenger FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

OT 9/30/1/

PERMIT NUMBER: AK0022951 MONITORING PERIOD: 9/1/17

Silver Total Recoverable Zinc Total Recoverable Hardness, Total (as CaCO3) Ammonia Nitrogen (as N) Lead Total Recoverable Parameter OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER 1 - Final Effluent 01114 01094 00610 01079 00900 Permit Sample Permit Permit Sample Permit reqmt. Permit Sample reqmt reqmt. Sample reqmt. Sample reqmt. meas. meas. meas. Average ***** ***** ***** ***** ***** **** **** Quantity or Loading Maximum ***** ***** ***** ***** ***** **** **** **** Units Minimum ***** ***** ***** ***** ***** **** **** **** Quality or Concentration monthly average monthly average monthly average monthly average monthly average Average Report Report Report Report Report 74 NA AN NA 12 daily maximum daily maximum daily maximum daily maximum daily maximum Maximum Report Report Report Report Report NA 12 Z Z 74 Units mg/l mg/l /gu l/gu l/gu No. Ex. 0 0 O DISCHARGE Frequency of Requirements Requirements Requirements See Permit See Permit See Permit **Analysis** Monthly Monthly 24-Hr Composite 24-Hr Composite 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

knowledge and belief, true, accurate, and complete. I am aware that there

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

AREA | NUMBER

Y | M | D

possibility of fine and imprisonment for knowing violations are significant penalties for submitting false information, including the gathering the information, the information submitted is, to the best of my who manage the system, or those persons directly responsible for the information submitted. Based on my inquiry of the person or persons designed to assure that qualified personnel properly gather and evaluate

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system

TELEPHONE

DATE

MAILING ADDRESS: 2009 Radcliffe Rd. CONTACT NAME: Samantha Stoughtenger LOCATION: 2009 RADCLIFFE RD FACILITY: MENDENHALL WW TREATMENT FACILITY

Juneau, AK 99801

Juneau, AK 99801

MONITORING PERIOD: 9/1/17

TO 9/30/17

Grab	Weekly		cts/100 ml	800 daily maximum	200 monthly geometric mean	* * * * *		****	** ** ** *	Permit reqmt.	1 - Final Effluent 74055
		0		13	4	* * * * * * * * * * * * * * * * * * * *		* * * * * *	* * * *	Sample meas.	Fecal Coliform
Recorded	Continuous			* * * * *	* * * * *	**	MGD	4.9 daily maximum	Report monthly average	Permit reqmt.	1 - Final Effluent 50050
		0		* * * * *	* * * * *	* * * *		3.4	2.5	Sample meas.	Flow
Visual	Monthly		pass/fail	Report value	*****	****		****	*	Permit reqmt.	1 - Final Effluent 45613
		0	-	P	* * * * *	* * *		* * * *	* * * * *	Sample meas.	Floating solids, waste or visible foam-visual
24-Hr Composite	See Permit Requirements		TUC	Report daily maximum	Report monthly average	*****		****	**	Permit reqmt.	1 - Final Effluent TTOOO
		0		NA	NA	* * *		* * * *	* * * * *	Sample meas.	Chronic Toxicity
24-Hr Composite	Monthly		ug/l	95.8 daily maximum	44.5 monthly average	*******	lbs/day	3.92 daily maximum	1.82 monthly average	Permit reqmt.	1 - Final Effluent 01119
		0		18	18	* * * *		0.42	0.42	Sample meas.	Copper Total Recoverable
Sample Type	Frequency of Analysis	No. Ex.	Units	ation Maximum	lity or Concentration Average M	Quality Minimum	Units	Quantity or Loading verage Maximum	Quantity Average		Parameter
	9/30/17 NO DISCHARGE:	To		9/1/17	MONITORING PERIOD: 9/1/17	MONIT		R DIFFUSER	51 ENDENHALL RIVI	AK00229! 001A ME	PERMIT NUMBER: AK0022951 OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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, frue, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA | NUMBER

GIMIA

TELEPHONE

DATE

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

possibility of fine and imprisonment for knowing violations

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

MONITORING PERIOD: 9/1/17 TO 9/30/17

							,		_		
OUTFALL / MONITORING POINT: OO1A MENDENHALL RIVER DIFFUSER	01A MEN	NDENHALL RIVE	R DIFFUSER						z	NO DISCHARGE:	
Parameter		Quantityor Loading	r Loading	Units	Qual	Qualityor Concentration	tion	Units	_	읙	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	* * * * *	* * * * *		* * * *	6	* * * *		0		
W - See Comments 74055	Permit reqmt	* * * * *	****		**	400 weekly geometric mean	**	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	* * * *	* * *		26	****	* * * *		0		
K - Percent Removal 81010	Permit reqmt.	****	* * *		85 minimum,	* * * * *	** ** **	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	* * * *	***		95	* * * *	* * * *		0		
K - Percent Removal Permit 81011 reqmt.	Permit reqmt	****	****		85 mmmum	** ** **	****	%		Monthly	Calculation
									П		

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	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	prepared uncer my one-count 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, the accurate, and complete, I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penaties for submitting false information, including the possibility of fine and imprisorment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID