

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

CONTACT NAME: Stephen Locks
 MAILING ADDRESS: 5433 Shaune Drive
 Juneau, AK 99801

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

PERMIT NUMBER: AKG380005
 OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub

MONITORING PERIOD: 4/1/2018

TO 4/30/2018
 NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type		
		Average	Maximum		Average	Maximum						
Temperature (C)	1 - Final Effluent	*****	*****	DEG.C	*****	*****	Report instantaneous	Report daily maximum	0	1	Monthly	Grab
	00010	Permit reqmt.	*****		*****	Report instantaneous						
Turbidity	1 - Final Effluent	*****	*****	NTU	*****	*****	Report instantaneous	Report daily maximum	0	1	Monthly	Grab
	00070	Permit reqmt.	*****		*****	Report instantaneous						
Magnesium, total recoverable	1 - Final Effluent	*****	*****	ug/l	*****	*****	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	00921	Permit reqmt.	*****		*****	Report instantaneous						
Arsenic, Total Recoverable	1 - Final Effluent	*****	*****	ug/l	*****	*****	Report instantaneous	Report daily maximum	0	1	Monthly	Grab
	00978	Permit reqmt.	*****		*****	Report instantaneous						
Iron, Total Recoverable	1 - Final Effluent	*****	*****	ug/l	*****	*****	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	00980	Permit reqmt.	*****		*****	Report instantaneous						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ryan W. Herman, Hayward 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.	TELEPHONE 907-500-4341	DATE 2018/5/7
OFFICER OR AUTHORIZED AGENT 	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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PERMIT NUMBER: AKG380005

MONITORING PERIOD: 4/1/2018

TO 4/30/2018

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	
			Average	Maximum					Average
Zinc Total Recoverable	Sample meas. *****	*****	*****	*****	ug/l	0	0	2X Annually	Grab
1 - Final Effluent 01094	Permit reqmt. *****	*****	Report instantaneous	Report daily maximum	ug/l				
Lead Total Recoverable	Sample meas. *****	*****	*****	*****	ug/l	0	0	2X Annually	Grab
1 - Final Effluent 01114	Permit reqmt. *****	*****	Report instantaneous	Report daily maximum	ug/l				
Copper Total Recoverable	Sample meas. *****	*****	*****	*****	ug/l	0	0	2X Annually	Grab
1 - Final Effluent 01119	Permit reqmt. *****	*****	Report instantaneous	Report daily maximum	ug/l				
Manganese, Total Recoverable	Sample meas. *****	*****	*****	*****	ug/l	0	0	2X Annually	Grab
1 - Final Effluent 11123	Permit reqmt. *****	*****	Report instantaneous	Report daily maximum	ug/l				
Chloride	Sample meas. *****	*****	*****	*****	mg/l	0	0	2X Annually	Grab
1 - Final Effluent 46225	Permit reqmt. *****	*****	Report instantaneous	Report daily maximum	mg/l				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
Ryan W. Hermen - Herwood TYPED OR PRINTED		907-500-4344		2018/5/17	
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
				AREA NUMBER	
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PERMIT NUMBER: AKG380005
 MONITORING POINT: 001A Reverse Flow/Air Scrub
 MONITORING PERIOD: 4/1/2018 TO 4/30/2018
 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.	0.020	MGD	*****	*****		0	Continuous	Recorded
	Permit reqmt.	Report monthly average		Report daily maximum	*****				
1 - Final Effluent 50050									
Sulfate	Sample meas.	*****		*****	*****		0	0	2X Annually
	Permit reqmt.	*****		Report instantaneous	Report daily maximum				
1 - Final Effluent 81020									

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
Ryanne Arneson Hayward TYPED OR PRINTED	907-560-6134	2018/5/7
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER Y M D

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CONTACT NAME: Stephen Locks
 MAILING ADDRESS: 5433 Shaune Drive
 Juneau, AK 99801


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

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

MONITORING PERIOD: 4/1/2018

TO: 4/30/2018
 NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH	1 - Final Effluent	*****	*****	S.U.	6.76	6.76	6.76	0	1	Monthly	Grab
	00400	Permit reqmt.	*****		*****	6.5 instantaneous minimum	Report instantaneous				
Salinity	1 - Final Effluent	*****	*****	ppt	*****	*****	*****	0	2X Annually	0	Grab
	00480	Permit reqmt.	*****		*****	Report instantaneous	Report daily maximum				
Ammonia Nitrogen (as N)	1 - Final Effluent	*****	*****	mg/l	1.3	1.3	1.3	0	1	Monthly	Grab
	00610	Permit reqmt.	*****		*****	Report instantaneous	Report daily maximum				
Magnesium, total recoverable	1 - Final Effluent	*****	*****	ug/l	*****	*****	*****	0	2X Annually	0	Grab
	00921	Permit reqmt.	*****		*****	Report instantaneous	Report daily maximum				
Arsenic, Total Recoverable	1 - Final Effluent	*****	*****	ug/l	*****	*****	*****	0	2X Annually	0	Grab
	00978	Permit reqmt.	*****		*****	Report instantaneous	Report daily maximum				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ryan W. Herman - Hazardous 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	TELEPHONE 907-580-4344	DATE 2018/5/17
SIGNATURE OF PRINCIPAL EXECUTIVE 		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y I M I D

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

CONTACT NAME: Stephen Locks
 MAILING ADDRESS: 5433 Shaune Drive
 Juneau, AK 99801

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

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

MONITORING PERIOD: 4/1/2018

TO: 4/30/2018
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Average	Maximum				
Iron, Total Recoverable	Sample meas.	*****	ug/l	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	Permit reqmt.	*****		Report instantaneous	Report daily maximum				
Zinc Total Recoverable	Sample meas.	*****	ug/l	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	Permit reqmt.	*****		Report instantaneous	Report daily maximum				
Lead Total Recoverable	Sample meas.	*****	ug/l	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	Permit reqmt.	*****		Report instantaneous	Report daily maximum				
Copper Total Recoverable	Sample meas.	*****	ug/l	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	Permit reqmt.	*****		Report instantaneous	Report daily maximum				
Manganese, Total Recoverable	Sample meas.	*****	ug/l	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	Permit reqmt.	*****		Report instantaneous	Report daily maximum				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ryan W. Hermon - Herwood 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907-500-4344	DATE 2018/5/7
		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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

MONITORING PERIOD: 4/1/2018

TO: 4/30/2018
 NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Average	Maximum				
Chloride	Sample meas.	*****	mg/l	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	Permit reqmt.	*****		instantaneous	daily maximum				
Total Residual Chlorine	Sample meas.	*****	mg/l	Report instantaneous	Report daily maximum	0	0	Monthly	Grab
	Permit reqmt.	*****		0.0075 Report instantaneous	daily maximum				
Sulfate	Sample meas.	*****	mg/l	Report instantaneous	Report daily maximum	0	0	2X Annually	Grab
	Permit reqmt.	*****		Report instantaneous	daily maximum				

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PERMIT NUMBER: AKG380005

MONITORING PERIOD: 4/1/2018

TO: 4/30/2018

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Average	Maximum				
PH	Sample meas.	*****		6.5 instantaneous minimum	Report instantaneous	S.U.	0	Annually	Grab
	1 - Final Effluent Permit reqmt. 00400	*****		8.5 instantaneous maximum	Report instantaneous maximum				
Salinity	Sample meas.	*****		*****	Report instantaneous	ppt	0	Annually	Grab
	1 - Final Effluent Permit reqmt. 00480	*****		*****	Report daily maximum				
Ammonia Nitrogen (as N)	Sample meas.	*****		*****	Report instantaneous	mg/l	0	Annually	Grab
	1 - Final Effluent Permit reqmt. 00610	*****		*****	Report daily maximum				
Magnesium, total recoverable	Sample meas.	*****		*****	Report instantaneous	ug/l	0	Annually	Grab
	1 - Final Effluent Permit reqmt. 00921	*****		*****	Report daily maximum				
Arsenic, Total Recoverable	Sample meas.	*****		*****	Report instantaneous	ug/l	0	Annually	Grab
	1 - Final Effluent Permit reqmt. 00978	*****		*****	Report daily maximum				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">Ryan W. Herman - Hayward</div> 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 907-580-4134 x1	DATE 2018/5/17
AREA NUMBER	Y M D

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="text-align: center;">  Ryan W. Herman - <i>Herman</i> </div> 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.	TELEPHONE 907-566-4344	DATE 2018/5/17
OFFICER OR AUTHORIZED AGENT <div style="text-align: center;">  Ryan W. Herman </div>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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 NO DISCHARGE:

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

COMMENTS:

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