

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: 2/1/2017

TO 2/28/2017

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
			Average	Maximum				
Temperature (C)	Sample meas.	*****	*****	*****	*****	1	1	Grab
	Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	
Turbidity	Sample meas.	*****	*****	*****	*****	1.6	1	Grab
	Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	
Magnesium, total recoverable	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	
Arsenic, Total Recoverable	Sample meas.	*****	*****	*****	*****	ND	1	Grab
	Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	
Iron, Total Recoverable	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	

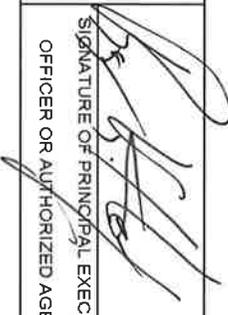
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry 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>Roger K Herlihy</i> Typed or Printed		OFFICER OR AUTHORIZED AGENT	586-0877	2/6/17
			AREA NUMBER	Y M D

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PERMIT NUMBER: AKG380005
MONITORING POINT: 001A Reverse Flow/Air Scrub
MONITORING PERIOD: 2/1/2017 TO 2/28/2017
NO DISCHARGE:

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Keger K. Healy Eng. = P.O. Director		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 586-0877		DATE 3/9/17	
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT		AREA NUMBER		Y M D			

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PERMIT NUMBER: AKG380005

MONITORING PERIOD: 2/1/2017

TO 2/28/2017

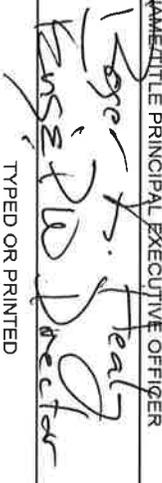
OUTFALL / MONITORING POINT: 001A Reverse Flow/Air Scrub

NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Average	Maximum				
Flow	0.021	0.026	MGD	*****	*****		0	Continuous	Recorded
	Report monthly average	Report daily maximum		*****	*****				
	1 - Final Effluent 50050								
	Permit reqmt.	Report daily maximum							
Sulfate	*****	*****		*****	*****	mg/l	0	2X Annually	Grab
	Sample meas.	*****		*****	*****				
	1 - Final Effluent 81020								
	Permit reqmt.	*****		*****	*****				

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  KENSIE RD Director 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 586-0872
OFFICER OR AUTHORIZED AGENT	DATE 3/6/17
AREA NUMBER	Y M D

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

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: 2/1/2017 TO: 2/28/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type		
			Average	Maximum	Minimum					Maximum	
pH	Sample meas.	*****	*****	7.45	6.5	7.45	8.5	S.U.	0	1	Grab
	1 - Final Effluent Permit reqmt. 00400	*****	*****	Instantaneous minimum	Instantaneous maximum	Report Instantaneous	Instantaneous maximum			Monthly	
Salinity	Sample meas.	*****	*****	*****	*****	*****	*****	ppt	0	0	Grab
	1 - Final Effluent Permit reqmt. 00480	*****	*****	*****	*****	Report Instantaneous	Report daily maximum			2X Annually	
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	*****	0.2	0.2	mg/l	0	1	Grab
	1 - Final Effluent Permit reqmt. 00610	*****	*****	*****	*****	Report Instantaneous	Report daily maximum			Monthly	
Magnesium, total recoverable	Sample meas.	*****	*****	*****	*****	*****	*****	ug/l	0	0	Grab
	1 - Final Effluent Permit reqmt. 00921	*****	*****	*****	*****	Report Instantaneous	Report daily maximum			2X Annually	
Arsenic, Total Recoverable	Sample meas.	*****	*****	*****	*****	*****	*****	ug/l	0	0	Grab
	1 - Final Effluent Permit reqmt. 00978	*****	*****	*****	*****	Report Instantaneous	10 daily maximum			2X Annually	

NAME/TITLE	PRINCIPAL EXECUTIVE OFFICER	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 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.		586-0877	1/13/15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA NUMBER	Y M D
TYPED OR PRINTED			

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PERMIT NUMBER: AKG380005
 MONITORING POINT: 001B Enhanced Flux Cleaning
 MONITORING PERIOD: 2/1/2017 TO: 2/28/2017
 NO DISCHARGE:

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
Kogor K. Head		526 2877		1/3/15	
Eugene D. Director		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.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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PERMIT NUMBER: AKG380005

MONITORING PERIOD: 2/1/2017

TO: 2/28/2017

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

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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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Roger K. Healy <i>Roger K. Healy</i>	586-0877	1/15/15
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.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Roger K. Healy</i>		

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PERMIT NUMBER: AKG380005

MONITORING PERIOD: 2/1/2017

TO: 2/28/2017

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place

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 00400	Sample meas.	*****	*****	6.5	Instantaneous minimum	Report instantaneous	8.5	Instantaneous maximum	S.U.	0	0	Annually	Grab
		Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	ppt	0	0	Annually
Salinity	1 - Final Effluent 00480	Sample meas.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	0	0	Annually	Grab
		Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	mg/l	0	0	Annually
Ammonia Nitrogen (as N)	1 - Final Effluent 00610	Sample meas.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	0	0	Annually	Grab
		Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	ug/l	0	0	Annually
Magnesium, total recoverable	1 - Final Effluent 00921	Sample meas.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	0	0	Annually	Grab
		Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	ug/l	0	0	Annually
Arsenic, Total Recoverable	1 - Final Effluent 00978	Sample meas.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	0	0	Annually	Grab
		Permit reqmt.	*****	*****	*****	*****	Report instantaneous	Report daily maximum	*****	*****	ug/l	0	0	Annually

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
K. Frost Director TYPED OR PRINTED		586-0877		1/3/15	
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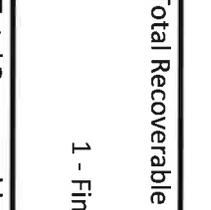
MONITORING PERIOD: 2/1/2017

TO: 2/28/2017

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				
Iron, Total Recoverable	Sample meas.	*****	*****	Report	Report	ug/l	0	0	Grab
	1 - Final Effluent Permit reqmt. 00980	*****	*****	instantaneous	daily maximum				
Zinc Total Recoverable	Sample meas.	*****	*****	Report	Report	ug/l	0	0	Grab
	1 - Final Effluent Permit reqmt. 01094	*****	*****	instantaneous	daily maximum				
Lead Total Recoverable	Sample meas.	*****	*****	Report	Report	ug/l	0	0	Grab
	1 - Final Effluent Permit reqmt. 01114	*****	*****	instantaneous	daily maximum				
Copper Total Recoverable	Sample meas.	*****	*****	Report	Report	ug/l	0	0	Grab
	1 - Final Effluent Permit reqmt. 01119	*****	*****	instantaneous	daily maximum				
Manganese, Total Recoverable	Sample meas.	*****	*****	Report	Report	ug/l	0	0	Grab
	1 - Final Effluent Permit reqmt. 11123	*****	*****	instantaneous	daily maximum				

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 586-0877
OFFICER OR AUTHORIZED AGENT	DATE 1/23/15
AREA NUMBER	Y M D

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PERMIT NUMBER: AKG380005
MONITORING POINT: 001C Chemical Clean in Place
MONITORING PERIOD: 2/1/2017 TO: 2/28/2017
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	Annually	
Total Residual Chlorine	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	0.0075 Report instantaneous	Report daily maximum	mg/l	Annually	
Sulfate	Sample meas.	*****	*****	*****	*****	0	0	Grab
	Permit reqmt.	*****	*****	Report instantaneous	Report daily maximum	mg/l	Annually	

COMMENTS:

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