CONTACT NAME: Stephen Locks
MAILING ADDRESS: 5433 Shaune Drive

Juneau, AK 99801

Permit

reqmt.

FACILITY: Salmon Creek Water Plant Backwash

LOCATION: 3 mile Egan Drive Juneau, AK 99801

Report

daily maximum

Report

instantaneous

ug/I

PERMIT NUMBER: AKG380005

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

1 - Final Effluent

11123

005 MONITORING PERIOD: 11/1/2017

TO: 11/30/2017

NO DISCHARGE:

2X Annually

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	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	b		
Sten heebs	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907-321-2969	17-72-6
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

Grab

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

MONITORING PERIOD: 11/1/2017

0 11/30/2017

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

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.		*****		*****	5.9	5.9		0	1	
1 - Final Effluent 00010	I CI IIIIC	****	*****		*****	Report instantaneous	Report daily maximum	DEG.C		Monthly	Grab
Turbidity	Sample meas.	*****	*****		*****	57.7	57.7		0	1	
1 - Final Effluent 00070	1 (111111)	****	****		*****	Report instantaneous	Report daily maximum	NTU		Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****				0	0	
1 - Final Effluent 00921	I CI IIIIC	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****	1.9	1.9		0	1	
1 - Final Effluent 00978	1 61 11116	*****	*****		*****	Report instantaneous	10 daily maximum	ug/l		Monthly	Grab
Iron, Total Recoverable	Sample meas.	*****	*****		*****				0	0	
1 - Final Effluent 00980	I CI IIIIC	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
Sur Lenks	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	NZ	907-321-2965	17-12-4
JFW	knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

Page

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: 11/1/2017

TO 11/30/2017

NO DISCHARGE:

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

	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate theirformation submitted. Based on my inquiry of the person or persons	1		
	whomanage 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	SIGNATURE OF PRINCIPAL EXECUTIVE	907-321-2969	17-12-6
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA I NUMBER	YIMID

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

MONITORING PERIOD: 11/1/2017

TO

11/30/2017 NO DISCHARGE:

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

Parameter			Quantity o	r Loading	Units	Qual	ity or Concentra	ation	Units	No.	Frequency of	Sample Type
			Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Flow		Sample meas.	0.023	0.033		*****	*****	*****		0	Continuous	
	1 - Final Effluent 50050	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Sulfate		Sample meas.	*****	*****		*****				0	0	
	1 - Final Effluent 81020		*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		2X Annually	Grab

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	I certify under penalty of law that this document and all attachments were	9	TELEPHONE	DATE
Show Lowles	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 pathering the information, the information submitted is, to the best of my		907-321-2965	13-12-6
71-00	knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		197166
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YÍMID

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

(G380005

MONITORING PERIOD: 11/1/2017

ГО: 1:

11/30/2017 NO DISCHARGE:

OUTFALL / MONITORING POINT: 001B Enhanced Flux Cleaning

Parameter		Quantity (or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	*****	*****		7.41	7.41	7.41		0	1	
1 - Final Effluent 00400		*****	*****		6.5 instantaneous minimum	Report instantaneous	8.5 instantaneous maximum	S.U.		Monthly	Grab
Salinity	Sample meas.	*****	*****		*****		- A		0	0	
1 - Final Effluent 00480	1 61 11116	*****	*****		*****	Report instantaneous	Report daily maximum	ppt		2X Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	0.9	0.9		0	1	
1 - Final Effluent 00610	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		Monthly	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****				0	0	
1 - Final Effluent 00921	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		2X Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****				0	0	
1 - Final Effluent 00978	I CI IIIIC	*****	*****		*****	Report instantaneous	10 daily maximum	ug/l		2X Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
Steer Level TYPED OR PRINTED	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	907-321-2961 AREA NUMBER	17.12-6 YIMID

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: 11/1/2017

11/30/2017

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Chloride	Sample meas.	*****	*****		*****				0	0	
1 - Final Effluent 46225	Permit reqmt.	****	*****		*****	Report instantaneous	Report daily maximum	mg/l		2X Annually	Grab
Total Residual Chlorine	Sample meas.	*****	*****		*****	ND	ND		0	1	
1 - Final Effluent 50060		*****	****		*****	0.0075 Report instantaneous	Report daily maximum	mg/l		Monthly	Grab
Sulfate	Sample meas.	*****	*****		*****				0	0	
1 - Final Effluent 81020	Permit reqmt.	*****	*****		*****	Report instantaneous	Report daily maximum	mg/l		2X Annually	Grab

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		TELEPHONE	DATE
Steve Locks	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate theiriformation submitted. Based on my inquiry of the person or persons whomanage the system, or those persons directly responsible for gatheringthe information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE	907 321 2469	17 126
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	AIMID

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: 001C Chemical Clean in Place

MONITORING PERIOD: 11/1/2017

11/30/2017

NO DISCHARGE:

Parameter		Quantity (or Loading	Units	Qua	lity or Concentr	ation	Units	No.	No. Frequency of Ex. Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.		
pH	Sample meas.	*****	*****						0		
1 - Final Effluent 00400	I cimit	*****	*****		6.5 instantaneous minimum	Report instantaneous	8.5 instantaneous maximum	S.U.		Annually	Grab
Salinity	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 00480	I CI IIIIC	*****	****		*****	Report instantaneous	Report daily maximum	ppt		Annually	Grab
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****				0		120
1 - Final Effluent 00610	1 CI IIII C	****	****		*****	Report instantaneous	Report daily maximum	mg/l		Annually	Grab
Magnesium, total recoverable	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 00921	I CI IIIIC	****	*****		******	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Arsenic, Total Recoverable	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 00978	1 CI IIIIC	****	本字本本卷本		*****	Report instantaneous	10 daily maximum	ug/l		Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
Sten Locks TYPED OR PRINTED	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	907-321-2461 AREA NUMBER	17.12.C YIMID

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: 001C Chemical Clean in Place

MONITORING PERIOD: 11/1/2017

11/30/2017

TO:

NO DISCHARGE:

Parameter		Quantity of	or Loading	Units	Qual	ity or Concentra	tion Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Iron, Total Recoverable	Sample meas.	*****	*****		*****	=			0		
1 - Final Effluent 00980	I CI IIII C	*****	*****		****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Zinc Total Recoverable	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 01094	I CI IIIIC	*****	*****		****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Lead Total Recoverable	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 01114	I CI IIIIC	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Copper Total Recoverable	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 01119	I CI IIII L	*****	*****		****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab
Manganese, Total Recoverable	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 11123	1 CI IIII	*****	*****		*****	Report instantaneous	Report daily maximum	ug/l		Annually	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907 321-2665	17.12.6
	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	AREA NUMBER	YIMID

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

MONITORING PERIOD: 11/1/2017

TO:

11/30/2017

OUTFALL / MONITORING POINT: 001C Chemical Clean in Place

NO DISCHARGE:

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Chloride	Sample meas.	*****	*****		*****				0	W	
1 - Final Effluent 46225	1 Clinic	****	****		*****	Report instantaneous	Report daily maximum	mg/l		Annually	Grab
Total Residual Chlorine	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 50060	1 61 1111	****	*****		*****	0.0075 Report instantaneous	Report daily maximum	mg/l		Annually	Grab
Sulfate	Sample meas.	*****	*****		*****				0		
1 - Final Effluent 81020		****	****		*****	Report instantaneous	Report daily maximum	mg/l		Annually	Grab

COM MENTS:			

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Ster Leeks	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE	907-321-2465	17-12-
TYPED OR PRINTED	are significant penallies for submitting false information, including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID