

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
May 2014

Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT											
DAY	DATE	TEMP °F	RAIN INCHES	J-D TLT EFFL MGD	S.S. mg/L	S.S. LBS	BOD mg/L	BOD LBS	FOG ** mg/L	FOG LBS	NH3 mg/L	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	BOD mg/L	BOD LBS	FOG ** mg/L	FOG LBS	FCAL Coiform /100 ml	Ammonia as N mg/L	
SUN	4	52	0.00	0.573	208.0	839.6	220.0	888.0				14.0	7.0	4.6	9.2	37.1	7.4	29.9					
MON	5	50	0.00	0.494	208.0	924.7	440.0	1541.2				13.9	7.1	4.9	13.0	45.5	10.0	35.0				1.0	
TUE	6	50	0.00	0.420	400.0	2071.7	430.0	2227.0				14.6	7.2	4.9	11.0	57.0	14.0	72.5					
WED	7	51	0.00	0.621	316.0	1612.9	440.0	2246.8				14.8	7.2	4.6	7.2	36.7	11.0	56.1					
THU	8	51	0.00	0.572								14.6	6.8	5.3									
FRI	9	55	0.00	0.572								14.9	6.3	4.9									
SAT	10	54	0.00	0.661								14.9	6.1	4.8									
SUN	11	52	0.31	0.635								15.2	6.1	4.9									
MON	12	54	0.10	0.597	108.0	537.7	108.0	537.7				15.3	5.7	5.1	8.4	41.8	9.5	47.3				2.0	
TUE	13	51	0.03	0.794	192.0	1271.4	250.0	1655.5				15.4	6.1	5.2	15.0	99.3	15.0	99.3					
WED	14	53	0.26	0.614	152.0	778.4	270.0	1382.6				15.4	6.5	5.1	25.0	128.0	31.0	158.7					
THU	15	57	0.00	0.653	192.0	1045.6	290.0	1579.3				15.1	6.6	4.9	24.0	130.7	23.0	125.3					
FRI	16	60	0.00	0.719								15.8	6.6	5.2									
SAT	17	57	0.00	0.598								16.6	6.7	4.7									
SUN	18	55	0.00	0.763								16.6	6.7	4.7									
MON	19	55	0.20	1.019	248.0	2107.6	180.0	1529.7				15.9	6.5	5.5	6.4	54.4	8.0	88.0				28.0	
TUE	20	49	0.40	0.907	196.0	1482.6	260.0	1966.7				15.3	6.8	5.1	4.4	33.3	4.0	30.3					
WED	21	50	0.35	0.713	48.00	285.43	140.00	832.50				16.2	6.5	5.5	4.40	26.16	3.50	20.81					
THU	22	51	0.00	0.596	280.00	1391.78	290.00	1441.49				15.1	6.2	5.0	4.80	23.86	3.80	18.89					
FRI	23	53	0.00	0.606								15.0	6.3	4.6									
SAT	24	52	0.00	0.635								15.2	5.6	4.9									
SUN	25	54	0.00	0.609								15.0	6.3	5.9									
MON	26	55	0.00	0.697	208.00	1208.10	370.00	2150.80				15.7	6.5	6.7	47.00	273.21	37.00	215.08				600.0	
TUE	27	51	0.00	0.645								15.0	6.8	4.5									
WED	28	50	0.00	0.668	280.00	1448.49	380.00	2117.03				15.5	7.0	4.4	45.00	250.70	36.00	200.56					
THU	29	52	0.00	0.606	272.00	1374.70	190.00	657.03				15.3	7.0	5.4	18.00	90.97	34.00	171.84				100.0	
FRI	30	52	0.00	0.489	496.00	2022.82	480.00	1876.00				15.7	6.9	4.3	8.80	35.89	27.00	110.11					
SAT	31	51	0.51	0.683								15.3	7.0	4.5									
TOTAL			2.16	18.19																			
MAXIMUM		60	0.51	1.02	496.0	2107.6	460.0	2245.8				16.6	7.2	6.7	47.0	273.2	37.0	215.1				600.0	
MINIMUM		49	0.00	0.42	48.0	285.4	108.0	537.7				13.9	5.6	4.3	4.4	23.9	3.5	18.9				1.0	
AVERAGE*		53	0.077	0.65	240.0	1275.3	291.1	1539.3				15.3		5.0	15.7	85.3	17.1	91.2				20.2	
Number Of Analyzes		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

Comments: *On 5/26&5/28 BOD final results were greater than 37 and 36 the following numbers were used for the monthly/weekly average. An amended page will follow with results for the 27th as soon as they come in.

85%	
B.O.D.	94.1
S.S.	93.4

Weekly	TSS			BOD			Weekly		
	mg/l	lbs	mg/l	mg/l	lbs	mg/l	Geo. Mean	Coiform	
Aver	10.1	44.1	10.6	48.4	1.0				
WEEK1	18.1	100.0	19.6	107.7	2.0				
WEEK3	5.0	34.4	4.8	34.5	28.0				
WEEK4	29.7	162.7	33.5	174.4	244.9				
MAX	29.7	162.7	33.5	174.4	244.9				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE ***

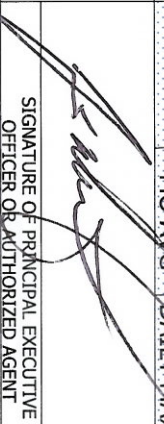
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities SR. Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2014	5	4	2014
YEAR	MO	DAY	YEAR
2014	5	31	2014

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	*****	16.6	deg.C	0	WEEKDAYS	GRAB	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MAX	deg.C				
	SAMPLE MEASUREMENT	*****	*****	*****	6.7		0			
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2	DAILY MIN.				
	SAMPLE MEASUREMENT	91.2	215.1	*****	17.1	DAILY MAX	0	WEEKLY	GRAB	
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	690	1380	lbs/d	*****	60				
	SAMPLE MEASUREMENT	*****	*****	*****	291.1	DAILY MAX	0	MONTHLY	COMP24	
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	*****					
	SAMPLE MEASUREMENT	174.4	*****	*****	33.5		0	MONTHLY	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L				
	SAMPLE MEASUREMENT	1035	*****	lbs/d	45					
00310 W 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L				
	SAMPLE MEASUREMENT	*****	*****	*****	7.2		0	MONTHLY	COMP24	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0	SU		WEEKDAYS		
	SAMPLE MEASUREMENT	85.3	273.2	*****	MINIMUM				GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	mg/L				
	SAMPLE MEASUREMENT	*****	*****	*****	15.7		0			
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 the system designed to assure that the 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.									
Jim Westcott W/W Utilities Sr. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 05/04/2014-05/31/2014. (Reference all attachments here)										
TYPED OR PRINTED		907		586-0393		2014		6		10
		AREA CODE		PHONE NUMBER		YEAR		MO		DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801
MAJOR \$
(SUB 01)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

External Outfall
*** NO DISCHARGE

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU ALASKA 99801

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Jim Westcott Ww Utilities Sr. Operator

FROM

2014

5

4

TO

2014

5

31

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Raw Sewage Influent	SAMPLE MEASUREMENT	85.3	*****	*****	*****	*****	*****	0	Monthly	COMP24
Solids, Total suspended	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	*****			
00530 W 0	PERMIT REQUIREMENT	WPLY AVG	*****	*****	*****	*****	*****			
See Comments	SAMPLE MEASUREMENT	NA	NA	*****	*****	*****	*****	0	Monthly	COMP24
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****			
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	2.76	6.0	Mgal/d	*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	MO AVG	DAILY MAX	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORPDR
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
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 the system designed to assure that the 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.									
Jim Westcott W/W Utilities Sr. Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENT AND EXPLANATION OF ANY VIOLATIONS										
(Reference all attachments here)										
The reporting period was from 05/04/2014-05/31/2014.										
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.										

MONITORING PERIOD

YEAR	MO	DAY
2014	5	31

YEAR	MO	DAY
2014	6	10

AREA CODE	TELEPHONE
907	586-0393
PHONE NUMBER	DATE

NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
0	Monthly	COMP24
0	Monthly	COMP24
0	Semi-annual	COMP24
0	Weekly	GRAB
0	Weekly	GRAB
0	Continuous	RCORPDR
0	Monthly	CALCTD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 99801
MAJOR (SUB 01) \$
UPSTREAM RECEIVING WATER
External Outfall
*** NO DISCHARGE ***

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott WW Utilities Sr. Operator

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2014	5	4
TO	YEAR	MO
	2014	5
		DAY
		31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Collform, fecal MF, broth 44.5 C	MEASUREMENT	*****	*****		1.0		0	1.0		
31616 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MAX	#/ ML100		Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
WW Utilities Sr. Operator

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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
907 586-0393

AREA CODE
2014

PHONE NUMBER
6

DATE
10

YEAR
2014

MO
6

DAY
10

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 05/04/2014-05/31/2014.

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

CONTACT NAME: William Cameron
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 5/1/2014 TO 5/31/2014
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
	Average	Maximum		Minimum	Average	Maximum					
Biochemical Oxygen Demand (BOD5)	Sample meas.	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
1 - Final Effluent 00310 R	Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
Total Suspended Solids	Sample meas.	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
1 - Final Effluent 00530 R	Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l	When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	Report monthly average	Report daily maximum	cts/100 ml	*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml	When Discharging	Grab
1 - Final Effluent 31616 R	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	Report monthly geometric mean	Report daily maximum	MGD	When Discharging	Recorded
Flow	Sample meas.	Report monthly average	Report daily maximum	MGD	*****	*****	Report monthly geometric mean	Report daily maximum	MGD	When Discharging	Recorded
1 - Final Effluent 50050 R	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	Report monthly geometric mean	Report daily maximum	MGD	When Discharging	Recorded
Duration of Discharge	Sample meas.	Report monthly average	Report daily maximum	min/day	*****	*****	Report monthly geometric mean	Report daily maximum	min/day	When Discharging	Instantaneous Reading
1 - Final Effluent 81381 R	Permit reqmt.	Report monthly average	Report daily maximum	min/day	*****	*****	Report monthly geometric mean	Report daily maximum	min/day	When Discharging	Instantaneous Reading
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 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.		
<i>William Cameron</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		907-780-2525	5/16/10
	AREA NUMBER		Y M D

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

CONTACT NAME: William Cameron
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 5/1/2014 TO 5/31/2014
 MONITORING POINT: 002 (N-11) (P) Sta AE

NO DISCHARGE: X

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum		Minimum	Average	Maximum					
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310 P	report monthly average	report daily maximum	lbs/day	*****	*****	report monthly average	report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	1 - Final Effluent 00530 P	report monthly average	report daily maximum	lbs/day	*****	*****	report monthly average	report maximum monthly average	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent 31616 P	Sample meas. *****	*****		*****	*****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	1 - Final Effluent 50050 P	Sample meas. *****	report daily maximum	MGD	*****	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 P	Sample meas. *****	Report daily maximum	min/day	*****	*****	*****	*****			When Discharging	Recorded
COMMENTS:												

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 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 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.	
<i>William Cameron</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED		
TELEPHONE	DATE	
907-790-2525	14/6/10	
AREA NUMBER	Y M D	

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

CONTACT NAME: William Cameron
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801
 PERMIT NUMBER: AK0023213

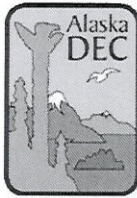
FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

MONITORING PERIOD: 5/1/2014 TO 5/31/2014
 MONITORING POINT: 003 (N1.2) (Q) Sta C NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent Permit reqmt. 00310 Q	Report monthly average	lbs/day	*****	*****	Report monthly average	mg/l		When Discharging	Grab
Total Suspended Solids	1 - Final Effluent Permit reqmt. 00530 Q	Report monthly average	lbs/day	*****	*****	Report monthly average	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent Permit reqmt. 31616 Q	Sample meas. *****		*****	*****	Report monthly geometric mean	cts/100 ml		When Discharging	Grab
Flow	1 - Final Effluent Permit reqmt. 50050 Q	Sample meas. *****	MGD	*****	*****	Report daily maximum			When Discharging	Recorded
Duration of Discharge	1 - Final Effluent Permit reqmt. 81381 Q	Sample meas. *****	report daily maximum	*****	*****	Report daily maximum			When Discharging	Recorded
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	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.	
<i>William Cameron</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE
TYPED OR PRINTED	<i>William Cameron</i>	907-790-3585
	OFFICER OR AUTHORIZED AGENT	AREA NUMBER
		DATE
		<i>1/16/16</i>



Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-002321-3	
Owner or Operator: CBJ	Facility Name: Juneau-Douglas WWTP	Facility Location: Juneau	
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 586.0801	Reported How? (e.g. by phone): Phone	
Date/Time Event was Noticed: 5/12/2014 @ 1300	Date/Time Reported: 5/13/2014 @ 0725	Name of DEC Staff Contacted: ADEC Hotline	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 5/12/2014 @ 1300	End Date/Time (exact): 5/13/2014 @ 0730	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:			
Estimated Quantity involved (volume or weight): N/A			
Description of the noncompliance and its cause (be specific): Effluent pH below acceptable range.			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Staff observed excessive dissolved oxygen measurement(s) in the aeration basin(s) in conjunction with poor settleability and increased turbidity, potentially indicating the discharge of an unknown substance into the collection system. Effluent samples were drawn several times throughout the day to verify the measurement(s).			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
pH	6.0 - 8.5	5.67	5/12/2013
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Decreased aeration and increased waste removal. pH returned to acceptable permit range.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual/Potential Impact on Environment/Public Health (describe in detail) Unknown			
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.			
Name: Jim Westcott	Title: Senior operator	Signature:	Date: 5.13.2014

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-7508 E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-002321-3	
Owner or Operator: CBJ	Facility Name: Juneau-Douglas WWTP	Facility Location: 1540 Thane Road, Juneau, AK	
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 586.0801	Reported How? (e.g. by phone): Phone	
Date/Time Event was Noticed: 5/24/2014	Date/Time Reported: 5/24/2014	Name of DEC Staff Contacted: ADEC Hotline	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 5/24/2014	End Date/Time (exact): 5/24/2014	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:			
Estimated Quantity involved (volume or weight): N/A			
Description of the noncompliance and its cause (be specific): Effluent pH below acceptable range.			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Staff observed excessive dissolved oxygen measurement(s) in the aeration basin(s) in conjunction with poor settleability and increased turbidity. Cruise ship discharge into the collection system is a potential concern as the summer tourist season has come into full swing.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
pH	6.0 - 8.5	5.57	5/24/2014
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Decrease aeration and increased waste removal. pH has returned to acceptable permit range..			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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.			
Name: Jim Westcott	Title: Senior operator	Signature:	Date: 5.26.2014
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

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Anchorage, Alaska 99501

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Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-002321-3	
Owner or Operator: CBJ	Facility Name: Juneau-Douglas WWTP	Facility Location: 1540 Thane road, Juneau, Ak	
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 586-0801	Reported How? (e.g. by phone): Phone	
Date/Time Event was Noticed: 6/24/2014	Date/Time Reported: 6/24/2014	Name of DEC Staff Contacted: ADEC Hotline	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)			
Period of Noncompliance	Start Date/Time (exact): 6/24/2014	End Date/Time (exact): 6/24/2014	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:			
Estimated Quantity involved (volume or weight): N/A			
Description of the noncompliance and its cause (be specific): Effluent pH below acceptable range.			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Staff observed excessive dissolved oxygen measurement(s) in the aeration basin(s) in conjunction with poor settleability and increased turbidity. Cruise ship discharge into the collection system is a potential concern as the summer tourist season has come into full swing.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
pH	6.0 - 8.5	5.57	6/24/2014
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Decrease aeration and increased waste removal. pH has returned to acceptable permit range.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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.			
Name: Jim Westcott	Title: Senior operator	Signature:	Date: 6/26/2014
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			