Sally Wanstall

Alaska Department of Environmental Conservation:

This letter is to clarify the amended DMR's AKG-57-1000-13 Auke Bay Wastewater Treatment Facility Sample Period dates which have been amended from 12/28/2009-1/31/2009 to 12/28/2008-1/31/2009.

This letter is to clarify the amend DMR's AK 002295-1 Mendenhall Valley Service Area Monitoring Period dates which have been amended from 1/1/2008-1/31/2008 to 1/1/2009-1/31/2009.

Thank You,

Denny Kay

Mendenhall & Auke Bay Wastewater Treatment Facility Supervisor

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

MENDENHALL TREATMENT PLANT

AK-002295-1
PERMIT NUMBER

JUNEAU, CITY AND BOROUGH OF

NAME: ADDRESS:

MAJOR
(SUB 01)
F - FINAL
FF-LIENT
**** NO DISCHARGE
NOTE: Read instructions before completing this form. DISCHARGE NUMBER

7007.00	יין דיאט דיאן אַרָּר - אַרָּר	EL STATISTICAL PORTAL			AN-00,	V-007732-T				5	OUL A
	JUNEAU, ALASKA 99801	99801			רכ <u>ל או</u>	NOMBER				DISCHARG	DISCHARGE NUMBER
FACILITY:	MENDENHALL VALLEY SERVICE AREA	LLEY SERVICE A	REA)		MONIT	ORING PI	MONITORING PERIOD		
LOCATION:	JUNEAU, ALASKA 99801	99801			YR	MO	DAY	·	YEAR	MO	DAY
All:	Scott Jerrers WWW Ordinges Superintendent	ulities Superintende	int	TROM	(5007)	_	_	5	6007	Н	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	LITY OR CONCENTRATION	RATION		7 S	FREQUENCY	SAMPLE
		VALUE	VALUE	STINN	VALUE	VALUE	VALUE	STINU		()	:
Turbidity	SAMPLE					10.2	12.9	(43)	0		
	MEASUREMENT	****	****	* * *	***						
00070 1 0	PERMIT					Req. Mon.	Req. Mon.			Continuous	RCORDR
Effluent Gross	REQUIREMENT	* * * * *	****	* * *	* * * *	MO AVG	DAILY MX	Z.			
Oxygen, dissolved (DO)	SAMPLE				5.2	5.2		(19)	0		
	MEASUREMENT	****	****	* *			****				
00300 1 0	PERMIT				Req. Mon.	Req. Mon.		19		Once Per	GRAB
Effluent Gross	REQUIREMENT	***	* * * *	* * *	DAILY MN	MO AVG	****	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE	357.0	448.8	(26)		19.6	22.9	(19)	0		
	MEASUREMENT				****						
00310 1 0	PERMIT	1226	2452			30	8	19		Twice Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	** **	MO AVG	DAILY MX	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE	448.8		(26)		22.9		(19)	0		
	MEASUREMENT		****		***		****	·			
00310 W 0	PERMIT	1829				\$		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	***	WKLY AVG	***	mg/L		Month	
pН	SAMPLE				6.6		7.0	(12)	0		
	MEASUREMENT	****	****	* * *		****					
00400 1 0	PERMIT				6.5		9.0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	* * * *	****	**	MIN	* * * * *	MAX	SU			
Alkalinity, total (asCaCo3)	SAMPLE					N/A	N/A	(19)	0		
	MEASUREMENT	****	****	* * *	****						
00410 1 7	PERMIT					Req. Mon.	Reg. Mon.	19		Quarterly	COMP24
Effluent Gross	REQUIREMENT	** ** **	****	**	* * * * * * *	MO AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE	445.4	646.8	(26)		24.0	33.0	(19)	0		
	MEASUREMEN				****			,			
00530 1 0	PERMIT	1226	2452			30	60	19		Twice Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX	mg/L		Month	
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	law that this document tion or supervision in a	and all attachments w	ere designed	J)	-	-	907	TELEPHONE	
Scott Jeffers	to assure that the qualified personnel properly gather and evaluate the information	d personnel properly ga	other and evaluate the u	nformation	>ر				AREA	200-0252	
wastewater outlines superintendent	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 of the control of the	nquiry of the person or responsible for gatherin	persons who manage to	ne system. information		TANK	C.A.		CODE	DATE NUMBER	SER .
מחקל מחקל מחקל מחקל מחקל מחקל מחקל מחקל	I am aware that there are significant penalties for submitting false information.	significant penalties for	r submitting false infor	mation,	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE	AL EXECUTIVE	·	2883	7	24
COMMENT AND EXPLANATION OF ANY A	ANY ATOMIC PROPERTY OF THE WIND HIS CONTROL OF THE ANY AND ANY	or true and unbrisonnie	TILL TOT MITMORE TOTAL		OFF	TOEK OK AUTHOR	IZED AGENT		YEAK	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99). Previous editions may be used * The reporting period was from 12/28/08 through 01/31/09.

(REPLACES EPA FORM 1.40 WHILH MAY NOT BE USED) O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used *no chlorine*)

PAGE 1 OF 5

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

MENDENHALL TREATMENT PLANT

AK-002295-1 PERMIT NUMBER

JUNEAU, CITY AND BOROUGH OF

155 SOUTH SEWARD,

NAME: ADDRESS:

MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

NOTE: Read instructions before completing this form. 001 A

DISCHARGE NUMBER

	F00 000 111 0E 117	į,			רבאיזני	ROPEZ				DISCHARG	DISCHARGE NUMBER
FACTI TTY:	MENDENHALL VALLEY SERVICE ADEA	11 EV SERVICE AL	DEA				NO.				
LOCATION:	JUNEAU, ALASKA 99801	99801	Ŝ		/ YR	MO	DAY	YEAR YEAR	YEAR	MO	DAY
АПТ:	Scott Jeffers WW Utilities Superintendent	tilities Superintende	nt	FROM	2009/	1	1	7	/ 2009	1	31
PARAMETER		QUANTITY OR LOADING	LOADING		()	QUALITY OR CONCENTRATION	RATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	<u>,</u>	OF ANALYSIS	ЗЧҮТ
Solids, total suspended	SAMPLE	646.8		(26)		33.0		(19)	0		
	MEASUREMENT		****		****		***	,			
00530 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	***	WKLY AVG	* * * *	mg/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE	248.2	248.2	(26)		16.0	16.0	(19)	0		
	MEASUREMENT				****						
00610 1 0	PERMIT	1164	1963			28.5	48	19		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * *	MO AVG	DAILY MX	mg/L		Month	
Hardness, total (as CaCO3)	SAMPLE					75	75	(19)	0		
	MEASUREMENT	****	****	***	****						
00900 1 6	PERMIT					Req. Mon.	Req. Mon.	19		Once Per	GRAB
Effluent Gross	REQUIREMENT	****	***	**	* * * *	MO AVG	DAILY MX	mg/L		Month	
Silver, total recoverable	SAMPLE	0.010	0.010	(26)	* * * * * *	0.671	0.671	(28)	0		
01079 1 0	PERMIT	Reg. Mon.	Reg. Mon.			Rea Mon	Reg Mon	28		Three Per	COMD34
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * *	MO AVG	DAILY MX	ng/L		Year	,
Zinc, total recoverable	SAMPLE	0.550	0.550	(26)		35,4	35.4	(28)	0		
	MEASUREMENT				* * * *		•				
01094 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * *	MO AVG	DAILY MX	ug/L		Year	
Lead, total recoverable	SAMPLE	0.005	0.005	(26)		0.331	0.331	(28)	0		
	THE ASSOCIATION I			······································	3 3 3 3 3 3			ı			
01114 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Year	
Copper, total recoverable	SAMPLE	0.374	0.374	(26)		24.1	24.1	(28)	0		
	MEASUKEMENI	1.	1	-	*****						
	PERMIT	3.54	7.63		-	86.7	187	28		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Month	
Scott Jeffers	it certisy 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 outlified personnel properly pather and evaluate the information to assure that the outlified personnel properly pather and evaluate the information.	law that this document tion or supervision in ac d personnel properly ga	and all attachments we ccordance with the syst ither and evaluate the ir	erre em designed	<u>L</u>)			907	TELEPHONE 586-0393	
Wastewater Utilities Superintendent	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 thre accurate and complete.	nquiry of the person or esponsible for gatherin	persons who manage that the information, the islief true accurate and	ne system, information	The state of the s	# JE//		-	CODE	PHONE NUMBER	ER .
ביייים ספייים ביייים בייים ביייים בייים ב	I am aware that there are significant penalties for submitting false information,	significant penalties for	r submitting false inform	nation,	SIGNAT	SIGNATURE OF PRINCIPAL EXECUTIVE	L EXECUTIVE		2809	2	24
COMMENT AND EXPLANATION OF ANY VIOLATIONS) ATIONS		and the state of t		Q: L	OF THE OR AND IT ONIZED AGENT	ZED AGENT	-	TEAK	N	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320.1 (03.99). Previous editions may be used * The reporting period was from 12/28/08 through 01/31/09.

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

JUNEAU, CITY AND BOROUGH OF

NAME:

MAJOR
(SUB 01)
F - FINAL
FFFLUENT
**** NO DISCHARGE
NOTE: Read instructions before completing this form.

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ADDRESS:	MENDENHALL TREATMENT PLANT	TMENT PLANT		11	AK-00	AK-002295-1				00	001 A
	JUNEAU, ALASKA 99801	9801)	1000	-			DISCHARGE NOMBER	E NOMBER
FACILITY:	MENDENHALL VALLEY SERVICE AREA	ALLEY SERVICE AI	REA		(ov)	S C	MONIT	MONITORING PERIOD	RIOD		
АТТ:		ilities Superintende	nt	FROM	2009/	1		70	2009	1	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION	RATION		(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FREQUENCY	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	ŗ	OF ANALTSIS	77
Coliform, fecal - % sample exceeds	SAMPLE						0	(23)	0		
limit	MEASUREMENT	****	****		****	* * * * * *	•				
30500 O 0	PERMIT						10			Twice Every	GRAB
See Comments	REQUIREMENT	* * * * *	****		* * * *	* * * *	DAILY MX	%		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE					4.7	10.0	(13)	0		
	MEASUREMENT	****	****	* * *	*****						
31615 0 0	PERMIT					161	Req. Mon.	13		Twice Every	GRAB
See Comments	REQUIREMENT	* * * * *	****	* * *	* * * * *	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/N	N/A	N/A	(13)	0		
	MEASUREMENT	****	****	* * *							
31615 P 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	* * * *	****	* * *	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/A	N/A	N/A	(13)	0		
)	MEASUREMENT	*****	****					T			
31615 Q 0	PERMIT				400	200	800			Twice Every	GRAB
	REQUIREMENT	**	****		WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
recal coliform, MPN, EC med, 44.5 C	SAMPLE	* * * * *	* * * * *	X X X	N/A	N/A	N/A	(13)	0		
31615 R 0	PERMIT				800	400	1200			Twice Eveny	GAB
See Comments	REQUIREMENT	* * * *	****	* * *	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	(
Floating solids or visible foam-visual	SAMPLE						0		0		
	MEASUREMENT	***	***		** ** **	****					
45613 1 0	PERMIT						Req. Mon.			Once Per	VISUAL
Effluent Gross	REQUIREMENT	****	****		* * * *	* * * *	DAILY MX	′=1; N=0		Month	
Flow, in conuit or thru treatment plant	SAMPLE	2.2	3,4	(03)					0		
	MEASUREMENT				***	* * *	***	**			
50050 1 0	PERMIT	Req. Mon.	4.9	ω				7		Continuous	RCORDR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	* * * * * *	****	****	***			:
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	aw that this document	and all attachments w	cre	2)	1			TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	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 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 helper time accurate and complete.	ion or supervision in a personnel properly ga iquiry of the person or esponsible for gatherin	coordance with the systher and evaluate the interpretation of the persons who manage to go the information, the life three accurate and	tern designed information he system, information	À	COM OM	P	T T - T - T	907 AREA CODE	PHONE NUMBER	R
TYPED OR PRINTED	arm aware that there are significant penalties for submitting lake information, including the possibility of fine and imprisonment for knowing violations.	ignificant penalties for f fine and imprisonmer	submitting false infor it for knowing violatio	mation,	SIGNAT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ZED AGENT	i	COO!	M 7	Z 4
COMMENT AND EXPLANATION OF ANY VIOLATIONS	NATIONS										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

^{*} The reporting period was from 12/28/08 through 01/31/09.
EPA Form 3320-1 (03-99) Previous editors may be used

NAME:

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

JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE

Form Approved. **OMB No. 2040-0004** Approval Expires 05-31-98

NOTE: Read instructions before completing this form

Scott Jeffers Wastewater Utilities Superintendent Effluent Gross Oil and grease visual NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TT000 1 8 Toxicity, Chronic Effluent Gross End of Chlorine Contact Chamber Chlorine usage Solids, suspended percent removal Percent Removal BOD,5-day, percent removal 84066 1 0 81400 X 0 Percent Removal 81011 K 0 0 81010 K 0 Dilution factor See Comments Effluent Gross 50060 S 0 Chlorine, total residual 80093 1 0 LOCATION A I I FACILITY: ADDRESS: TYPED OR PRINTED PARAMETER 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 including the possibility of fine and imprisonment for knowing violations prepared under my direction or supervision in accordance with the system designed am aware that there are significant penalties for submitting false information, certify under penalty of law that this document and all attachments were **MENDENHALL VALLEY SERVICE AREA** Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT PERMIT SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE PERMIT Req. Mon. MO AVG MO AVG ***** QUANTITY OR LOADING ***** **** ***** Z A **** N/A ***** ***** ***** **** ***** VALUE 4.09 DAILY MX ***** **** ***** ***** **** ***** **** N/A **** **** VALUE **** ***** **** 4.09 *** *** *** *** SLING FROM *** *** *** *** *** lb/d (26)*** lb/d (26)MN % RMV MN % RMV DAILY MIN Req. Mon. 93.5 ***** ***** 83.3 29.2 **** ***** **** **** VALUE ***** 2009 **** 85 85 AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PERMIT NUMBER QUALITY OR CONCENTRATION MO AVG Req. Mon **52.5** MO AVG ***** ***** ***** **** **** ***** ***** N/A VALUE ***** **** 100 ĕ. _ Req. Mon. DAILY MX Req. Mon DAILY MX DAILY MX N/A **** ***** N/A VALUE ***** ***** **** ***** ***** ***** 100 0 DAY MONITORING PERJOD px chronic occur/mo STIND (2G) (93)ug/L ug/l (23) (23) (28)% 23 % 23 5 1 AREA CORE 2009 Ě 0 C 0 0 ΜN 0 0 FREQUENCY OF ANALYSIS 586-0393 Semiannual QUARTERLY Once Per ELEPHONE Once Per Month Once Per DAILY Month Month DAILY DATE PHONE NUMBER MB 8 DISCHARGE NUMBER VISUAL COMP24 MEASRD CALCID MEASRD COMP24 CALCTO SAMPLE TYPE DAY 31 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EFA Form 3320-1 (03-99). Previous editions may be used * The reporting period was from 12/28/08 through 01/31/09

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

JUNEAU, CITY AND BOROUGH OF

Rmended

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004 Approval Expires 05-31-98

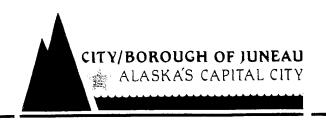
EFFLUENT *** NO DISCHARGE

NOTE: Read instructions before completing this form.

Wastewater Utilities Superintendent Scott Jeffers NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments Fecal coliform, MPN, EC med, 44.5 C Fecal coliform, MPN, EC med, 44.5 C 31615 T 9 See Comments 31615 S LOCATION ADDRESS: FACILITY: TYPED OR PRINTED PARAMETER including the possibility of fine and imprisonment for knowing violations to assure that the qualified personnel properly gather and evaluate the information or those persons directly responsible for gathering the information, the information prepared under my direction or supervision in accordance with the system designed submitted is, to the best of my knowledge and belief, true, accurate, and complete submitted. Based on my inquiry of the person or persons who manage the system, am aware that there are significant penalties for submitting false information, certify under penalty of law that this document and all attachments were Scott Jeffers WW Utilities Superintendent MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT PERMIT SAMPLE PERMIT SAMPLE QUANTITY OR LOADING **** ***** **** VALUE **** ***** VALUE ***** **** **** SLIND *** FROM *** WKLY GEO WKLY GEO N/A N/N VALUE 2009 800 8 ⋨ AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE PERMIT NUMBER QUALITY OR CONCENTRATION OFFICER OR AUTHORIZED AGENT MO GEO MO GEO Z/A N/A VALUE 8 200 3 DAILY MX DAILY MX N/A Z/A VALUE 1200 800 DAY MONITORING PERIOD #/100ml #/100ml SLING (13) (13) б 5 MP2. YEAR AREA CODE 2009 YEAR ΕŅ 0 0 FREQUENCY OF ANALYSIS 586-0393 Once Every Once Every ELEPHONE DATE PHONE NUMBER Week Week MO N 8 DISCHARGE NUMBER 001 A SAMPLE TYPE DAY **GRAB** GRAB 31 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

^{*} The reporting period was from 12/28/08 through 01/31/09.



Date: January 29, 2009 Re: Permit communication Permit: AK- 0022951

Alaska Department of Environmental Conservation Division of Water 555 Cordova Street Anchorage, AK 99501

CERTIFIED MAIL # 7004 0550 0001 2296 3127

This letter is to follow up on a telephone call I placed with Sally Wanstall today regarding a violation of the Mendenhall WWTP (MWWTP) .

The BOD removal efficiency for January 2009 was 84.6%, while the minimum removal efficiency per permit is 85%. This violation occurred because of lower than average influent flows and influent loadings...

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS)

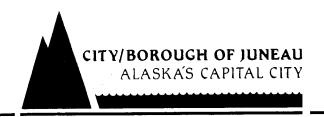
If you have any question or concerns please call me at (907) 586-0393

Sincerely

Denny Kay

Mendenhall & Auke Bay W/W Treatment Plant Supervisor

Cc: Sally Wanstall ADEC
Joe Buck, Public Works Director, CBJ
Scott Jeffers, WW Superintendent, CBJ
File
DMR



Date: 01-08-2009

Re: Permit communication Permit: AK- 002295-1

Alaska Department of Environmental Conservation Division of Water 555 Cordova Street Anchorage, AK 99501

CERTIFIED MAIL # 7004 0550 0001 2296 3097

This letter is to follow up on a telephone call I placed with Sally Wanstall today regarding a violation of the Mendenhall WWTP (MWWTP) .

The TSS removal efficiency for December 2008 was 84.1 %, while the minimum removal efficiency per permit is 85 %. This violation occurred because of lower then average TSS in the influent.

Also, I called in a violation and sent a letter (certified mail # 7004 0550 0001 2296 3080) on December 31, 2008 regarding a violation which turned out to be not a violation.

I calculated the removal efficiency for one day (12-10-2008), while per permit we are to report the removal efficiency average for the whole month

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS)

If you have any question or concerns please call me at (907) 586-0393

Rico Tempel

Sincerely

Mendenhall & Auke Bay W/W Treatment Plants Sr. Operator

Cc: Sally Wanstall ADEC &

Joe Buck, Public Works Director, CBJ Scott Jeffers, WW Superintendent, CBJ

File DMR

MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

AVERAGE	MINIMUM	MAXIMUM	TOTAL	SA	2		Į.	WED	TUE	MON	SUN	SAT	FR	E	S E	i	T IF	N C	Z Z	SAT	FR	Ŧ	WED	301	MON	SUN	SAT	FR.	뒫	WED	IUE	NON NON	SUN	SAT	FR	본	WED	TUE I	NON NON	SUN	אַע		
GE	M	M	F	31	2 6	3 1	29	28	27	26	25	24	23	3 2	22	2 2	3 6	10	18	17	16	15	14	13	12	11	10	9	œ	7	6	5	4	ω	2		31	30	29	28	DATE		
24.2	-2	45		31	2 8	36	37	34	29	24	15	17	17	3 2	3 5	2 9	37	43	45	42	36	37	39	38	38	33	25	20	10	-2	4	17	20	16	11	3	7	10	15	0,	°# MP —		
0.31	0.00	1.72	10./1	0.19	0 10	0.70	1.10	0.37	0.20	0.66	0.00	0.00	0.00	0.00	0.00	0 0	0.04	0.02	0.00	0.27	0.00	0.05	0.27	0.74	1.02	0.25	0.53	0.40	0.62	0.00	1.72	0.28	0.39	0.23	0.26	0.01	0.00	0.00	0.00	0.04	NCHES =		Ē
2.34	1.98	3.43	01.00	04 00	224	3.43	2.39	1.98	2.03	2.08	2.21	2.24	2.20	32.2	2 22	3 7 2	2.41	2.52	2.54	2.52	2.16	2.35	3.09	2.55	2.50	2.03	2.15	2.22	2.45	2.55	2.37	2.32	2.31	2.30	2.15	2.12	2.18	2.14	2.16	2.11	MGD	SBR	
174					263	340	243	235	233	165	202	224	22.0	176	269	184	224	299	241	190	187	227	241	154	103	101	99	100	97	97	101	101	105	103	101	122	99	107	176	173	CFS .		
2.17	-	+		1			2.39	1.41			T		1	1					2.50	2.24		2.20		2.35	2.27	1.95	2.02	2.10	2.22	2.12	1.95	1.96	1.96	2.00	2.02	1.94	1.98	1.86	1.81	1.78	MGD	SBR	
17 52.5	Ì						39 66.7	108.7									1 61.0		0 63.3	55.8	3 60.5	0 67.7	7 53.4	5 43.3	7 30.3	34.5		31.8				34.3		34.3	33.3		33.3	38.2	63.8		Dilution	Receiving	
1	=	2 2	`		7	<u> </u>	3	=	=	2	: :	2 =	2	2	<u> </u>	7	11	3	3	=	2	=	=	12	12	3	=	3	=	=	=	=	13	/1 0.0337	=	1	/1 0.0401	=	/1 0.0489	13	MGD		
0.0400	0.020	0000	0.0588	1.3984	0.0377	0.0467	0.0588	0.0462	0.04/2	0.0394	0.020	000	0.0367	0.0345	0.0328		-	0.0382	0.0306	0.0396	0.0369	0.0352	0.0346	0.0536	0.0512	0.0352	0.0339	T	1	T		0.0450	T	337			†-	†		1	o i		
ŏ. /	7 0	7.0	100			7.0	9.0	8.0	a.c	0.0	5	-		8.0	8.0	9.0	10.0	9.8			7.5	9.0	1	1	T	1		9.0	1			1		-	9.0	T	9.0				7		
1.0	7.3	6.6	2			6.9	7.5	7.2	1.2	7,	71	-		7.2	7.4	7.1	7.2	7.2		+	7.2	7.1	8.1	7.2	8.0	+	-	1.3	7.4	1	†	7.5		-	7.5	7.4	7.4	7.4	7.5		mg/L	 Ö	
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		5855				-	+	1	-	+								-	-	1		+	-			+		+		-	1	1			+	1	\dagger		+		mg/L	g. C.	
-		83				-		-	-					_				+	1		1	1	-	8	1		+	+			7117	†	+	-			+	-		+	LBS	0 C	8
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	6.8		7.0			0.0	5	9.7	6.8	ර ර	6.8	<u> </u>		6.8	7.0	6.7	5.6	2,0	1	+		7	D C	D) =	67) 	-		7	1	8 52	0	20	+	- 1	0	,	ه ا م	-	+	mg/L	ŗ	ב כ
	5.2	5.2 8	T				1	10.8	10.1	9.7	10.			9.1	9.2	0.4		200	5	+		٥٥	11.4	12.9	10.6	9.5			10.4	7		9.9	10.3	+		9.3	9	10.1	0	9.8	DEN	X.	1000
	10.2 24.0	Г	12.9 33.0	T		G	0 6	00		7	3			1	2	+	- 0	, ,	+		1				33.0						1	15.0									mg/L		÷
	1.0 445.4		646.8		+	-	+				-	-				+									646.8						Ì	243.9									L8S		S
		3.9 16				+					-	+			+		+	+							8 22.9							16.3					-				mg/L		C

Turb.NTU	D.O.mg/l	Alk. mg/l	Hrd. mg/l	January
12.9	5.2	N/A	75	2009

NA	<u> </u>
NH3 m	Zinc

Tox. TU:

Ja	tanuary 2009	
	ug/L	LBS
Соррег	24.1	0.374
Lead	1.000	0.016
Silver	1.000	0.016
Zinc	35.4	0.550
NH3 mg/L	16.0	248.20

Γ	646.8	33.0	448.8	22.9	MA X
	445.4	24.00	357.0	19.6	AVG
					5
			<u> </u>		4
	646.8	33.0	448.8	22.9	ယ
	243.9	15.0	265.1	16.3	2
Geo. Me	lbs	mg/l	ъѕ	mg/l	
COLIFOR		SSI	ŏ	800	WEEK
WEEK		VERAGE	WEEKLY AVERAGE		

COMMENTS:
GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

AVERAGE RECEIVING WATER DILUTION IS ONLY VALID IF ENTIRE RECEIVING WATER DILUTION COLUMN VALUES ARE REAL INTEGERS