

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

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

Form Approved. OMB No. 2040-0004 Approval Expires 05-31-98
 MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE
 NOTE: Read instructions before completing this form.

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent


AK-002295-1 PERMIT NUMBER
 001 A DISCHARGE NUMBER

MONITORING PERIOD
 YR 2013 MO 2 DAY 24 TO 2013 MO 3 DAY 30

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE				
Turbidity	*****	*****	*****	34	(43)	0		
00070 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	1.7	*****	(19)	0		
00300 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MN	*****	mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	631	774	*****	52	(19)	0		
00310 1 0 Effluent Gross	1226	2452	*****	30	mg/L	19	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	688	*****	*****	45	(19)	0		
00310 W 0 See Comments	1829	*****	*****	45	mg/L	19	Twice Per Month	COMP24
pH	*****	*****	6.5	*****	(12)	0		
00400 1 0 Effluent Gross	*****	*****	INST MIN	9.0	SU	12	Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	*****	24	(19)	0		
00410 1 7 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MX	mg/L	19	Quarterly	COMP24
Solids, total suspended	445	535	*****	28	(19)	0		
00530 1 0 Effluent Gross	1226	2452	*****	30	mg/L	19	Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
Wastewater Utilities Superintendent
 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.

907 AREA CODE
 586-0393 TELEPHONE
 2013 YEAR
 4 MO
 10 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


COMMENT AND EXPLANATION OF ANY VIOLATIONS
 * The reporting period was from 02/24/2013 through 03/30/2013.
 EPA Form 3320-1 (03-99) Previous editions may be used.

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MONITORING PERIOD
 YR 2013 MO 2 DAY 24 FROM TO 2013 MO 3 DAY 30

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	496	*****	*****	(26)	0		
	PERMIT REQUIREMENT	1829	*****	*****	lb/d			
00530 W 0 See Comments	SAMPLE MEASUREMENT	267	*****	17	(26)	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	1164	*****	48	lb/d			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	110	*****	0	Once Per Month	COMP24
	PERMIT REQUIREMENT	1963	*****	110	lb/d			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	NA	*****	0	Once Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****	NA	*****	0	Once Per Month	GRAB
00900 1 6 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	NA	(26)	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	NA	*****	NA	*****	0	Three Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	NA	*****	NA	(26)	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	NA	*****	NA	*****	0	Three Per Year	COMP24
01094 1 0 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	NA	(26)	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	NA	*****	NA	*****	0	Three Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NA	*****	NA	(26)	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	NA	*****	NA	*****	0	Three Per Year	COMP24
01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.453	*****	28	(26)	0	Once Per Month	COMP24
	PERMIT REQUIREMENT	0.453	*****	28	ug/L			
Copper, total recoverable	SAMPLE MEASUREMENT	3.54	*****	187	(26)	0	Once Per Month	COMP24
	PERMIT REQUIREMENT	7.63	*****	187	ug/L			

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AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	YEAR
2013	2	24	2013
FROM	TO	MO	DAY
		3	30

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	UNITS				
Coliform, fecal - % sample exceeds limit	*****	*****	*****	(23)	0	0		
30500 O 0	*****	*****	10	DAILY MX			Twice Every Week	GRAB
See Comments	*****	*****	N/A	%	0	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	161	Req. Mon. DAILY MX	13		Twice Every Week	GRAB
31615 O 0	*****	*****	N/A	#/100mL	0	0		
See Comments	*****	*****	N/A	%	0	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	400	Wkly GEO	43		Twice Every Week	GRAB
31615 P 0	*****	*****	142	#/100mL	0	0		
See Comments	*****	*****	800	DAILY MX	175		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	800	Wkly GEO	43		Twice Every Week	GRAB
31615 Q 0	*****	*****	800	DAILY MX	175		Twice Every Week	GRAB
See Comments	*****	*****	400	MO GEO	43		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	800	Wkly GEO	43		Twice Every Week	GRAB
31615 R 0	*****	*****	800	DAILY MX	175		Twice Every Week	GRAB
See Comments	*****	*****	800	Wkly GEO	43		Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	0	%	0	0		
45613 1 0	*****	*****	Req. Mon. DAILY MX	Y=1; N=0	0	0	Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	****	0	0		
Flow, in conduit or thru treatment plant	*****	*****	*****	****	0	0		
50050 1 0	*****	*****	*****	****	0	0		
Effluent Gross	*****	*****	*****	****	0	0		

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TYPED OR PRINTED	2013	1	10
COMMENT AND EXPLANATION OF ANY VIOLATIONS	YEAR	MO	DAY
907	586-0393	907	586-0393
AREA CODE	PHONE NUMBER	907	586-0393
DATE	PHONE NUMBER	907	586-0393

* The reporting period was from 02/24/2013 through 03/30/2013.

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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

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MONITORING PERIOD			
YR	MO	DAY	TO
2013	2	24	2013 3 29

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	UNITS				
Chlorine, total residual	N/A	N/A	N/A	(28)	(26)	0		
50060 S 0	4.09	4.09	100	DAILY MX	lb/d			
See Comments	MO AVG	DAILY MX	MO AVG	DAILY MX				
Dilution factor	*****	*****	3	ug/L	*****	0	QUARTERLY	COMP24
80093 1 0	*****	*****	Req. Mon.	1U	*****		DAILY	MEASRD
Effluent Gross	*****	*****	MO AVG	(23)	*****	0	Once Per Month	CALCTD
BOD.5-day, percent removal	*****	*****	*****	23	*****			
81010 K 0	*****	*****	MN % RMV	(23)	*****	0		
Percent Removal	*****	*****	87	%	*****			
Solids, suspended percent removal	*****	*****	*****	(23)	*****			
81011 K 0 0	*****	*****	*****	23	*****	0	Once Per Month	CALCTD
Percent Removal	*****	*****	MN % RMV	%	*****			
Chlorine usage	N/A	*****	*****	(26)	*****	0		
81400 X 0	Req. Mon.	*****	*****		*****		DAILY	MEASRD
End of Chlorine Contact Chamber	MO AVG	*****	*****		*****			
Oil and grease visual	*****	*****	0	(93)	*****	0		
84066 1 0	*****	*****	Req. Mon.	occur/mo	*****		Once Per Month	VISUAL
Effluent Gross	*****	*****	DAILY MX		*****			
Toxicity, Chronic	*****	*****	N/A	(2G)	*****	0		
TT000 1 8	*****	*****	Req. Mon.	bx chronic	*****		Semiannual	COMP24
Effluent Gross	*****	*****	DAILY MX		*****			

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907 AREA CODE
586-0393 TELEPHONE
2013 YEAR
1 MO
10 DAY
PHONE NUMBER DATE

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Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (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):	CBI	
Owner or Operator:	Mendenhall WWTP	Facility Name:	Radcliffe Rd., Juneau	Facility Location:
Person Reporting:	Nathan McCombs	Phone Numbers of Person Reporting:	586.0393	Reported How? (e.g. by phone):
Date/Time Event was Noticed:	4.10.13	Date/Time Reported:	1100	Name of DEC Staff Contacted:
				Honor Carpenter
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): 2.24.13 - 3.30.13	End Date/Time (exact): 2.24.13 - 2359	
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): BOD weekly average of 45 mg/l				
Description of the noncompliance and its cause (be specific): BOD loading increase due to brewery discharge beginning 1.31.13				
Actions taken to reduce, eliminate, and prevent recurrence 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)				
Communicated with brewery regarding discharge.				
Permit Condition Deviation (Identify each permit condition exceeded during the event):				
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date	
Weekly average BOD	45 mg/l	45 mg/l	2.24.13 - 3.30.13	
Monthly average BOD	30 mg/l	41 mg/l	2.24.13 - 3.30.13	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) CBI considering a pretreatment program.				
Environmental Damages: (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)				
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Name: Nathan McCombs		Title: WWTP Supervisor		
Signature: <i>Nathan McCombs</i>		Date: 4-11-13		
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.				