

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska  
August 2013

DAY	DATE	FLOWS										INFLUENT										EFFLUENT									
		SBR Influent MGD	SBR Temp °F	gpc/d	Flow	Flow	SBR Ttl Effl MGD	Receiving Water Dilution	SBR Waste MGD	Temp °C	pH	D.O. mg/L	S.S. lbs	B.O.D. mg/L	FOG* mg/L	NH3 Grab mg/L	Temp °C	pH	D.O. mg/L	TURBID MAX NTU	S.S. mg/L	S.S. lbs	B.O.D. mg/L	B.O.D. lbs	FOG mg/L	FOG lbs	FOG COLIFORM /100 ml	NH3 Grab mg/L			
SUN	28	1.80	63	0.00	1520	1.74	565.3	0.0642	15.3	7.8	2.4					36	17.0	6.9	2.6	16.5								2	20		
MON	29	1.89	66	0.00	2870	1.79	1036.8	0.0641	15.4	7.4	2.5	200	3236	330	5339		17.4	7.0	2.8	18.1	17	254	17	254			16				
TUE	30	1.94	66	0.00	2840	1.81	1014.6	0.0681	18.0	7.0	2.9		399	6622		32	15.6	7.1	2.6	17.5			18	272			21				
WED	31	1.89	64	0.00	2630	1.65	1030.7	0.0666	16.4	7.2	2.9	444	6665	479	7181		18.2	6.8	2.6	18.8	21	289	21	289							
THU	1	1.80	64	0.00	2370	1.69	906.9	0.0595	15.8	7.5	2.4						18.4	7.0	2.7	20.7											
FRI	2	1.71	62	0.00	2410	1.59	880.2	0.0480												21.4											
SAT	3	1.59	61	0.00	2410	1.55	1.00	0.0547												32.0											
SUN	4	1.66	57	0.55		1.79	1.00	0.0281	15.9	7.5	2.3					21	18.0	6.9	2.4	31.1								20			
MON	5	1.88	59	0.17		1.77	1.00	0.0468	16.0	7.1	2.5	300	4579	388	5922		17.3	7.1	2.6	24.0	23	340	25	369			32				
TUE	6	1.83	61	0.00	2010	1.70	764.80	0.0420	16.7	6.9	2.3	248	3764	327	4963		18.4	7.0	2.3	28.0	21	298	25	354				21			
WED	7	1.82	63	0.00	2130	1.68	820.04	0.0630	16.2	7.2	3.2	240	3283	460	921		17.8	7.1	2.7	32.2	26	364	30	420							
THU	8	1.64	59	0.24	2680	1.64	1056.66	0.0606	16.2	7.2	2.0						18.3	7.0	2.4	30.8											
FRI	9	1.77	58	0.00		1.50	1.00	0.0599												31.4											
SAT	10	1.67	58	0.00		1.48	847.78	0.0368												27.7											
SUN	11	1.58	60	0.00	1940	1.78	1.00	0.0209	16.3	7.5	2.5	190	2710	260	3708		18.7	7.2	4.7	27.1	26	366	28	416			13	13			
MON	12	1.71	64	0.00	2310	1.69	883.99	0.0641	16.5	7.2	2.5	280	3773	400	5805		18.1	7.1	2.6	36.5	21	296	27	381			58	58			
TUE	13	1.74	61	0.00	2700	1.73	1009.21	0.1557	16.6	7.0	2.5	310	4473	600	8657		18.8	7.1	2.8	40.4	33	476	41	592							
WED	14	1.73	64	0.00	2180	1.55	909.57	0.0608	16.8	7.3	2.1	260	3751	500	7214		18.7	7.0	2.1	47.7	34	440	56	724							
THU	15	1.73	63	0.37	2420	1.64	954.24	0.0190	16.7	7.1	2.6	260	3990	580	8900		18.4	7.0	2.7	29.1	18	246	45	615							
FRI	16	1.84	58	0.25		1.49	1.00	0.0386												28.6											
SAT	17	1.80	57	0.19		2.17	1.00	0.0288												28.0											
SUN	18	2.10	53	0.18		2.14	1151.12	0.0510	16.5	7.3	2.1	200	3586	240	4303		16.9	7.0	2.5	32.0	26	464	33	589			96				
MON	19	2.15	55	0.11	3810	2.03	780.66	0.0732	16.8	6.5	3.3	200	3486	310	5403		17.5	6.6	2.7	46.1	20	339	33	559			260				
TUE	20	2.09	55	0.11	2450	1.88	784.45	0.1247	16.3	7.1	2.5	590	10138	370	6357		17.7	7.1	2.4	36.9	32	502	39	611				22			
WED	21	2.06	55	0.07	2280	1.87	557.18	0.1027	16.0	7.1	2.5	220	3541	402	6471		17.7	7.1	2.4	36.7	27	421	48	749							
THU	22	1.93	55	0.00	1610	1.81	1.00	0.0406	16.0	7.4	2.6	260	3925	382	5766		17.3	7.1	2.2	27.3	24	362	49	740			1640				
FRI	23	1.81	56	0.00		1.79	695.70	0.0628												26.4											
SAT	24	1.75	54	0.00		48.69		1.7733																							
TOTAL		50.81		2.64		48.69		1.7733																							
MAXIMUM		2.15	66	0.55	3810	2.17	1151.1	0.1557	18.0	7.8	3.3	590	10138	600	8900		18.8	7.2	4.7	47.7	34	502	56	749			1640	58.0			
MINIMUM		1.58	53	0.00	1520	1.48	1.0	0.0190	15.3	6.5	2.0	190	2710	240	921		15.6	6.6	2.1	13.6	17	246	17	254			2	13.0			
AVERAGE *		1.81	60	0.09	2372	1.74	588.2	0.0633	16.3	7.2	2.5	279	4327	402	5946		17.9	7.0	2.6	28.8	25	365	33	496			265	25.0			
Number of Analyses		28			19	28	28	28	20	20	20	15	15	16	16	0	5	5	20	28	15	15	16	16	0	0	8	7			

2013		2013 Effluent		WEEKLY AVERAGE		WEEKLY	
WEEK	BOD mg/L	TSS mg/L	BOD lbs	TSS lbs	COLIFORM	Geo. Mean	
1	19	271	19	271	6	6	
2	27	381	23	334	32	32	
3	39	545	26	369	27	27	
4	40	649	26	418	345	345	
MAX	40	649	26	418	345	345	

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WEEK	BOD mg/L	TSS mg/L	BOD lbs	TSS lbs			

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

MAJOR (SUB 01) OMB No. 2040-0004  
F - FINAL Approval Expires 05-31-98

Form Approved.  
Approval Expires 05-31-98

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

\*\*\* NO DISCHARGE \*\*\*

**NOTE: Read instructions before completing this form.**

**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:** Jim Westcott WW Utilities Supervisor

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2013	7	28	2013	8	24

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	UNITS				
Turbidity	MEASUREMENT	*****	*****	*****	****	0		
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	0		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	****	0	Continuous	RCORDR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	496	749	*****	(26)	1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	*****	lb/d	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	649	*****	*****	(26)	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	*****	lb/d	0	Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	0	Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	*****	****	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	0	Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	365	502	*****	(26)	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	*****	lb/d	0	Twice Per Month	COMP24

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Jim Westcott**  
**Wastewater Utilities Supervisor**

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
\* The reporting period was from 07/28/2013 through 08/24/2013.  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

EPA Form 3320-1 (03-99) Previous editions may be used.

00434/981209 1904

PAGE 1 OF 4

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

MAJOR (SUB 01) OMB No. 2040-0004  
F - FINAL Approval Expires 05-31-98

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155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
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**ATT:** Jim Westcott WW Utilities Supervisor

**AK-002295-1**  
PERMIT NUMBER

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**NOTE: Read instructions before completing this form.**

**MONITORING PERIOD**

YR	MO	DAY	TO	YEAR	MO	DAY
2013	7	28		2013	8	24

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Solids, total suspended	418	(26)	26	(19)	*****	0		
00530 W 0	1829	lb/d	45	mg/L	*****			
See Comments	0	(26)	0	(19)	*****	1	Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	1164	lb/d	28.5	mg/L	*****	0	Once Per Month	COMP24
00610 1 0	1963	lb/d	76	(19)	*****	0		
Effluent Gross	DAILY MX	*****	Req. Mon. DAILY MX	mg/L	*****			
Hardness, total (as CaCO3)	*****	*****	74	(19)	*****	0	Once Per Month	GRAB
00900 1 6	DAILY MX	*****	Req. Mon. DAILY MX	mg/L	*****			
Effluent Gross	*****	*****	NA	(28)	*****	0	Once Per Month	GRAB
Silver, total recoverable	NA	(26)	NA	(28)	*****			
01079 1 0	Req. Mon. DAILY MX	*****	Req. Mon. DAILY MX	ug/L	*****		Three Per Year	COMP24
Effluent Gross	Req. Mon. DAILY MX	*****	Req. Mon. DAILY MX	ug/L	*****			
Zinc, total recoverable	NA	(26)	NA	(28)	*****	0		
01094 1 0	Req. Mon. DAILY MX	*****	Req. Mon. DAILY MX	ug/L	*****		Three Per Year	COMP24
Effluent Gross	Req. Mon. DAILY MX	*****	Req. Mon. DAILY MX	ug/L	*****			
Lead, total recoverable	NA	(26)	NA	(28)	*****	0		
01114 1 0	Req. Mon. DAILY MX	*****	Req. Mon. DAILY MX	ug/L	*****		Three Per Year	COMP24
Effluent Gross	Req. Mon. DAILY MX	*****	Req. Mon. DAILY MX	ug/L	*****			
Copper, total recoverable	0.593	(26)	39.5	(28)	*****	0		
01119 1 0	MO AVG	*****	MO AVG	ug/L	*****		Once Per Month	COMP24
Effluent Gross	MO AVG	*****	MO AVG	ug/L	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	3.54	lb/d	86.7	ug/L	*****			
Jim westcott	7.63	lb/d	187	ug/L	*****			
Wastewater Utilities Supervisor	DAILY MX	*****	DAILY MX	ug/L	*****			
TYPED OR PRINTED	0.604	(26)	40.0	(28)	*****			
	PERMIT REQUIREMENT	*****	PERMIT REQUIREMENT	ug/L	*****			
	MEASUREMENT	*****	MEASUREMENT	ug/L	*****			
	PERMIT REQUIREMENT	*****	PERMIT REQUIREMENT	ug/L	*****			
	MEASUREMENT	*****	MEASUREMENT	ug/L	*****			
	PERMIT REQUIREMENT	*****	PERMIT REQUIREMENT	ug/L	*****			
	MEASUREMENT	*****	MEASUREMENT	ug/L	*****			
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	MEASUREMENT	*****	MEASUREMENT	ug/L	*****			
	PERMIT REQUIREMENT	*****	PERMIT REQUIREMENT	ug/L	*****			
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	MEASUREMENT	*****	MEASUREMENT	ug/L	*****			
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	MEASUREMENT	*****	MEASUREMENT	ug/L	*****			
	PERMIT REQUIREMENT	*****	PERMIT REQUIREMENT	ug/L	*****			
	MEASUREMENT							

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

MAJOR (SUB 01) OMB No. 2040-0004  
F - FINAL Approval Expires 05-31-98

Form Approved.  
\*\*\* 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:** Jim Westcott WW Utilities Supervisor

AK-002295-1  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2013	7	28	2013	8	24

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Coliform, fecal - % sample exceeds limit	*****	*****	*****	(23)	0	0		
30500 O 0	*****	*****	*****					
See Comments	*****	*****	*****					
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	%	0	0	Twice Every Week	GRAB
31615 O 0	*****	*****	*****					
See Comments	*****	*****	*****					
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	#/100ml	0	0	Twice Every Week	GRAB
31615 P 0	*****	*****	*****					
See Comments	*****	*****	*****					
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	#/100ml	0	0	Twice Every Week	GRAB
31615 Q 0	*****	*****	*****					
See Comments	*****	*****	*****					
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	(13)	1	1	Twice Every Week	GRAB
31615 R 0	*****	*****	*****					
See Comments	*****	*****	*****					
Floating solids or visible foam-visual	*****	*****	*****	#/100ml	0	0	Twice Every Week	GRAB
45613 1 0	*****	*****	*****					
Effluent Gross	*****	*****	*****					
Flow, in conduit or thru treatment plant	*****	*****	*****					
50050 1 0	*****	*****	*****					
Effluent Gross	*****	*****	*****					
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 Wastewater Utilities Supervisor	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
TYPED OR PRINTED	907 AREA CODE 586-0393 TELEPHONE 2013 YEAR 10 MO 10 DAY							
COMMENT AND EXPLANATION OF ANY VIOLATIONS								

\* The reporting period was from 07/28/2013 through 08/24/2013

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

00434/981209 1904

PAGE 3 OF 4

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

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

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

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:** Jim Westcott WW Utilities Supervisor

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2013	7	28	2013	8	24

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Jim Westcott**  
**Wastewater Utilities Supervisor**

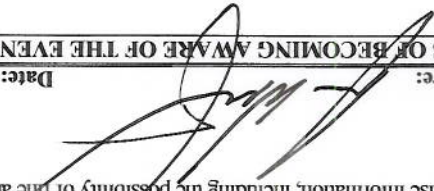
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who 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

907 AREA CODE  
586-0393 TELEPHONE


2013 YEAR  
10 MO  
10 DAY

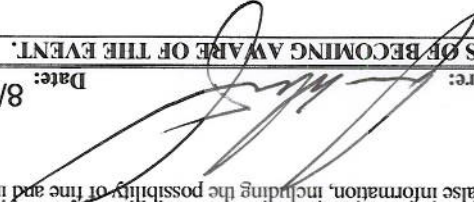
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 \* The reporting period was from 07/28/2013 through 08/24/2013.


<b>GENERAL INFORMATION</b>		PERMIT# (if any):	
Owner or Operator:	CBJ	Facility Name:	Mendenhall WWTP
Person Reporting:	Jim Westcott	Phone Numbers of Person Reporting:	586-0741
Date/Time Event was Noticed:	9/5/2013	Date/Time Reported:	9/6/2013
Name of DEC Staff Contacted:	Honor Carpenter	Facility Location:	Radcliffe Rd., Juneau, Ak
Reported How? (e.g. by phone):	Phone	Reported How? (e.g. by phone):	Phone
Period of Noncompliance	Start Date/Time (exact): 8/23/2013 0835	End Date/Time (exact): 8/23/2013 1335	
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): Daily fecal max. @ 1640			
Description of the noncompliance and its cause (be specific): A substance of unknown nature had caused a significant process deterioration for a period of several days which resulted in a coating of the quartz sleeves of the UV bulbs. Upon cleaning, it was discovered that the bulbs were close to the maximum hourly limits and a decision was made to replace all sleeves and bulbs of the UV system. All three banks of UV bulbs (a total of 576) were cleaned during the week of 8/24/13.			
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) Began changing out all three banks of UV lights effective 9/3/13. The plan is to replace one bank each week to be completed by 9/24/13. A log including the date each bank is completed for reference will be linked on an associated work order.			
Permit Condition Deviation (Identify each permit condition exceeded during the event):			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Fecal coliform	1200 daily max	1640	8/23/2013
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Began changing out all three banks of UV lights effective 9/3/13. The plan is to replace one bank each week to be completed by 9/24/13. A log including the date each bank is completed for reference will be linked on an associated work order.			
Environmental Damage: (if yes, provide details below) Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>			
Actual/Potential Impact on Environment/Public Health (describe in detail)			
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: WWTP Supervisor Signature:  Date: 8/26/2013			
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

	<b>NONCOMPLIANCE NOTIFICATION</b>
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: <a href="mailto:dec-wqreporting@alaska.gov">dec-wqreporting@alaska.gov</a>	

<b>GENERAL INFORMATION</b>		PERMIT# (if any):	
Owner or Operator:	CBJ	Facility Name:	Mendenhall WWTP
Facility Location:	Radcliffe Rd., Juneau	Facility Name:	Mendenhall WWTP
Person Reporting:	Jim Westcott	Phone Numbers of Person Reporting:	586.0741
Date/Time Event was Noticed:	8/23/13	Reported How? (e.g. by phone):	Phone
Name of DEC Staff Contacted:	Honor Carpenter	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): 8/23/13	End Date/Time (exact): 8/23/2013	
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):			
Total ammonia not split from composit sample at lab.			
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)			
Update COC forms to detail required sample analysis.			
Permit Condition Deviation (Identify each permit condition exceeded during the event)			
Parameter (e.g. BOD, pH)	Permit Limit	Exceedance (sample result)	Sample Date
Total ammonia	once/month	once	8/23/13
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
Update COC forms to detail required sample analysis.			
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)			
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:	WWTP Supervisor
Signature:			
Date:	8/26/13		
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

	<p><b>Alaska Department of Environmental Conservation</b>                  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: <a href="mailto:dec-wqreporting@alaska.gov">dec-wqreporting@alaska.gov</a></p>
<h2>NONCOMPLIANCE NOTIFICATION</h2>	

<b>GENERAL INFORMATION</b>		PERMIT# (if any):	
Owner or Operator:	CBJ	Facility Name:	Mendenhall WWTP
Facility Location:	Radcliffe Rd., Juneau, AK	Reported How? (e.g. by phone):	Phone
Person Reporting:	Jim Westcott	Phone Numbers of Person Reporting:	907-586-0741
Date/Time Event was Noticed:	8/14/2013	Date/Time Reported:	8/14/2013 1630
Name of DEC Staff Contacted:	Honor Carpenter	VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE	
<b>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</b>			
Period of Noncompliance		Start Date/Time (exact): 8/14/2013	End Date/Time (exact): 8/24/2013
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): 496 lbs BOD			
Description of the noncompliance and its cause (be specific): A substance of unknown nature had caused a significant process deterioration for a period of several days.			
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)			
Aeration profiles increased to maximum output, react cycle times extended to maximum available cycle time. Monthly BOD removal @ 92%			
Permit Condition Deviation (Identify each permit condition exceeded during the event)			
Parameter (e.g. BOD, pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD	30 mg/l monthly limit	33 mg/l monthly average	7/28/2013 - 8/24/2013
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Aeration profiles increased to maximum output, react cycle times extended to maximum available cycle time.			
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)			
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:	WWTP Supervisor
Signature:			Date: 8/26/2013
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

	<p style="text-align: center;"><b>Alaska Department of Environmental Conservation</b>                  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: <a href="mailto:dec-wqreporting@alaska.gov">dec-wqreporting@alaska.gov</a></p>
<b>NONCOMPLIANCE NOTIFICATION</b>	



EXAMPLE: UV QUARTZ SLEEVE COATING 1 of 3

