

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

NOVEMBER 2013

DAY	DATE	FLOWS										INFLUENT										EFFLUENT													
		SRB INFLUENT MGD	SRB TEMP °F	precip	Mend River CFS	SRB TITL/EFFL MGD	Receiving Water Dilution	SRB WASTE MSC	D.O. mg/L	S.S. LBS	B.O.D. LBS	NH3 Grab mg/L	PH	TEMP °C	FOG	B.O.D. LBS	S.S. LBS	B.O.D. mg/L	NH3 Grab mg/L	PH	TEMP °C	D.O. mg/L	TURBID MAX NTU	S.S. mg/L	B.O.D. mg/L	FOG mg/L	FOG LBS	FECAL COLIFORM /100 ml	NH3 Grab mg/L						
SUN	27	2.65	38	0.00		2.72	1.00	/1	0.0068			13.6	7.4	3.1	230	4757			15.3	6.9	6.1	18.4			12	288	18	432							
MON	28	2.48	46	0.02	529	2.88	119.66	/1	0.1160			13.5	7.0	3.1	320	6725			13.9	6.9	2.6	9.6			10	206	34	700							
TUE	29	2.82	45	0.06	416	2.47	108.80	/1	0.1895			13.3	7.0	3.4	380	8557			16.7	7.1	7.0	9.5			34	737	22	477							
WED	30	2.70	45	0.57	292	2.60	73.55	/1	0.2520			12.8	7.1	3.3	180	4414			17.5	6.9	3.9	8.3			18	428	25	594						14	
THU	31	2.94	44	0.03	285	2.85	1.00	/1	0.1740			13.6	7.3	3.5	280	5464			13.9	6.9	2.9	8.2			10	200	40	801							
FRI	1	2.82	40	0.08	397	2.40	107.86	/1	0.2220																										
SAT	2	2.42	36	0.00	397	2.40	107.86	/1	0.0702																										
SUN	3	2.08	33	0.00		2.16	1.00	/1	0.0870																										
MON	4	2.94	33	0.10		2.38	1.00	/1	0.0761			13.5	7.3	2.9	180	3513			16.5	6.8	5.7	7.3			9	179	17	337						4	
TUE	5	2.34	40	0.00	779	2.27	222.69	/1	0.0956			13.8	7.3	3.2	260	5074			14.2	6.9	4.3	8.6			7	133	16	303						2	
WED	6	2.41	39	0.00	718	2.37	166.71	/1	0.1199			17.5	7.3	7.1	200	4020			16.3	6.8	5.7	8.3			9	178	14	277							
THU	7	2.63	37	0.00		2.55	1.00	/1	0.1334			13.6	7.0	3.3	180	3798			15.2	6.9	6.3	8.7			13	276	14	289							
FRI	8	2.40	30	0.00		2.33	1.00	/1	0.1331			13.6	7.3	3.1	200	4003			15.9	6.8	6.2	9.9			12	233	10	194						9	
SAT	9	2.84	27	0.00	67	2.25	20.24	/1	0.1274																										
SUN	10	2.05	28	0.00		1.99	1.00	/1	0.0853																										
MON	11	2.27	33	0.00	47	2.09	15.53	/1	0.1006			13.3	7.4	2.5	120	2272			13.6	6.9	2.9	10.7			13	227	18	314						4	
TUE	12	2.19	35	0.00	34	2.08	11.51	/1	0.0980			12.6	7.1	2.6	170	3105			13.5	6.9	2.4	10.8			9	157	19	331						6	
WED	13	2.11	34	0.00	40	2.17	12.91	/1	0.0812			13.4	7.2	2.6	200	3519			13.6	6.9	2.4	11.2			14	253	18	326						15	
THU	14	2.12	38	0.00	89	2.16	27.62	/1	0.1308			13.2	7.2	2.1	170	3006			16.3	6.9	5.2	12.1			11	198	19	342							
FRI	15	2.12	31	0.00	89	2.24	28.67	/1	0.1170			14.3	7.0	3.2					14.9	6.8	2.5	12.5													
SAT	16	2.00	26	0.00	33	2.09	11.20	/1	0.0444																										
SUN	17	1.90	21	0.00		2.06	1.00	/1	0.0545																										
MON	18	2.11	14	0.00	19	2.16	6.63	/1	0.0548			13.0	7.5	3.7	180	3168			14.6	6.9	3.5	11.4			15	273	65	1182						12	
TUE	19	2.02	11	0.03		2.08	1.00	/1	0.0857			13.1	7.8	3.5	170	2864			13.8	6.9	5.6	12.3			14	243	35	607						15	
WED	20	2.01	16	0.19		2.11	1.00	/1	0.0814			12.5	7.4	4.0	200	3353			12.3	6.7	3.0	13.5			10	176	20	352						12	
THU	21	1.94	21	1.05		2.01	1.00	/1	0.0960			12.0	7.1	4.0	280	4530			12.7	6.9	3.6	12.5			17	285	35	587							
FRI	22	2.37	33	1.14		2.38	1.00	/1	0.1005			11.9	7.9	4.9					13.8	7.2	3.1	11.7													
SAT	23	2.94	36	0.70		3.28	1.00	/1	0.0839																										
TOTAL		65.12		3.97		65.56			2.9699																										
MAXIMUM		2.94	46	1.14	779	3.28	222.7	/1	0.2520			17.5	7.9	7.1	280	6305			28	17.5	7.2	7.0	16.4			34	737	65	1182					15	
MINIMUM		1.90	11	0.00	19	1.99	1.0	/1	0.0066			11.9	7.0	2.1	120	2272			23	12.3	6.7	2.4	7.2			7	133	10	194					2	
AVERAGE *		2.33	33	0.14	263	2.34	38.7	/1	0.1061			13.4		3.5	193	3768			25	14.7		4.2	10.6			13	259	24	470					5	
Number of Analyses		28		15	28	28	28	28	28			20	20	20	16	18	18		4	19	20	20	28	18	18	18	18	18	18	18	18	18	18	18	4

Comments: *Geometric mean is used to calculate the average fecal coliform colonies. **FOG samples highlighted in yellow are composite samples. ***NH3 sample is a composite

No ss on 11/15 due to Inf. Comp. being plugged up.

2013		2013 Effluent	
WEEK	BOD	TSS	WEEKLY COLIFORM
1	28	601	17
2	14	282	10
3	19	328	12
4	39	682	14
MAX.	39	682	17

WEEKLY AVERAGE		WEEKLY	
BOD	TSS	COLIFORM	% REMOVAL
lbs	lbs	lbs	B.O.D.
mg/l	mg/l	mg/l	S.S.
1	28	601	92
2	14	282	93
3	19	328	
4	39	682	
MAX.	39	682	

2013		2013 Effluent	
WEEK	BOD	TSS	WEEKLY COLIFORM
1	28	601	17
2	14	282	10
3	19	328	12
4	39	682	14
MAX.	39	682	17

2013		2013 Effluent	
WEEK	BOD	TSS	WEEKLY COLIFORM
1	28	601	17
2	14	282	10
3	19	328	12
4	39	682	14
MAX.	39	682	17

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

MAJOR (SUB 01)
OMB No. 2040-0004
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: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, Wastewater Utilities Supervisor

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2013	10	27	
YEAR	MO	DAY	TO
2013	11	23	

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	UNITS			
Turbidity	*****	*****	****	*****	11	16	0		
00070 1 0 Effluent Gross	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	****	*****	4.2	*****	0		
00300 1 0 Effluent Gross	*****	*****	****	*****	Req. Mon. MO AVG	*****	19	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	470	1182	(26)	*****	24	65	0		
00310 1 0 Effluent Gross	1226	2452	lb/d	*****	30	60	19	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	682	*****	(26)	*****	39	*****	0		
00310 W 0 See Comments	1829	*****	lb/d	*****	45	*****	19	Twice Per Month	COMP24
pH	*****	*****	****	*****	*****	7.2	0		
00400 1 0 Effluent Gross	*****	*****	****	*****	*****	9.0	12	Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	****	*****	NA	NA	0		
00410 1 7 Effluent Gross	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19	Quarterly	COMP24
Solids, total suspended	259	737	(26)	*****	13	34	0		
00530 1 0 Effluent Gross	1226	2452	lb/d	*****	30	60	19	Twice Per Month	COMP24
<p>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.</p>									
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>Jim Westcott Wastewater Utilities Supervisor</p> <p>907 AREA CODE 586-0393 TELEPHONE</p> <p>2013 YEAR 12 MO 9 DAY</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>									

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 10/27/2013 through 11/23/2013.

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

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

00434/981209 1904

PAGE 1 OF 5

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

PERMITTEE NAME/ADDRESS/Include Facility name/Location if different
JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

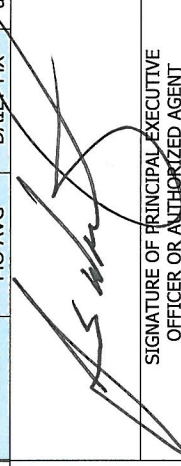
PERMIT NUMBER
AK-002295-1

DISCHARGE NUMBER
001 A

NAME:
ADDRESS:
FACILITY:
LOCATION:
ATT:

JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
Mendenhall Valley Service Area
Jim Westcott, Wastewater Utilities Supervisor

MONITORING PERIOD
YR 2013 MO 10 DAY 27
YEAR 2013 MO 11 DAY 23

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	UNITS			
Solids, total suspended	372	*****	(26)	*****	*****	0		
00530 W 0	1829	*****	lb/d	*****	*****			
See Comments	WKLY AVG	*****		WKLY AVG	*****			
Nitrogen, ammonia total (as N)	255	255	(26)	14	14	0	Twice Per Month	COMP24
00610 1 0	1164	1963	lb/d	MO AVG	DAILY MX			
Effluent Gross	MO AVG	DAILY MX		MO AVG	DAILY MX		Once Per Month	COMP24
Hardness, total (as CaCO3)	*****	*****	****	71	71	0		
00900 1 6	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Once Per Month	GRAB
Effluent Gross	*****	*****	****	MO AVG	DAILY MX			
Silver, total recoverable	NA	NA	(26)	NA	NA	0		
01079 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX		Three Per Year	COMP24
Effluent Gross	NA	NA	(26)	NA	NA	0		
Zinc, total recoverable	NA	NA	(26)	NA	NA	0		
01094 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX		Three Per Year	COMP24
Effluent Gross	NA	NA	(26)	NA	NA	0		
Lead, total recoverable	NA	NA	(26)	NA	NA	0		
01114 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX		Three Per Year	COMP24
Effluent Gross	0.273	0.273	(26)	15.0	15.0	0		
Copper, total recoverable	0.273	0.273	(26)	15.0	15.0	0		
01119 1 0	3.54	7.63	lb/d	MO AVG	DAILY MX		Once Per Month	COMP24
Effluent Gross	MO AVG	DAILY MX		MO AVG	DAILY MX			
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 12 MO 9 DAY 2013 YEAR 11 MO 23 DAY							
COMMENT AND EXPLANATION OF ANY VIOLATIONS								

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

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

Form Approved.

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
Jim Westcott, Wastewater Utilities Supervisor

MONITORING PERIOD
YR 2013 MO 10 DAY 27 TO 2013 MO 11 DAY 23

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	*****	*****	*****	*****	0	(23)	0		
30500 O 0	*****	*****	*****	*****	10	%		Twice Every Week	GRAB
See Comments	*****	*****	*****	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	161	Req. Mon. DAILY MX #/100mL		Twice Every Week	GRAB
31615 O 0	*****	*****	*****	N/A	N/A	(13)	0		
See Comments	*****	*****	*****	*****	400	800		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	N/A	N/A	(13)	0		
31615 P 0	*****	*****	*****	*****	200	DAILY MX #/100mL		Twice Every Week	GRAB
See Comments	*****	*****	*****	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	400	800		Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	200	DAILY MX #/100mL		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	13	15	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	400	1200		Twice Every Week	GRAB
31615 R 0	*****	*****	*****	*****	400	DAILY MX #/100mL		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	*****	0	0		
Floating solids or visible foam-visual	*****	*****	*****	*****	*****	Req. Mon. DAILY MX		Once Per Month	VISUAL
45613 1 0	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	*****	*****	*****	*****	*****	*****	0		
Flow, in conduit or thru treatment plan	*****	*****	*****	*****	*****	*****	0		
50050 1 0	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	*****	*****	*****	*****	*****	*****	0		
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.									
TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TELEPHONE AREA CODE 907 PHONE NUMBER 586-0393									
DATE YEAR 2013 MO 12 DAY 9									

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 10/27/2013 through 11/23/2013

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 3 OF 5

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

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, Wastewater Utilities Supervisor

MAJOR (SUB 01) F - FINAL EFFLUENT

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2013	10	27	
YR	MO	DAY	TO
2013	11	23	

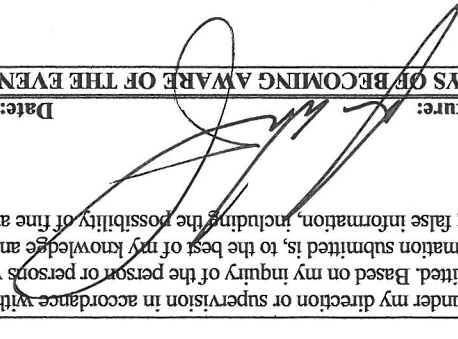
PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS				
Chlorine, total residual	N/A	N/A		N/A	N/A		(26)	0		
50060 S 0	4.09	4.09		100	100		lb/d		QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX		MO AVG	DAILY MX					
Dilution factor	*****	*****		39	*****		****	0		
80093 1 0	*****	*****		Req. Mon.	*****		****			
Effluent Gross	*****	*****		MO AVG	*****		****		DAILY	MEASRD
BOD,5-day, percent removal	*****	*****		*****	*****		****	0		
81010 K 0	*****	*****		*****	*****		****			
Percent Removal	*****	*****		*****	*****		****		Once Per Month	CALCTD
Solids, suspended percent removal	*****	*****		*****	*****		****	0		
81011 K 0 0	*****	*****		*****	*****		****			
Percent Removal	*****	*****		*****	*****		****		Once Per Month	CALCTD
Chlorine usage	N/A	N/A		*****	*****		(26)	0		
81400 X 0	Req. Mon.	*****		*****	*****		lb/d			MEASRD
End of Chlorine Contact Chamber	MO AVG	*****		*****	*****				DAILY	
Oil and grease visual	*****	*****		*****	*****		****	0		
84066 1 0	*****	*****		*****	*****		****			
Effluent Gross	*****	*****		*****	*****		****		Once Per Month	VISUAL
Toxicity, Chronic	*****	*****		*****	*****		****	0		
TT000 1 8	*****	*****		*****	*****		****			
Effluent Gross	*****	*****		*****	*****		****		Semiannual	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 manages 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										
COMMENT AND EXPLANATION OF ANY VIOLATIONS TELEPHONE 907 586-0393 AREA CODE PHONE NUMBER DATE 2013 12 9 YEAR MO DAY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										


* The reporting period was from 10/27/2013 through 11/23/2013

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

00434/981209 1904

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GENERAL INFORMATION		PERMIT# (if any): AK-002321-3	
Owner or Operator:	CBJ	Facility Name:	Mendenhall WWTP
Facility Location:	2009 Radcliffe rd., Juneau	Facility Name:	Mendenhall WWTP
Person Reporting:	Jim Westcott	Phone Numbers of Person Reporting:	586.0741
Date/Time Event was Noticed:	12/4/13 1500	Date/Time Reported:	12/4/13 1510
Name of DEC Staff Contacted:		Name of DEC Staff Contacted:	
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): 11/18/13	End Date/Time (exact): 11/18/2013	
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):			
Description of the noncompliance and its cause (be specific): Daily maximum BOD mg/l exceedance, direct cause unknown			
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)			
All process control aeration parameters set at 100% output.			
Permit Condition Deviation (Identify each permit condition exceeded during the event):			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD mg/l	60 mg/l max. daily	65 mg/l max. daily	11/18/13
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Aeration profiles at maximum output, react cycle times at maximum available cycle time. Monthly BOD removal @ 92%			
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) 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:	WWTP Supervisor
Signature:			
Date:	12/4/13		
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

	NONCOMPLIANCE NOTIFICATION
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	