MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska January 2014

Turb.			- SHV	1	319 485	17/2014	_	3				4							
Turb.	100. 100	L			-		ch .	19	355		2 !	+	406	406	406	406	406	406	406
Turb.t			Zinc	27.0	0.784		4	18	441	21	_	+	519	519	519	519	519	519	519
	Turb.NTU 8.2		Silver	8 8	¥ 3		ω N	18 18	597		12 8	12 415	+	415	415	415	415	415	415
Alk. n		1/7/2014	Copper				_	23	447		19	+	385	385	385	385	385	385	385
composite samples. ***NH3 sample is a composite Hrd. n	Hrd. mg/l		Copper	15.0	0.436	1/7/2014		ngri	S		mg/l	lbs.	lbs. Geo: Mean	lbs. Geo: Mean	lbs. Geo: Mean	lbs: Geo Mean S.S.	lbs: Geo Mean S.S.	lbs: Geo Mean S.S.	lbs: Geo Mean S.S.
Hrd	Hrd. mg/l 65.0	1/7/2014		ug/L	LBS		WEEK	BOD	OD.		- · · ·	TSS	TSS	TSS	TSS COLFORM B.O.D.	TSS COLFORM B.O.D.	TSS COLFORM B.O.D.	TSS COLFORM B.O.D.	TSS COLFORM B.O.D.
35 21 35 0 28 20 20	20 20	20	20	28	20				20		20	28	28	28	28	20 28 20	20 28 20 20	20 28 20 20 20	20 28 20 20 20 20
126.24 2.83 17.50 /1 0.0951 9.4	10.00	-	3877.9	226.1	5535.4				10.6				4.6	4.6 10.3	4.6 10.3 18 4	4.6 10.3 18 428.2	4.6 10.3 18 428.2 18.9 4	4.6 10.3 18 428.2 18.9 462.8	4.6 10.3 18 428.2 18.9 462.8
45 2.09 1.0 /1 0.0450 7.6	7.0 4.9	H	2687.5	110.0	3296.0				8.4		6.7	6.7 3.1	-	3.1 6.2	3.1 6.2	3.1 6.2 4	3.1 6.2 4 137.1	3.1 6.2 4 137.1 13.0	3.1 6.2 4 137.1 13.0
319 5.93 48.2 /1 0.1425 10.5	H	-	7365.9	430.0	10018.0				13.2		7.0		7.9	7.9 21.8	7.9 21.8 38	7.9 21.8 38 868.4	7.9 21.8 38 869.4 24.0	7.9 21.8 38 869.4 24.0	7.9 21.8 38 869.4 24.0
99.1 3.3268		1::								-									
0.00 89 2.10 28.4 /1 0.1244										-			13.5	13.5	13.5	13.5	13.5	13.5	13.5
82 2.09 28.3 /1 0.1255 8.9	7.3 5.9	244.0	4700.8	430.0	8284.1				9.7	-	6.8	6.8 3.6	3.6 13.7	3.6	3.6 13.7	3.6 13.7 29.0	3.6 13.7 29.0 505.5	3.6 13.7 29.0 505.5 22.0	3.6 13.7 29.0 505.5 22.0
2.16 31.8 // 0.1160 10.0	7.1 5.2	276.0	5616.5	390.0	7936.3				10.8		6.8	6.8 3.3	3.3 13.4	3.3	3.3 13.4	3.3 13.4 24.0	3.3 13.4 24.0 432.3	3.3 13.4 24.0 432.3 22.0	3.3 13.4 24.0 432.3 22.0
236 36.3 /1 0.0902 9.9	7.6 5.7	200.0	4236.7	340.0	7202.4				10.1		6.7	6.7 3.5	3.5 11.5	3.5	3.5 11.5	3.5 11.5 22.0 433.0	3.5 11.5 22.0 433.0	3.5 11.5 22.0 433.0 20.0	3.5 11.5 22.0 433.0 20.0
0.39 111 2.23 33.2 // 0.0795 9.8 7.1	7.1 5.7	180.0	3783.0	220.0	4623.7				10.3		6.8	6.8 3.6	3.6 10.6	3.6	3.6 10.6	3.6 10.6 18.0	3.6 10.6 18.0 334.8	3.6 10.6 18.0 334.8 17.0	3.6 10.6 18.0 334.8 17.0
114 229 33.2 /1 0.0621 9.2	7.3 5.4	136.0	2801.6	160.0	3296.0				11.5		6.8	6.8 6.2	6.2 8.2	6.2	6.2 8.2	6.2 8.2 17.0	6.2 8.2 17.0 324.7	6.2 8.2 17.0 324.7 15.0	6.2 8.2 17.0 324.7 15.0
0.00 2.28 1.0 /1 0.0909													7.8	7.8	7.8	7.8	7.8	7.8	7.8
0.00 190 2.60 48.2 /1 0.1126													9.5	9.5	9.5	9.5	9.5	9.5	9.5
0.00 2.93 1.0 /1 0.1245 10.2 7.1	7.1 6.4	128.0	3320.0	190.0	4928.1				12.3		6.8	6.8 4.9	4.9 11.2	4.9 11.2	4.9 11.2	4.9 11.2 22.0	4.9 11.2 22.0 537.6	4.9 11.2 22.0 537.6 19.0	4.9 11.2 22.0 537.6 19.0
0.14 181 3.33 36.1 /1 0.0787 9.6 7.0	7.0 6.4	156.0	4540.6	290.0	8440.9				13.2		6.7	6.7 6.5	6.5 10.8	6.5	6.5 10.8	6.5 10.8 17.0	6.5 10.8 17.0 472.1	6.5 10.8 17.0 472.1 21.0	6.5 10.8 17.0 472.1 21.0
1.16 77 2.76 19.0 /1 0.1425 9.8 7.1	7.1 6.2	156.0	4007.2	390.0	10018.0				10.1		6.9	6.9 4.1	4.1 12.5	4.1	4.1 12.5	4.1 12.5 17.0	4.1 12.5 17.0 391.3	4.1 12.5 17.0 391.3 19.0	4.1 12.5 17.0 391.3 19.0
2.74 17.3 /1 0.1304 9.9	7.6 8.2	160.0	3803.0	170.0	4040.7				9.2		6.9	6.9 3.3	3.3 13.2	3.3	3.3 13.2	3.3 13.2 38.0	3.3 13.2 38.0 868.4	3.3 13.2 38.0 868.4 13.0	3.3 13.2 38.0 868.4 13.0
/1 0.0517 7.6	7.4 8.9	106.0	2687.5	140.0	3549.5				9.9		6.9	6.9 4.1	4.1 8.2	4	4.1 8.2	4.1 8.2 13.0	4.1 8.2 13.0 325.3	4.1 8.2 13.0 325.3 17.0	4.1 8.2 13.0 325.3 17.0
3.00 1.0 //										-			6.2	6.2	6.2	6.2	62	6.2	6.2
0.50 3.75 1.0 // 0.1009	0.7	90.0	200.0	100.0	0				2.8	_	9.7	0.7	-	o,	7.8	7.8	7.8	7.8	7.8
120 4.11 19.9 // 0.1182 9.2	+	+	3788.9	140.0	4822.2				9.1	-	6.7	+	5.4 9.2	5.4 9.2	5.4 9.2 4.0	5.4 9.2 4.0 137.1	5.4 9.2 4.0 137.1 15.0	5.4 9.2 4.0 137.1 15.0	5.4 9.2 4.0 137.1 15.0
211 4.15 33.8	7.1 7.7	130.0	4456.1	110.0	3770.5				8.4	-	6.7	6.7 4.0	4.0 7.2	4.0	4.0 7.2	4.0 7.2 21.0	4.0 7.2 21.0 726.8	4.0 7.2 21.0 726.8 23.0	4.0 7.2 21.0 726.8 23.0
2.10 319 5.83 35.8 /1 0.0838 7.8 7.0	7.0 7.9	160.0	7365.9	210.0	9667.7				8.6		6.8	6.8 3.1	3.1 21.8	3.1	3.1 21.8	3.1 21.8 17.0	3.1 21.8 17.0 840.8	3.1 21.8 17.0 840.8 16.0	3.1 21.8 17.0 840.8 16.0
0.93 129 236 36.3 /1 0.0624 10.5 7.4	7.4 5.0	160.0	3402.7	210.0	4466.1				12.6		6.9	6.9 7.5	7.5 9.3	7.5	7.5 9.3	7.5 9.3 11.0	7.5 9.3 11.0 216.5	7.5 9.3 11.0 216.5 18.0	7.5 9.3 11.0 216.5 18.0
219 1.0 <i>I</i> 1	-	1											8.3	83	8.3	8.3	8.3	8.3	8.3
2.42 1.0 /1 0.1058	+								i		1	+		10.4	10.4	10.4	10.4	10.4	10.4
0.03 2.56 1.0 /1 0.0893 10.4 7.2	7.6 5.5	140.0	3502.8	220.0	3783.0				10.5		6.7	6.7	3.4 10.0	ω ω 0 4	3.4 10.0	3.4 10.0 16.0	3.4 10.0 16.0 400.3	3.4 10.0 16.0 400.3 23.0	3.4 10.0 16.0 400.3 23.0
146 2.71 35.8 /1 0.1053 9.6	-	+	3440.3	290.0	6651.2				9.8		6.7	6.7 3.3	3.3 10.3	3.3 10.3	3.3 10.3 16.0	3.3 10.3 16.0	3.3 10.3 16.0 361.6 18.0	3.3 10.3 16.0 361.6 18.0	3.3 10.3 16.0 361.6 18.0
165 3.48 31.6 /1 0.0977 8.8	7.1 6.9	140.0	4004.9	180.0	5149.1				10.0		6.7	6.7 3.4	3.4 9.3	3,4	3.4 9.3	3.4 9.3 16.0	3.4 9.3 16.0 464.4	3.4 9.3 16.0 464.4 17.0	3.4 9.3 16.0 464.4 17.0
0.20 45 2.87 11.1 // 0.0541 9.5 7.3	7.3 5.5	140.0	3362.7	180.0	4323.5				12.8		6.9	6.9 7.9	7.9 7.8	7.9	7.9 7.8	7.9 7.8 16.0	7.9 7.8 16.0 383.0	7.9 7.8 16.0 363.0 19.0	7.9 7.8 16.0 363.0 19.0
1.14 2.63 1.0 /1 0.0939													8.6	8.6	8.6	8.6	8.6	8.65	8.6
0.03 53 2.33 15.7 /1 0.0862										-			9.7	9.7	9.7	9.7	9.7	9.7	9.7
0.04 2.40 1.0 /1 0.0844 9.4 7.3	7.3 5.6	140.0	2790.6	200.0	3986.5				10.0		6.8	6.8 3.8	3.8 9.9	3.8	3.8 9.9	3.8 9.9 18.0 360.3	3.8 9.9 18.0 360.3 20.0	3.8 9.9 18.0 360.3 20.0	3.8 9.9 18.0 360.3 20.0
0.13 95 2.71 23.6 /1 0.1035 9.2 7.4	7.4 5.6	210.0	4711.3	190.0	4262.6				12.5		6.8	6.8 5.3	5.3 10.1	5.3	5.3 10.1	5.3 10.1 20.0	5.3 10.1 20.0 452.0	5.3 10.1 20.0 452.0 24.0	5.3 10.1 20.0 452.0 24.0
3.13 1.0 /1 0.1017 8.7	7.4 6.2								11.4		7.0	7.0 7.9		7.9	7.9	7.9	7.9	7.9	7.9
0.02 2.13 1.0 /1 0.0807 9.6 7.3	7.3 5.2								10.7	-	6.9	6.9 3.3		3.3	3.3	3.3	3.3	3.3	3.3
0.47 2.28 1.0 /1 0.0450 9.2 7.5	7.5 4.9	160.0	2975.7	220.0	4091.6				12.3		6.9	6.9 4.9	-	4.9	4.9 9.3	4.9 9.3 18.0	4.9 9.3 18.0 342.3	4.9 9.3 18.0 342.3 21.0	4.9 9.3 18.0 342.3 21.0
2.38 1.0													8.4	8.4	8.4	8.4	8.4	8.4	8.4
	mg/L	L. ing/L	LBS	mg/L	. SB1	mg/L:	LBS		°C	100		T/Gm	NTU	-	NTU	NTU mg/L		NTU mg/L LBS mg/L	
precip Rwer TTLEFFL Water WASTE TEMP ph	포							Grab	TEMP		뫞		MAX.	MAX.	MAX	MAX	MAX	MAX	MARK
Mend: SBR Receiving SBR	0.0	50	SS	0.0	8 O.D.	FÖG	FOG	SHN:		-		D.O. 1	TURBID	-	TURBID. S.S. S.S.	TURBID. S.S. S.S.	TURBID. S.S. S.S.	TURBID SS SS BOD	TURBID SS. SS. BOD BOD
			INFLUENT	T											EFF	EFFLUENT	EFFLUENT	EFFLUENT	EFFLUENT

Solids, total suspended Alkalinity, total (asCaCo3) * The reporting period was from 12/29/2013 -02/01/2014. COMMENT AND EXPLANATION OF ANY VIOLATIONS Jim Westcott Wastewater Utilities Sr. Operator NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Effluent Gross 00530 1 0 Effluent Gross Effluent Gross 모 See Comments 00310 W 0 BOD, 5-Day, 20 deg. C Effluent Gross BOD, 5-Day, 20 deg. C Effluent Gross Oxygen, dissolved (DO) Effluent Gross PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 00410 1 7 00310 1 0 Turbidity NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) 00400 1 0 00300 1 0 00070 1 0 FACILITY: LOCATION: Ä NAME: ADDRESS: TYPED OR PRINTED PARAMETER 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 majury 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, and aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. MENDENHALL VALLEY SERVICE AREA 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 certify under penalty of law that this document and all attachments were Jim Westcott, Wastewater Utilities Sr. Operator JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT WKLY AVG 596.6 462.8 428.2 MO AVG 1226 MO AVG VALUE QUANTITY OR LOADING 1226 **** ***** ***** **** 1829 **** ***** **** ***** DAILY MX 868.4 DAILY MX 796.1 2452 ***** ***** ***** VALUE **** **** **** **** ***** **** ***** 2452 SLINO **** **** *** FROM *** *** (26)*** *** *** lb/d (26)b/d (26)Req. Mon. DAILY MN INST MIN VALUE 2013 ***** **** 6.7 **** **** 3.1 ***** **** **** **** **** 6.5 ¥ AK-002295-1
PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION Req. Mon. WKLY AVG MO AVG Req. Mon MO AVG Req. Mon. MO AVG MO AVG MO AVG 18.0 18.9 4.6 VALUE ***** ***** 12 8 30 N 45 30 10 MAJOR (SUB 01) F - FINAL EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form. DAILY MX Req. Mon. Req. Mon. DATLY MX DAILY MX INST MAX DAILY MX 38.0 VALUE ***** ***** ***** 24.0 **** 7.0 NA 60 9.0 | MONITORING PERIOD | YEA | YEA | 20 | 10 | 20 | 60 22 mg/L mg/L mg/L mg/L mg/L (19)(19)(12)(19)(19)(19)Z (43)19 19 12 SU 19 19 19 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2014 YEAR YEAR 2014 AREA CODE E S 0 0 0 0 0 0 0 FREQUENCY OF ANALYSIS TELEPHONE 586-0393 Continuous Weekdays Twice Per Quarterly Once Per Twice Per Month wice Per Month Month Month PHONE NUMBER DATE 3 ~ | ₹ DISCHARGE NUMBER COMP24 COMP24 RCORDR SAMPLE COMP24 COMP24 GRAB GRAB DAY

00434/981209 1904

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

Copper, total recoverable Wastewater Utilities Sr. Operator Effluent Gross * The reporting period was from 12/29/2013 -02/01/2014. COMMENT AND EXPLANATION OF ANY VIOLATIONS Jim Westcott NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 01119 1 0 Effluent Gross 01114 1 0 Lead, total recoverable Effluent Gross Zinc, total recoverable Effluent Gross 01079 1 0 Silver, total recoverable Effluent Gross 00900 1 6 Hardness, total (as CaCO3) Effluent Gross Nitrogen, ammonia total (as N) See Comments Solids, total suspended PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 01094 1 0 00610 1 0 00530 W 0 À FACILITY: LOCATION ADDRESS: NAME: TYPED OR PRINTED PARAMETER 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 submitted. Based on my inquiry of the person or persons who manage the system, to assure that the qualified personnel properly gather and evaluate the information prepared under my direction or supervision in accordance with the system designed Jim Westcott, Wastewater Utilities Sr. Operator JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF certify under penalty of law that this document and all attachments were REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE PERMIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT Req. Mon. Req. Mon. 0.784 Req. Mon. 0.436 MO AVG MO AVG WKLY AVG 319.5 MO AVG MO AVG 518.9 MO AVG QUANTITY OR LOADING 3.54 1164 **** 1829 VALUE B **** B DAILY MX Req. Mon. DAILY MX Req. Mon. 319.5 DAILY MX 0.436DAILY MX 0.784Req. Mon. DAILY MX **** VALUE N B **** 1963 **** **** 7.63 STIND *** FROM lb/d (26)lb/d (26) lb/d (26)lb/d (26)*** lb/d (26) lb/d (26)2013 ***** VALUE **** **** **** **** **** **** **** **** **** **** **** **** **** ¥ AK-002295-1
PERMIT NUMBER SIGNATURE OF EXINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION Req. Mon. MO AVG Req. Mon. Req. Mon. WKLY AVG MO AVG Req. Mon. MO AVG MO AVG MO AVG MO AVG 11.0 VALUE B 28.5 22.0 86.7 65 B 15 27 45 12 M MAJOR (SUB 01) F - FINAL EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form. Req. Mon. DAILYMX DAILY MX Req. Mon. DAILY MX Req. Mon. Req. Mon. DAILY MX DAILY MX DAILY MX 11.0 VALUE **** **** B MONITORING PERIOD
DAY B 187 15 27 48 29 ug/L (28) mg/L mg/L (19) mg/L SLIND ug/L ug/L ug/L (19)(19)28 (28)28 28 (28)28 (28) 19 70 19 19 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2014 2014 YEAR AREA CODE YEAR E S 0 0 0 0 0 0 0 FREQUENCY OF ANALYSIS TELEPHONE **586-0393** Once Per Three Per Three Per Once Per Once Per Twice Per Three Per Month Month Month DATE Month Year Year PHONE NUMBER Year 8 3 001 A
DISCHARGE NUMBER COMP24 COMP24 SAMPLE COMP24 COMP24 COMP24 COMP24 GRAB DAY DAY DAY

00434/981209 1904

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

Flow, in conuit or thru treatment plar Floating solids or visible foam-visual Fecal coliform, MPN, EC med, 44.5 Exceeded Daily MX Mgal/d due to heavy rains, 2.10+ inches, natural causes Jim Westcott Wastewater Utilities Sr. Operator NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Effluent Gross Effluent Gross 45613 1 0 See Comments See Comments Fecal coliform, MPN, EC med, 44.5 See Comments 31615 P 0 Fecal coliform, MPN, EC med, 44.5 See Comments Fecal coliform, MPN, EC med, 44.5 See Comments limit Coliform, fecal - % sample exceeds PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 50050 1 0 31615 R 0 31615 Q 0 31615 0 0 FACILITY: LOCATION: 30500 O 0 AT: ADDRESS: NAME: TYPED OR PRINTED PARAMETER 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. prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information am aware that there are significant penalties for submitting false information, certify under penalty of law that this document and all attachments were Jim Westcott, Wastewater Utilities Sr. Operator JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF ncluding the possibility of fine and imprisonment for knowing violations. REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT SAMPLE SAMPLE PERMIT PERMIT PERMIT Req. Mon. MO AVG VALUE **QUANTITY OR LOADING** 2.8 ***** **** ***** ***** ***** ***** **** ***** **** ***** ***** **** DAILY MX 5.9 **** ***** **** ***** ***** **** **** ***** **** VALUE **** **** ***** 4.9 Mgal/d SLIND *** *** *** **** FROM *** **** (03) ω WKLY GEO WKLY GEO WKLY GEO VALUE 2013 ***** ***** **** ***** **** ***** **** N/A ***** 800 400 N/A 400 21 ¥ AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION MO GEO MO GEO MO GEO MO GEO **** VALUE ***** **** **** **** N/A N/A **** 400 200 161 N/A 200 12 3 MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form. DAILY MX DAILY MX DAILY MX Req. Mon. DAILY MX DAILY MX Req. Mon. DAILY MX N/A VALUE ***** 1200 N/A N/A 800 800 DAY 25 0 10 0 29 MONITORING PERIOD
DAY YEAR '=1; N=0 #/100ml #/100ml #/100mL #/100ml **** *** SLIND (13)(13)(13)(13)(23)13 % 5 Form Approved.
OMB No. 2040-0004 Approval Expires 05-31-98 2014 2014 YEAR AREA CODE E S 0 0 0 0 0 0 0 OF ANALYSIS 586-0393 Continuous Twice Every Twice Every Twice Every Twice Every Twice Every Once Per Month Week Week Week PHONE NUMBER DATE Week MO MO DISCHARGE NUMBER RCORDR SAMPLE VISUAL GRAB GRAB GRAB GRAB GRAB DAY

* The reporting period was from 12/29/2013 -02/01/2014.

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

00434/981209 1904

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

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

FACILITY: LOCATION: A I I ADDRESS: NAME: PARAN 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF

> 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. **001 A**DISCHARGE NUMBER

AK-002295-1
PERMIT NUMBER

Man and American											
LOCATION:	JUNEAU, ALASKA 99801	99801	KEA		YR	MO	DAY	MONITORING PERIOD	YEAR	MO	DAY
АПТ:	Jim Westcott, Wastewater Utilities Sr. Operator	ewater Utilities Sr. (Operator	FROM	2013	12	29	T0	2014	2	29
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENT	NTRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	Ş		į
Chlorine, total residual	SAMPLE	N/A	N/A	(26)		A/N	N/A	(28)	0		
	MEASUREMENT				****						
50060 S 0	PERMIT	4.09	4.09			100	100			QUARTERLY	COMP24
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE				ь	17		ug/L	0		
	MEASUREMENT	****	*****	***			****				
80093 1 0	PERMIT				Req. Mon.	Req. Mon.				DAILY	MEASRD
Effluent Gross	REQUIREMENT	****	****	***	DAILY MN	MO AVG	****	10			
BOD,5-day, percent removal	SAMPLE				92			(23)	0		
	MEASUREMENT	****	****	***		****	****				
81010 K 0	PERMIT				85			23		Once Per	CALCTD
Percent Removal	REQUIREMENT	****	****	***	MN % RMV	****	****	%		Month	
Solids, suspended percent removal	SAMPLE				89			(23)	0		
	MEASUREMENT	****	****	***		****	****				
81011 K 0 0	PERMIT				85			23		Once Per	CALCTD
Percent Removal	REQUIREMENT	****	****	***	MN % RMV	****	****	%		Month	
Chlorine usage	SAMPLE	N/A		(26)					0		
	MEASUREMENT		****		****	****	* * * * *				
81400 X 0	PERMIT	Req. Mon.								DAILY	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	****	lb/d	****	****	****				
Oil and grease visual	SAMPLE						0	(93)	0		
	MEASUREMENT	****	****	***	****	****					
84066 1 0	PERMIT						Req. Mon.			Once Per	VISUAL
Effluent Gross	REQUIREMENT	****	****	***	****	****	DAILY MX	occur/mo		Month	
Toxicity, Chronic	SAMPLE						0	(2G)	0		
	MEASUREMENT	****	****	***	****	****					
TT000 1 8	PERMIT						Req. Mon.	5		Semiannual	COMP24
Effluent Gross	REQUIREMENT	*****	****	***	****	****	1	ox chronic			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty o	certify under penalty of law that this document and all attachments were	it and all attachments	were	1		N			TELEPHONE	
Jim Westcott	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	ed personnel properly g	accordance with the sy ather and evaluate the	stem designed information			H	_	907 AREA	586-0393	
Wastewater Utilities Sr. Operator	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	inquiry of the person or responsible for gather	or persons who manage ing the information, th	the system, e information	1	Min	\bowtie		CODE	PHONE NUMBER DATE	ÎR.
	I am aware that there are significant penalties for submitting false information,	e significant penalties for	or submitting false info	rmation,	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE	AL EXECUTIVE		2014	2	10
COMMENT AND EXPLANATION OF ANY ATTOMO	Lincillating the possibility of fine and imprisonment for knowing violations.	of fine and imprisonme	ent for knowing violati	ons.	OH	FICER OR AUTHO	RIZED AGENT		YEAR	MO	DAY

* The reporting period was from 12/29/2013 -02/01/2014. COMMENT AND EXPLANATION OF ANY VIOLATIONS



Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

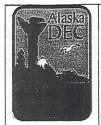
555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4114 E-mail address: wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any): AK	-002295-1		
Owner or Operator: CBJ	Facility Name: Mendenhall Wastewater	Treatment Facility	Facility Location: 2009 Radcliffe Roa	d, Juneau, Ak 99801
Person Reporting: Jim Westcott	Phone Numbers of Pers 907.586.0741	on Reporting:	Reported How? (e Phone	.g. by phone):
Date/Time Event was Noticed: 0600 1/15/14	Date/Time Reported: 0830 1/15/14		Name of DEC State Non-compliance ho	
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITHI	N 24 HOURS OF DISCOV	ERY OF NONCOM	IPLIANCE
INCIDENT DETAILS (attac				
	Date/Time (exact): 1/14/14 0600		Date/Time (exact): 1	/15/14 0600
If noncompliance has not been corre	ected, provide a statement rega	arding the anticipated time	the noncompliance i	s expected to continue:
Estimated Quantity involved (volum 5.93 MGD treated effluent	ne or weight):			
Description of the noncompliance as	nd its cause (be specific):			
Excessive hydraulics due to a strong	g weather system resulted in flo	ow exceeding the permit lin	nitations of 4.9 MGD).
Actions taken to reduce, eliminate, a (describe in detail) (e.g. Supplied dr notice) SCADA system parameters were adjute 24 hour period.	inking water to nearby well ow sted to accommodate the increas	vners and informed well ow ed flow. Composite sampler	ners not to drink fro	om wells until further
Permit Condition Deviation (Identif	fy each permit condition exceed	ded during the event.)		The state of the s
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample resu	lt) Sample	e Date
Flow, MGD	4.9 MGD	5.93 MGD	1/14/14	4 – 1/15/1 4
Corrective Actions (Attach a description of recurrence.) Excessive hydraulics due to a strong vadjusted to accommodate the increase	weather system resulted in flow e	exceeding the permit limitation	ons of 4.9 MGD. SCA	DA system parameters were
Environmental Damage: (if yes, pr	ovide details below)	Yes	▼ No	Unknown
Actual /Potential Impact on Environ	nment/Public Health (describe	in detail)	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
N/A				
Based on information and belief for and information in and attached in	this document are true, accura	te, and complete.	ance with 18 AAC 8.	.l.el.u
	Fitle: Supervisor	Signature:	GAWARE OF TH	Date.
FURIVIS MUST BI	E SENT TO ADEC WITHIN F	IVE DATSOF BECOMIN	GAWARE OF TH	e eveni.



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B-mail address: dec-wqreporting@alaska.gov

ACCIDENTAL DISCHARGE/SPILL NOTIFICATION

		* FAXED 1/15/14	19 Ken P.M.
GENERAL INFORMATION	PERMIT# (if any):	4	
Applicant Company:	Facility Name	Facility Location:	
CITY OF JUNEAU	COULE TONS	2009 RADCLIFF	RP. THNEA
Person Reporting:	Phone Numbers of Person Reporting	Reported How? (e.g. by phone)	
MARK MOW	(907) 790 - 2525	PHONE, FAX	
Date/Time Event was Noticed	Date/Time Reported	Name of DEC Staff Contacted	
1/14/14 3:00 P.M	n. 1/15/14 @ 1:00 P.	m. HOTWIS	
VERBAL NOTIFICATION MUS	T BE MADE TO ADEC WITHIN 24 HO	URS OF DISCOVERY (notification by	email is acceptable)
INCIDENT DETAILS (atta	ch additional sheets, lab reports ar	nd photos as necessary)	
Product Spilled (e.g. sewage, prop	ylene, glycol, etc.)	Source of Spill	
SEWAGE			
Quantity Spilled (volume or weigh	t) Quantity Contained	Quantity Recovered	Quantity Disposed
1500 GALLONS	FST. 1-2 MILLION GALL To Correct The Cause (be specific)	NONE	NONE
Cause of Spill and Actions Taken	To Correct The Cause (be specific)		
HEADY RAIN 4	To Correct The Cause (be specific) AUBED SYSTEM S	URCHARGE	
GRIPPA 3" Cleanup Actions (describe in deta	W 24 HRS.		
Cleanup Actions (describe in deta	il)		
WASHDOWN &	DISENFELT APER	w/ CLOROX	
Disposal Methods and Location (d	escribe in detail)		
NIA			
Environmental Damage	: Surface Area Affected		
(if yes, provide details belo	ow) (square feet)	(e.g. tundra, land covere	d with snow, etc.)
T Yes T No TY	inknown 100 SA: FT	ASPHALT	
-	onment/Public Health (describe in detail)		
NOWE OUR	TO DICUTION FR	on HEAVY RAIN	
COMMENTS			
Donad on information and half-off	ormed after reasonable inquire, I certify t	hat the statements and information in	and attached in this
document and true, accurate, and		nat the statements and information in	and attached III this
Mal ma	W. Signature: MARK -	T. Moul Date: 1/15/	14
Name: ///	ORMS MUST BE SENT TO DEC WITHI		/-/