

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: MENDEHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTN: Jim Westcott, Wastewater Utilities Sr. Operator

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY
2013	12	29

YEAR	MO	DAY
2014	2	1

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Turbidity	SAMPLE MEASUREMENT *****	*****	****	*****	10	22	(43)	0		
00070 1 0 Effluent Gross	PERMIT REQUIREMENT *****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT *****	*****	****	3.1	4.6	*****	(19)	0	RCORDR	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT *****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT *****	796.1	(26)	*****	18.9	24.0	(19)	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT *****	1226	lb/d	*****	30	60	mg/L	0	Twice Per Month	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT *****	596.6	(26)	*****	MO AVG	DAILY MX	(19)	0	COMP24	
00310 W 0 See Comments	PERMIT REQUIREMENT *****	1829	lb/d	*****	45	*****	mg/L	0	Twice Per Month	
pH	SAMPLE MEASUREMENT *****	*****	****	6.7	*****	7.0	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT *****	*****	****	6.5	*****	9.0	12		Weekdays	
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT *****	*****	****	INST MIN	*****	INST MAX	SU	0	GRAB	
00410 1 7 Effluent Gross	PERMIT REQUIREMENT *****	*****	****	*****	NA	NA	(19)	0	Quarterly	
Solids, total suspended	SAMPLE MEASUREMENT *****	428.2	(26)	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT *****	1226	lb/d	*****	18.0	38.0	(19)	0	Twice Per 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 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 Sr. Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
907	TELEPHONE		586-0393		AREA CODE		PHONE NUMBER		DATE	
2014	YEAR		2		MO		10		DAY	

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

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

00434/981209 1904

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PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Solids, total suspended	SAMPLE MEASUREMENT	518.9	*****	(26)	22.0	*****	(19)	0			
	PERMIT REQUIREMENT	1829	*****		45	*****	19		Twice Per Month	COMP24	
00630 W 0	PERMIT REQUIREMENT	319.5	*****	(26)	11.0	*****	(19)	0			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1164	1963	lb/d	28.5	*****	48	19	Once Per Month	COMP24	
	PERMIT REQUIREMENT	*****	*****		65	*****	(19)	0			
00900 1 6	PERMIT REQUIREMENT	*****	*****	****	*****	*****	19		Once Per Month	GRAB	
Silver, total recoverable	SAMPLE MEASUREMENT	ND	ND	(26)	ND	*****	(28)	0			
	PERMIT REQUIREMENT	*****	*****		*****	*****	28		Three Per Year	COMP24	
01079 1 0	PERMIT REQUIREMENT	0.784	0.784	lb/d	27	*****	(28)	0			
Zinc, total recoverable	SAMPLE MEASUREMENT	ND	ND	(26)	ND	*****	(28)	0			
	PERMIT REQUIREMENT	*****	*****		*****	*****	28		Three Per Year	COMP24	
01094 1 0	PERMIT REQUIREMENT	ND	ND	lb/d	ND	*****	(28)	0			
Lead, total recoverable	SAMPLE MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	15	*****	(28)	0			
	PERMIT REQUIREMENT	*****	*****		*****	*****	28		Three Per Year	COMP24	
01114 1 0	PERMIT REQUIREMENT	0.436	0.436	lb/d	15	*****	(28)	0			
Copper, total recoverable	SAMPLE MEASUREMENT	3.54	7.63	lb/d	86.7	*****	187	28	Once Per Month	COMP24	
	PERMIT REQUIREMENT	*****	*****		*****	*****	28		Once Per Month	COMP24	

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



907
 AREA CODE
 586-0393
 TELEPHONE
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 DATE

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Coliform, fecal - % sample exceeds limit	PERMIT	*****	*****		*****	*****	0	(23)		GRAB
30500 O 0	PERMIT	*****	*****		*****	*****	10	%		GRAB
See Comments	REQUIREMENT	*****	*****		*****	*****	10	%		GRAB
Fecal coliform, MPN, EC med, 44.5 (SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)		GRAB
31615 O 0	PERMIT	*****	*****	****	*****	*****	161	13		GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	*****	161	13		GRAB
Fecal coliform, MPN, EC med, 44.5 (SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)		GRAB
31615 P 0	PERMIT	*****	*****	****	*****	*****	400	200		GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	*****	400	200		GRAB
Fecal coliform, MPN, EC med, 44.5 (SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)		GRAB
31615 Q 0	PERMIT	*****	*****	****	*****	*****	400	200		GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	*****	400	200		GRAB
Fecal coliform, MPN, EC med, 44.5 (SAMPLE MEASUREMENT	*****	*****	****	*****	*****	21	7		GRAB
31615 R 0	PERMIT	*****	*****	****	*****	*****	800	400		GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	*****	800	400		GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	25	0		GRAB
45613 1 0	PERMIT	*****	*****	****	*****	*****	25	0		GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	25	0		GRAB
Flow, in conduit or thru treatment plan	SAMPLE MEASUREMENT	2.8	5.9	(03)	*****	*****	2.8	5.9		VISUAL
50050 1 0	PERMIT	*****	*****	****	*****	*****	2.8	5.9		VISUAL
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	2.8	5.9		VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	****	*****	*****	2.8	5.9		VISUAL
Jim Westcott	PERMIT	*****	*****	****	*****	*****	2.8	5.9		VISUAL
Wastewater Utilities Sr. Operator	REQUIREMENT	*****	*****	****	*****	*****	2.8	5.9		VISUAL
TYPED OR PRINTED	REQUIREMENT	*****	*****	****	*****	*****	2.8	5.9		VISUAL
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
										
TELEPHONE: 907 586-0393 AREA CODE: 586-0393 PHONE NUMBER: 586-0393 DATE: 2014 MO: 2 DAY: 10										

Exceeded Daily MX Mgal/d due to heavy rains, 2-10+ inches, natural causes.
 * The reporting period was from 12/29/2013 -02/01/2014.

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

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

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		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	PERMIT N/A			(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT 4.09	MO AVG	4.09	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24
See Comments	REQUIREMENT		DAILY MX								
Dilution factor	SAMPLE *****		*****	****	1	17	*****	ug/L	0		
80093 1 0	PERMIT *****		*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD
Effluent Gross	REQUIREMENT *****		*****	****	92	*****	*****	(23)	0		
BOD-5-day, percent removal	SAMPLE *****		*****	****	85	*****	*****	23 %			
81010 K 0	PERMIT *****		*****	****	MN % RMV	*****	*****	(23)	0	Once Per Month	CALCTD
Percent Removal	REQUIREMENT *****		*****	****	89	*****	*****	%			
Solids, suspended percent removal	SAMPLE *****		*****	****	85	*****	*****	23 %			
81011 K 0 0	PERMIT *****		*****	****	MN % RMV	*****	*****	%		Once Per Month	CALCTD
Percent Removal	REQUIREMENT *****		*****	****	85	*****	*****	%			
Chlorine usage	SAMPLE N/A		*****	(26)	*****	*****	*****		0	DAILY	MEASRD
81400 X 0	PERMIT *****		*****	****	*****	*****	*****	(93)	0		
End of Chlorine Contact Chamber	REQUIREMENT *****	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****				
Oil and grease visual	SAMPLE *****		*****	****	*****	*****	*****		0		
84066 1 0	PERMIT *****		*****	****	*****	*****	*****		0	Once Per Month	VISUAL
Effluent Gross	REQUIREMENT *****		*****	****	*****	*****	*****	occur/mo	0		
Toxicity, Chronic	SAMPLE *****		*****	****	*****	*****	*****	(2G)	0		
TT000 1 8	PERMIT *****		*****	****	*****	*****	*****				
Effluent Gross	REQUIREMENT *****		*****	****	*****	*****	*****			Semiannual	COMP24
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Jim Westcott	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
Wastewater Utilities Sr. Operator	907 AREA CODE 586-0393 TELEPHONE PHONE NUMBER DATE										
	2014 YEAR 2 MO 10 DAY										

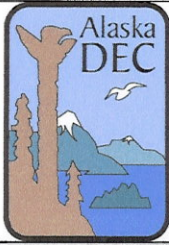
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Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 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 Road, Juneau, Ak 99801
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907.586.0741	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 0600 1/15/14	Date/Time Reported: 0830 1/15/14	Name of DEC Staff Contacted: Non-compliance hotline @ 269-4114

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): 1/14/14 0600	End Date/Time (exact): 1/15/14 0600
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): 5.93 MGD treated effluent		
Description of the noncompliance and its cause (be specific): Excessive hydraulics due to a strong weather system resulted in flow exceeding the permit limitations of 4.9 MGD.		
Actions taken to reduce, eliminate, and prevent reoccurrence 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) SCADA system parameters were adjusted to accommodate the increased flow. Composite samplers were enabled and drawing samples throughout the 24 hour period.		
Permit Condition Deviation (Identify each permit condition exceeded during the event.)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)
Flow, MGD	4.9 MGD	5.93 MGD
		Sample Date 1/14/14 – 1/15/14
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Excessive hydraulics due to a strong weather system resulted in flow exceeding the permit limitations of 4.9 MGD. SCADA system parameters were adjusted to accommodate the increased flow. Composite samplers were enabled and drawing samples throughout the 24 hour period.		
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
Actual /Potential Impact on Environment/Public Health (describe in detail) N/A		
Based on information and belief formed after reasonable inquire, I certify and sign in accordance with 18 AAC 83.385 that the statements and information in and attached in this document are true, accurate, and complete.		
Name: Jim Westcott	Title: Supervisor	Signature:  Date: 1/15/14

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.



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)269-4604
 E-mail address: dec-wqreporting@alaska.gov

ACCIDENTAL DISCHARGE/SPILL NOTIFICATION

* FAXED 1/15/14 @ 1:00 P.M.

GENERAL INFORMATION		PERMIT# (if any):	
Applicant Company: <i>CITY OF JUNEAU</i>		Facility Name: <i>WASTEWATER COLLECTIONS</i>	Facility Location: <i>2009 RAOCLIFF RD., JUNEAU</i>
Person Reporting: <i>MARK MOW</i>		Phone Numbers of Person Reporting: <i>(907) 790-2525</i>	Reported How? (e.g. by phone) <i>PHONE, FAX...</i>
Date/Time Event was Noticed: <i>1/14/14 3:00 P.M.</i>		Date/Time Reported: <i>1/15/14 @ 1:00 P.M.</i>	Name of DEC Staff Contacted: <i>HOTLINE</i>
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)			
INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)			
Product Spilled (e.g. sewage, propylene, glycol, etc.): <i>SEWAGE</i>		Source of Spill:	
Quantity Spilled (volume or weight): <i>1500 GALLONS EST.</i>	Quantity Contained: <i>1-2 MILLION GALLONS</i>	Quantity Recovered: <i>NONE</i>	Quantity Disposed: <i>NONE</i>
Cause of Spill and Actions Taken To Correct The Cause (be specific): <i>HEAVY RAIN CAUSED SYSTEM SURCHARGE (APPROX 3" IN 24 HRS.)</i>			
Cleanup Actions (describe in detail): <i>WASHDOWN & DISINFECT AREA w/ CLOROX</i>			
Disposal Methods and Location (describe in detail): <i>N/A</i>			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Surface Area Affected (square feet): <i>100 SQ. FT</i>	Surface Type (e.g. tundra, land covered with snow, etc.): <i>ASPHALT</i>
Actual /Potential Impact on Environment/Public Health (describe in detail): <i>NONE DUE TO DILUTION FROM HEAVY RAIN</i>			
COMMENTS			
Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.			
Name: <i>Mark J. Mow</i>		Signature: <i>MARK J. MOW</i>	Date: <i>1/15/14</i>
FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.			