

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

Mar-2014

DAY	DATE	FLOWS										INFLUENT										EFFLUENT									
		SBR Influent MGD	SBR Influent Temp F	precip	Mend River CFS	SBR TLEFFL MGD	SBR Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. lbs	B.O.D. mg/L	B.O.D. lbs	FOG** mg/L	FOG lbs	NH3 Grab mg/L	pH	TEMP °C	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	COLIFORM /100 ml	NH3 Grab mg/L		
SUN	2	1.74	27	0.00	1.44	1.00	/1	0.1342	10.0	7.8	4.5	196.0	3171.2	300.0	4853.9		6.9	11.2	4.8	14.3	32.0	461.7	23.0	331.8							
MON	3	1.94	21	0.00	1.73	1.00	/1	0.0820	10.0	8.0	4.5	236.0	3838.1	1700.0	27647.1		6.9	11.8	3.2	10.5	42.0	683.0	24.0	390.3							
TUE	4	1.95	15	0.00	1.77	1.00	/1	0.8219	10.0	8.0	4.5	236.0	3838.1	1700.0	27647.1		6.9	11.8	3.2	10.5	42.0	683.0	24.0	390.3							
WED	5	1.94	18	0.00	1.65	1.00	/1	0.1520	10.3	7.5	4.5	66.0	1067.9	220.0	3559.5		7.0	10.8	3.4	16.4	17.0	283.6	14.0	206.7							
THU	6	2.02	19	0.00	1.64	1.00	/1	0.1570	9.9	7.8	4.4	256.0	4312.8	360.0	6064.8		6.9	11.1	2.8	18.9	23.0	396.7	30.0	410.3							
FRI	7	1.83	21	0.06	1.59	1.00	/1	0.1330	9.8	7.9	4.9	330.0	5036.5	360.0	5494.4		6.9	10.8	3.4	14.5	30.0	397.8	32.0	424.3							
SAT	8	2.15	33	0.92	1.85	1.00	/1	0.1150																							
SUN	9	2.18	37	0.10	1.85	1.00	/1	0.1210																							
MON	10	2.12	38	0.35	1.95	1.00	/1	0.0590	10.1	7.7	5.0	172.0	3041.1	230.0	4066.6		6.9	10.4	4.5	11.5	42.0	683.0	24.0	390.3							
TUE	11	2.42	37	0.85	2.29	1.00	/1	0.1480	9.6	7.5	6.1	140.0	2825.6	240.0	4843.9		6.9	10.1	3.3	10.3	46.0	878.5	18.0	343.8							
WED	12	2.20	39	0.03	2.00	1.00	/1	0.0881	9.5	7.3	5.7	176.0	3229.2	250.0	4587.0		6.8	9.8	3.4	12.7	17.0	283.6	25.0	417.0							
THU	13	1.92	37	0.06	1.78	1.00	/1	0.1126	9.5	7.5	5.2	192.0	3074.5	340.0	5444.4		6.8	10.4	2.6	10.6	23.0	341.4	27.0	400.8							
FRI	14	1.95	37	0.11	1.74	1.00	/1	0.1376	10.4	7.6	4.3	228.0	3708.0	430.0	6993.1		6.9	11.8	4.8	11.3	18.0	267.2	30.0	445.4							
SAT	15	1.97	37	0.03	1.78	1.00	/1	0.1170																							
SUN	16	1.76	35	0.01	1.59	1.00	/1	0.1058																							
MON	17	1.90	34	0.28	1.72	1.00	/1	0.0623	10.5	7.4	4.8	180.0	2852.3	240.0	3803.0		6.8	11.2	3.1	10.3	46.0	878.5	18.0	343.8							
TUE	18	1.91	34	0.47	1.74	1.00	/1	0.0925	9.9	7.4	5.4	192.0	3058.4	360.0	5734.6		6.8	10.6	3.6	9.3	17.0	246.7	21.0	304.7							
WED	19	2.12	33	0.22	1.89	1.00	/1	0.1106	10.6	7.0	5.9	216.0	3819.1	660.0	11669.3		6.8	10.8	3.4	10.3	18.0	283.7	29.0	457.1							
THU	20	1.92	34	0.00	1.69	1.00	/1	0.1126	10.1	7.7	5.1	220.0	3522.8	330.0	5284.2		6.4	11.2	3.5	8.3	22.0	310.1	22.0	310.1							
FRI	21	1.95	32	0.00	1.74	1.00	/1	0.0914	9.4	7.1	5.4	184.0	2982.4	400.0	6505.2		6.8	11.0	3.2	8.1	15.0	217.7	22.0	319.3							
SAT	22	1.96	30	0.00	1.68	20.60	/1	0.0867																							
SUN	23	1.86	29	0.00	1.56	1.00	/1	0.1886																							
MON	24	1.92	34	0.00	1.71	1.00	/1	0.0618	10.4	7.0	4.5	172.0	2754.2	220.0	3522.8		6.5	10.9	3.5	5.8	17.0	242.4	19.0	271.0							
TUE	25	1.88	37	0.00	1.66	69.30	/1	0.0836	10.1	7.4	4.8	200.0	3135.8	340.0	5330.9		6.5	11.8	3.7	8.3	15.0	207.7	21.0	290.7							
WED	26	1.84	35	0.00	1.61	1.00	/1	0.1146	10.8	6.9	4.6	160.0	2455.3	750.0	11509.2		6.6	10.4	3.3	8.2	16.0	214.8	28.0	376.0							
THU	27	1.78	31	0.00	1.58	1.00	/1	0.1146	10.3	7.6																					
FRI	28	1.75	31	0.00	1.62	1.00	/1	0.1041	10.4	7.6	5.0	172.0	2510.3	270.0	3940.7		6.7	10.4	3.6	9.1	18.0	243.2	23.0	310.7							
SAT	29	1.77	33	0.00	1.57	1.00	/1	0.1172	4.5																						
TOTAL		54.85		3.49	48.46			3.6904																							
MAXIMUM		2.42	39	0.92	2.29	69.3	/1	0.8219	10.8	8.0	6.1	330	5037	1700	27647		7.0	11.8	4.8	18.8	46.0	879	32.0	457.1							
MINIMUM		1.74	15	0.00	1.44	1.0	/1	0.0590	9.4	6.9	4.3	66	1068	220	3523		6.4	9.8	2.6	5.8	15.0	206	14.0	206.7							
AVERAGE *		1.95	31	0.12	1.73	6.3	/1	0.1367	10.1	7.5	5.0	184	3179	421	6887		6.8	10.8	3.5	11.0	23.1	346	23.6	346.5							
Number of Analysed		28		4	28	28		27	20	20	20	19	19	19	19	0	0	0	0	0	0	0	19	19	19	0	0	11	0		

Comments: *Geometric mean is used to calculate the average fecal coliform colonies. **NH3 sample is a composite. No composite on 03/27/14 Clogged Inf. Comp.

2013		2013 Effluent	
Hrd. mg/l	61	us/L (ppm)	LBS
Hrd. mg/l	61	24.0	0.38
Alk. mg/l	130		
D.O. mg/l	3.5		
Turb. NTU	18.8		
Tox. TUc			

WEEKLY AVERAGE		WEEKLY	
BOD	TSS	coliform	Geo. Mean
1	24.8	340.7	25.8
2	24.8	399.5	28.2
3	22.2	327.0	19.4
4	22.8	312.1	16.5
MAX	24.8	399.5	29.2

% REMOVAL	
B.O.D.	S.S.
94	88

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: Grieko Tempel, Wastewater Utilities Sr. Operator

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	YEAR	MO	DAY
2014	3	2	2014	3	29

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Turbidity	*****	*****	*****	*****	****	0		
00070 1 0 Effluent Gross	*****	*****	*****	*****	****			
Oxygen, dissolved (DO)	*****	*****	*****	*****	****			
00300 1 0 Effluent Gross	*****	*****	*****	*****	****			
BOD, 5-Day, 20 deg. C	346.5	457.1	23.6	32.0	(26)	0	Continuous	RCORDR
00310 1 0 Effluent Gross	1226	2452	30	60	lb/d		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	399.5	DAILY MX	24.8	DAILY MX	(26)	0	Twice Per Month	COMP24
00310 W 0 See Comments	1829	*****	45	*****	lb/d		Twice Per Month	COMP24
pH	*****	*****	*****	*****	****	0		
00400 1 0 Effluent Gross	*****	*****	*****	*****	****			
Alkalinity, total (asCaCo3)	*****	*****	*****	*****	****			
00410 1 7 Effluent Gross	*****	*****	*****	*****	****			
Solids, total suspended	346.4	878.5	23.1	46.0	(26)	0	Quarterly	COMP24
00530 1 0 Effluent Gross	1226	2452	30	60	lb/d		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 Grieko Tempel Wastewater Utilities Sr. Operator								
SIGNED AND EXPLANATION OF ANY VIOLATIONS * The reporting period was from 03/02/2014- 03/29/2014. EPA Form 3320-1 (03-99) Previous editions may be used.								

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
 586-0393 TELEPHONE
 PHONE NUMBER
 DATE

2014 YEAR
 4 MO
 7 DAY

00434/981209 1904
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
 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
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, Wastewater Utilities Sr. Operator

AK-002295-1 PERMIT NUMBER
001 A DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2014	3	2	
YR	MO	DAY	TO
2014	3	3	29

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Solids, total suspended	490.8	(26)	29.2	(19)	*****	0		
00530 W 0 See Comments	1829 WKLY AVG	lb/d	45 WKLY AVG	19 mg/L	*****		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	236.4	(26)	15.0	(19)	*****	0		
00610 1 0 Effluent Gross	1164 MO AVG	lb/d	28.5 MO AVG	19 mg/L	*****		Once Per Month	COMP24
Hardness, total (as CaCO3)	*****	****	61.0	(19)	*****	0		
00900 1 6 Effluent Gross	*****	****	Req. Mon. MO AVG	19 mg/L	*****		Once Per Month	GRAB
Silver, total recoverable	NA	(26)	NA	(28)	*****	0		
01079 1 0 Effluent Gross	Req. Mon. MO AVG	lb/d	Req. Mon. MO AVG	28 ug/L	*****		Three Per Year	COMP24
Zinc, total recoverable	NA	(26)	NA	(28)	*****	0		
01094 1 0 Effluent Gross	Req. Mon. MO AVG	lb/d	Req. Mon. MO AVG	28 ug/L	*****		Three Per Year	COMP24
Lead, total recoverable	NA	(26)	NA	(28)	*****	0		
01114 1 0 Effluent Gross	Req. Mon. MO AVG	lb/d	Req. Mon. MO AVG	28 ug/L	*****		Three Per Year	COMP24
Copper, total recoverable	0.379	(26)	24.0	(28)	*****	0		
01119 1 0 Effluent Gross	3.54 MO AVG	lb/d	86.7 MO AVG	28 ug/L	*****		Once Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Grieko Tempel
Wastewater Utilities Sr. Operator

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 2014 YEAR 4 MO 7 DAY
 586-0393 TELEPHONE
 PHONE NUMBER DATE

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 * The reporting period was from 03/02/2014- 03/29/2014.
 EPA Form 3320-1 (03-99) Previous editions may be used.

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.

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: Grieko Tempel, Wastewater Utilities Sr. Operator

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	YEAR
2014	3	2	2014
FROM	TO	MO	DAY
2014	3	3	29

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	*****	*****	*****	%	0	0	Twice Every Week	GRAB
See Comments	*****	*****	*****	(13)	0	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	#/100mL	0	0	Twice Every Week	GRAB
31615 O 0	*****	*****	*****	(13)	0	0		
See Comments	*****	*****	*****	#/100mL	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	(13)	0	0		
31615 P 0	*****	*****	*****	#/100mL	0	0	Twice Every Week	GRAB
See Comments	*****	*****	*****	(13)	0	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	#/100mL	0	0	Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	(13)	0	0		
See Comments	*****	*****	*****	#/100mL	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	(13)	0	0		
31615 R 0	*****	*****	*****	#/100mL	0	0	Twice Every Week	GRAB
See Comments	*****	*****	*****	(13)	0	0		
Floating solids or visible foam-visual	*****	*****	*****		0	0		
45613 1 0	*****	*****	*****		0	0	Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	f = 1 ; N=0	0	0		
Flow, in conduit or thru treatment plant	*****	*****	*****	****	0	0	Continuous	RCORDR
50050 1 0	*****	*****	*****	****	0	0		
Effluent Gross	*****	*****	*****	****	0	0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Grieko Tempel
Wastewater Utilities Sr. Operator

TELEPHONE
907 AREA CODE
586-0393 PHONE NUMBER

DATE
2014 YEAR
4 MO
7 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 * The reporting period was from 03/02/2014- 03/29/2014.
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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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, Wastewater Utilities Sr. Operator

AK-002295-1 PERMIT NUMBER
001 A DISCHARGE NUMBER

MONITORING PERIOD
 YR: 2014 MO: 3 DAY: 2 TO: 2014 MO: 3 DAY: 29

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	UNITS			
Chlorine, total residual	N/A	N/A	(26)	*****	N/A	(28)	0		
50060 S 0	4.09	4.09	lb/d	*****	100	DAILY MX	0	QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX		*****	MO AVG				
Dilution factor	*****	*****	****	*****	6.3	ug/L	0		
80093 1 0	*****	*****	****	*****	Req. Mon. MO AVG	1U		DAILY	MEASRD
Effluent Gross	*****	*****	****	*****	*****	(23)	0		
BOD, 5-day, percent removal	*****	*****	****	*****	*****	(23)	0		
81010 K 0	*****	*****	****	*****	*****	23	0	Once Per Month	CALCTD
Percent Removal	*****	*****	****	*****	*****	(23)	0		
Solids, suspended percent removal	*****	*****	****	*****	*****	(23)	0		
81011 K 0 0	*****	*****	****	*****	*****	23	0	Once Per Month	CALCTD
Percent Removal	*****	*****	****	*****	*****	(23)	0		
Chlorine usage	N/A	*****	(26)	*****	*****		0		
81400 X 0	Req. Mon. MO AVG	*****	lb/d	*****	*****	(93)	0	DAILY	MEASRD
End of Chlorine Contact Chamber	*****	*****	****	*****	*****		0		
Oil and grease visual	*****	*****	****	*****	*****	occur/mo	0		
84066 1 0	*****	*****	****	*****	*****	(26)	0		
Effluent Gross	*****	*****	****	*****	*****		0	Once Per Month	VISUAL
Toxicity, Chronic	*****	*****	****	*****	*****		0		
TT000 1 8	*****	*****	****	*****	*****		0	Semiannual	COMP24
Effluent Gross	*****	*****	****	*****	*****	px chronic			

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
Grieko Tempel
Wastewater Utilities Sr. Operator

TYPED OR PRINTED: _____
 COMMENT AND EXPLANATION OF ANY VIOLATIONS: _____
 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.

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: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, Wastewater Utilities Sr. Operator

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2014	3	2	2014	3	29

PARAMETER	VALUE	UNITS	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Turbidity	*****	****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00070 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00300 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-Day, 20 deg. C	346.5	(26)	457.1	*****	*****	*****	*****	*****	*****	*****	*****
00310 1 0 Effluent Gross	1226	lb/d	2452	DAILY MX	*****	*****	*****	*****	*****	*****	*****
BOD, 5-Day, 20 deg. C	399.5	(26)	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 W 0 See Comments	1829	lb/d	*****	*****	*****	*****	*****	*****	*****	*****	*****
pH	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Alkalinity, total (asCaCo3)	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00410 1 7 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended	879	(26)	878.5	*****	*****	*****	*****	*****	*****	*****	*****
00530 1 0 Effluent Gross	1226	lb/d	2452	DAILY MX	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Grieko Tempel
Wastewater Utilities Sr. Operator

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 03/2/2014-03/29/2014.


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

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

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<p>GENERAL INFORMATION</p> <p>PERMIT# (if any): AK002295-1</p>									
<p>Owner or Operator:</p> <p>CBJ</p>	<p>Facility Name:</p> <p>Mendenhall WWTP</p>								
<p>Person Reporting:</p> <p>Scott Blair/Grieko Tempel</p>	<p>Phone Numbers of Person Reporting:</p> <p>907 586 0393</p>								
<p>Date/Time Event was Noticed:</p> <p>March 19, 2014</p>	<p>Date/Time Reported:</p> <p>March 19, 2014</p>								
<p>Name of DEC Staff Contacted:</p> <p>Sally Wanstall and 877-569-4114</p>	<p>Facility Location:</p> <p>Radcliffe Rd., Juneau</p>								
<p>VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE</p>									
<p>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</p>									
<p>Period of Noncompliance</p> <p>Start Date/Time (exact): 03/17/14</p> <p>End Date/Time (exact): 03/18/14</p>	<p>If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:</p>								
<p>Estimated Quantity involved (volume or weight):</p> <p>Two days with effluent Fecal Coliform results ">800 cfu/100mL"</p>									
<p>Description of the noncompliance and its cause (be specific):</p> <p>When performing a repair to the UV disinfection channel, we inadvertently increased operating level of the channel. Some water may have been allowed to pass over the lamps without coming as close to them as necessary for effective disinfection. 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)</p>									
<p>We restored the UV channel to design operating level.</p>									
<p>Permit Condition Deviation (Identify each permit condition exceeded during the event):</p> <table border="1"> <tr> <td>Parameter (e.g. BOD, pH)</td> <td>Permit Limit</td> <td>Exceedance (sample result)</td> <td>Sample Date</td> </tr> <tr> <td>Fecal Coliform</td> <td>Varies per river flow.</td> <td>>800 cfu/100mL</td> <td>March 17 and 18, 2014</td> </tr> </table>		Parameter (e.g. BOD, pH)	Permit Limit	Exceedance (sample result)	Sample Date	Fecal Coliform	Varies per river flow.	>800 cfu/100mL	March 17 and 18, 2014
Parameter (e.g. BOD, pH)	Permit Limit	Exceedance (sample result)	Sample Date						
Fecal Coliform	Varies per river flow.	>800 cfu/100mL	March 17 and 18, 2014						
<p>Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)</p> <p>We restored the UV channel to design operating level. Result on March 20, 2014 sample was 13cfu/100mL and on March 2, 2014 74 cfu/100mL</p>									
<p>Environmental Damage: (if yes, provide details below)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/></p>									
<p>Actual/Potential Impact on Environment/Public Health (describe in detail)</p> <p>minimal potential</p>									
<p>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.</p>									
<p>Name: Grieko Tempel</p> <p>Title: Senior Operator</p> <p>Signature: _____</p> <p>Date: 03/24/2014</p>	<p>FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.</p>								

	<p>NONCOMPLIANCE NOTIFICATION</p>
<p>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</p>	

Alaska Department of Environmental Conservation

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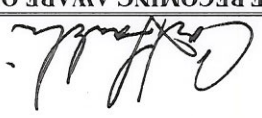


NONCOMPLIANCE NOTIFICATION

PERMIT# (if any): AK002295-1		OWNER OR OPERATOR: CBJ	
FACILITY NAME: Mendenhall WWTP		PERSON REPORTING: Scott Blair/Grieko Tempel	
FACILITY LOCATION: Radcliffe Rd., Juneau		PHONE NUMBERS OF PERSON REPORTING: 907 586 0393	
REPORTED HOW? (e.g. by phone): Phone		DATE/TIME EVENT WAS NOTICED: March 20, 2014	
NAME OF DEC STAFF CONTACTED: 877-569-4114		DATE/TIME REPORTED: March 21, 2014	
PERIOD OF NONCOMPLIANCE Start Date/Time (exact): 03/20/14 End Date/Time (exact): 03/20/14			
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): pH result below lower limit one day			
DESCRIPTION OF THE NONCOMPLIANCE AND ITS CAUSE (BE SPECIFIC): pH result 6.4 S.U. on March 20, 2014. The limit is 6.5 S.U. during March.			
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) There are no day to day process controls at the Mendenhall plant that provide opportunity to affect pH.			
PERMIT CONDITION DEVIATION (IDENTIFY EACH PERMIT CONDITION EXCEEDED DURING THE EVENT):			
PARAMETER (E.G. BOD PH)	PERMIT LIMIT	EXCEEDANCE (SAMPLE RESULT)	SAMPLE DATE
pH	6.5	6.4	March 20, 2014
CORRECTIVE ACTIONS (ATTACH A DESCRIPTION OF CORRECTIVE ACTIONS TAKEN TO RESTORE THE SYSTEM TO NORMAL OPERATION AND TO MINIMIZE OR ELIMINATE CHANCES OF REOCCURRENCE.) We are investigating pH meter drift after calibration.			
ENVIRONMENTAL DAMAGE: (IF YES, PROVIDE DETAILS BELOW) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>			
ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (DESCRIBE IN DETAIL) minimal potential			
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 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: Grieko Tempel		TITLE: Senior Operator	
SIGNATURE:		DATE: 03/24/2014	

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

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

PERMIT# (if any): AK002295-1	
Owner or Operator: CBJ Mendenhall WWTP Facility Name:	Facility Location: Radcliffe Rd., Juneau Facility Location:
Person Reporting: Scott Blair/Cort Franklin Phone Numbers of Person Reporting: 907 586 0393 Reported How? (e.g. by phone): Phone	Date/Time Event was Noticed: 3/27/2014 2 15:25 Date/Time Reported: 3/27/2014 @ 16:15 Name of DEC Staff Contacted: 877-569-4114
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): 3/27/2014 @ 15:25 End Date/Time (exact): 3/28/2014 @ 08:10	If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: Corrected on March 28, 2014 with a pH result 6.65 Estimated Quantity involved (volume or weight): pH result below lower limit one day
Description of the noncompliance and its cause (be specific): pH result 6.4 S.U. on March 27, 2014. The limit is 6.5 S.U. during March.	
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) There are no day to day process controls at the Mendenhall plant that provide opportunity to affect pH.	
Permit Condition Deviation (Identify each permit condition exceeded during the event): Parameter (e.g. BOD PH) 6.5 Permit Limit Exceedance (sample result) 6.4 Sample Date 3/27/2014	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) We are investigating pH meter drift after calibration.	
Environmental Damage: (if yes, provide details below) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
Actual/Potential Impact on Environment/Public Health (describe in detail) minimal potential	
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: Cort Franklin Title: Senior Operator Signature:  Date: 3/28/2014	Date: 3/28/2014

	NONCOMPLIANCE NOTIFICATION
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