

# Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Samantha Stoughtenger  
 MAILING ADDRESS: 2009 Radcliffe Rd.  
 Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY  
 LOCATION: 2009 RADCLIFFE RD  
 Juneau, AK 99801

PERMIT NUMBER: AK0022951

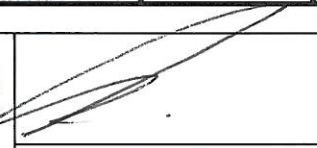
MONITORING PERIOD: 1-Oct-14

TO 31-Oct-14

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:  

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C)  1 - Final Effluent 00010	Sample meas.	*****	*****		*****	14.6	15.2		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen  1 - Final Effluent 00300	Sample meas.	*****	*****		2.1	*****	4.2		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)  1 - Final Effluent 00310	Sample meas.	474.7	666.5		*****	24.9	35.0		0		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)  G - Influent 00310	Sample meas.	*****	*****		*****	317.5	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)  W - See Comments 00310	Sample meas.	498.1	*****		*****	23.3	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

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 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.	TELEPHONE	DATE
GRIEKO TEMPEL S.R. OPERATOR		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907.586.0393
TYPED OR PRINTED		AREA   NUMBER	Y   M   D

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH  1 - Final Effluent 00400	Sample meas.	*****	*****		6.9	*****	7.4		0		
	Permit reqmt.	*****	*****		6.3 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3)  1 - Final Effluent 00410	Sample meas.	*****	*****		*****	****	****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids  1 - Final Effluent 00530	Sample meas.	336.4	590.5		*****	17.4	30.0		0		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids  G - Influent 00530	Sample meas.	*****	*****		*****	194.3	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids  W - See Comments 00530	Sample meas.	392.8	*****		*****	18.3	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y   M   D

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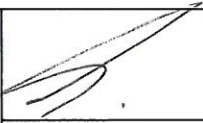
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N)  1 - Final Effluent 00610	Sample meas.	*****	*****		*****	17	17		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3)  1 - Final Effluent 00900	Sample meas.	*****	*****		*****	69.0	69.0		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable  1 - Final Effluent 01079	Sample meas.	*****	*****		*****	ND	ND		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable  1 - Final Effluent 01094	Sample meas.	*****	*****		*****	****	****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable  1 - Final Effluent 01114	Sample meas.	*****	*****		*****	ND	ND		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 GRIEKO TEMPEL  
 SR. OPERATOR  
 TYPED OR PRINTED

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.

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
907.586.0393	2014/11/10
AREA   NUMBER	Y   M   D

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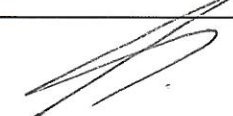
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	0.366	0.366		*****	21.0	21.0		0		
	Permit reqmt.	1.82 monthly average	3.92 daily maximum	lbs/day	*****	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity 1 - Final Effluent TTOOO	Sample meas.	*****	*****		*****	****	****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual 1 - Final Effluent 45613	Sample meas.	*****	*****		*****	*****	P		0		
	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow 1 - Final Effluent 50050	Sample meas.	2.3	3.3		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	50.5	390.0		1		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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			907.586.0393	2014/11/10
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform  W - See Comments 74055	Sample meas.	*****	*****		*****	41.4	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal  K - Percent Removal 81010	Sample meas.	*****	*****		92.2	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal  K - Percent Removal 81011	Sample meas.	*****	*****		92.2	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation

COMMENTS:  
 W = Weekly Limits;

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617  
 Attach an explanation of any violations. Reference all attachments below.

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# MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

October 2014

		FLOWS					INFLUENT										Effluent								
DAY	DATE	SBR INFLUENT MGD	precip	SBR ToT EFF MGD	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	TSS mg/L	TSS LBS	B.O.D. mg/L	B.O.D. LBS	IPS TSS mg/L	IPS TSS LBS	IPS BOD mg/L	IPS BOD LBS	TEMP °C	pH	D.O. mg/L	TSS mg/L	TSS LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml	
SUN	28	2.80	0.83	2.70	0.0578																				
MON	29	2.70	0.13	2.55	0.0625	13.7	7.3	3.1	116.0	2612.1	130.0	2927.3	224.0	5044.0	210.0	4728.8	15.0	7.0	4.1	12.0	255.2	16.0	340.3	13.0	
TUE	30	2.84	0.72	2.64	0.0508	14.0	7.3	2.7	208.0	4926.6	230.0	5447.7	244.0	5779.3	280.0	6632.0	15.2	7.0	3.4	11.0	242.2	15.0	330.3	20.0	
WED	1	2.64	0.00	2.44	0.0546	14.2	7.3	2.9	220.0	4843.9	270.0	5944.8	330.0	7265.8	320.0	7045.6	14.8	7.0	3.0	17.0	345.9	19.0	386.6		
THU	2	2.43	0.13	2.34	0.0675	14.8	7.0	2.3	220.0	4458.6	310.0	6282.5	350.0	7093.2	330.0	6687.8	14.8	7.0	3.2	20.0	390.3	21.0	409.8		
FRI	3	2.58	0.13	2.36	0.0568	14.5	7.5	2.8	350.0	7531.0	310.0	6670.3	490.0	10543.4	460.0	9897.9	15.0	7.0	2.7	30.0	590.5	28.0	551.1		
SAT	4	3.61	0.87	2.43	0.0766																				
SUN	5	2.52	0.14	2.27	0.0796																				
MON	6	2.60	0.43	2.31	0.0580	14.1	7.2	2.5	150.0	3252.6	220.0	4770.5	300.0	6505.2	280.0	6071.5	14.4	7.0	3.0	11.0	211.9	19.0	366.0	15.0	
TUE	7	2.53	0.19	2.31	0.0508	13.9	7.8	2.6	180.0	3798.0	250.0	5275.1	300.0	6330.1	310.0	6541.1	14.8	7.0	2.9	11.0	211.9	19.0	366.0	33.0	
WED	8	2.37	0.01	2.09	0.0591	14.1	7.0	2.5	230.0	4546.1	330.0	6522.7	300.0	5929.7	420.0	8301.6	14.9	7.0	3.0	13.0	226.6	20.0	348.6	78.0	
THU	9	2.47	1.04	2.18	0.0853	14.8	6.9	2.3	208.0	4284.8	410.0	8445.9	300.0	6179.9	540.0	11123.9	15.2	7.0	2.1	16.0	290.9	20.0	363.6		
FRI	10	3.16	0.74	3.33	0.0593	13.6	7.2	3.4	168.0	4427.5	470.0	12386.6	300.0	7906.3	640.0	16866.8	14.9	6.9	2.5	19.0	527.7	24.0	666.5		
SAT	11	2.87	0.29	2.83	0.0705																				
SUN	12	2.73	0.27	2.64	0.0520																				
MON	13	3.01	0.40	2.81	0.0651	13.5	7.2	2.8	124.0	3112.8	180.0	4518.6	245.0	6150.3	230.0	5773.8	14.0	7.0	3.0	15.0	351.5	22.0	515.6	12.0	
TUE	14	2.72	0.00	2.48	0.0532	13.6	7.1	3.1	168.0	3811.0	220.0	4990.7	625.0	14178.0	280.0	6351.7	14.0	7.0	3.1	14.0	289.6	21.0	434.3	12.0	
WED	15	2.51	0.01	2.27	0.0495	13.7	7.3	2.6	168.0	3516.8	270.0	5652.0	570.0	11932.0	320.0	6698.7	14.6	7.0	2.7	11.0	208.2	23.0	435.4		
THU	16	2.62	0.04	2.18	0.0501	14.2	7.5	2.8									14.4	7.1	2.7						
FRI	17	2.23	0.03	2.11	0.0560	13.6	7.3	3.5	200.0	3719.6	330.0	6137.4	430.0	7997.2	530.0	9857.0	14.2	7.1	3.2	20.0	351.9	26.0	457.5		
SAT	18	2.19	0.41	2.06	0.0543																				
SUN	19	2.39	0.81	2.17	0.0547																				
MON	20	2.93	0.35	2.77	0.0548	13.0	7.4	2.9	196.0	4789.5	210.0	5131.6	391.0	9554.6	310.0	7575.2	14.2	7.0	3.0	23.0	531.3	25.0	577.5	22.0	
TUE	21	2.73	0.02	2.56	0.0559	13.3	7.0	3.1	164.0	3734.0	270.0	6147.4	496.0	11293.0	310.0	7058.1	14.1	6.9	2.8	14.0	298.9	23.0	491.1	78.0	
WED	22	2.42	0.15	2.32	0.0523	14.3	7.1	2.8	204.0	4117.3	320.0	6458.5	512.0	10333.6	400.0	8073.1	14.4	7.0	3.0	18.0	348.3	22.0	425.7		
THU	23	2.26	0.07	2.03	0.0442	13.3	7.0	3.2									15.2	7.0	4.2						
FRI	24	2.26	0.01	2.12	0.0446	13.5	7.2	3.5									14.4	6.9	2.7						
SAT	25	2.19	0.01	1.99	0.0795												14.6	7.0	2.5						
SUN	26	2.10	0.04	1.88	0.0392																				
MON	27	2.08	0.16	1.97	0.0457	14.4	7.2	3.0	168.0	2914.3	380.0	6591.9	1700.0	29490.2	370.0	6418.5	14.6	7.0	2.5	21.0	345.0	35.0	575.0	390.0	
TUE	28	2.10	0.04	1.94	0.0757	13.8	7.2	2.3	200.0	3502.8	490.0	8581.9					14.6	7.0	3.2	21.0	339.8	32.0	517.7	72.0	
WED	29	1.99	0.01	1.87	0.0946	14.4	7.2	2.3	160.0	2655.5	400.0	6638.6	380.0	6306.7	790.0	13111.3	14.7	7.0	2.7	18.0	280.7	32.0	499.1	210	
THU	30	2.03	0.30	1.99	0.0708	14.4	7.1	2.9	212.0	3589.2	380.0	6433.5	505.0	8549.8	510.0	8634.4	14.9	6.9	3.3	19.0	315.3	33.0	547.7		
FRI	31	2.19	0.31	2.03	0.1105	14.1	7.3	2.6	196.0	3579.9	330.0	6027.3	452.0	8255.6	610.0	11141.4	14.6	7.4	2.3	16.0	270.9	33.0	558.7	97	
TOTAL		77.46	7.41	71.08	1.92																				
MAXIMUM		3.61	1.04	3.33	0.11	14.8	7.8	3.5	350.0	7531.02	490.0	12386.6	1700.0	29490.2	790.0	16866.8	15.2	7.4	4.2	30.0	590.5	35.0	666.5	390.0	
MINIMUM		1.99	0.00	1.87	0.04	13.0	6.9	2.3	124.0	2655.46	180.0	4518.61	245.0	5929.74	230.0	5773.8	14.0	6.9	2.1	11.0	208.2	19.0	348.6	12.0	
AVERAGE		2.50	0.24	2.29	0.06	14.0		2.8	194.3	4009.3	317.5	6480.4	472.4	9568.1	418.9	8591.0	14.6		2.9	17.4	336.4	24.9	474.7	50.5	
Number of Analyses		31	31	31	31	23	23	23	20	20	20	20	19	19	19	19	24	24	20	20	20	20	20	11	0

Comments:

2014		2014	
Hrd. mg/l	ug/L	LBS	
Hrd. mg/l	69.0	0.366	10/8/2014
Copper	21.0	0.366	10/8/2014
Copper		ND	
Lead	ND	ND	
Silver	ND	ND	
Zinc	18.0	0.314	
***NH3 mg/L	17	296.53	10/8/2014

WEEK	EFF WEEKLY AVERAGE				IPS WEEKLY AVERAGE				WEEKLY COLIFORM Geo. Mean	% REMOVAL
	BOD		TSS		BOD		TSS			
	mg/l	lbs	mg/l	lbs	mg/l	lbs	mg/l	lbs		
1	20	404	18	365	320	6998	328	7145	16	Floating Solids
2	20	422	14	294	438	9781	300	6570	34	Waste, or Foam
3	23	461	15	300	340	7170	468	10064	12	Pass/Fail
4	23	498	18	393	340	7569	466	10394	41	
5										
MAX	23	498	18	393	438	9781	468	10394	41	



## 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](mailto:dec-wqreporting@alaska.gov).

### NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		PERMIT# (if any): AK 002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall WWTF	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Compliance hot line (877) 569-4114
Date/Time Event was Noticed: 10/28/2014 1549 hrs		Date/Time Reported: 10/29/2014 1115 hrs.	Name of DEC Staff Contacted: Compliance hot-line
<b>VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE</b>			
<b>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</b>			
Period of Noncompliance	Start Date/Time (exact): 10/27/2014 at 0845 AM	End Date/Time (exact): 10/27/2014 at 0845 AM	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): Unknown			
Description of the noncompliance and its cause (be specific): Fecal coliform grab sample on 10/27/2014 was 390 col/100ml which is over the daily limit of 224 col/100ml. At the time of sampling, the facility was discharging 22.8 NTU. The UV disinfection system was operating properly. The cause of the non-compliance is unknown.			
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) No change has been made to the facility operation.			
<b>Permit Condition Deviation (Identify each permit condition exceeded during the event.)</b>			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Fecal coliform	224 col/100ml daily maximum	390 col/100ml	10/27/2014
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) No change has been made to the facility operation.			
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) 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: Senior Operator	Signature:	Date: 10/29/2014
<b>FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.</b>			