MENDENHALL WASTEWATER TREATMENT FACILITY

										uneau, A		451EWA		nuary 20										
West-	-	FLOWS		777						INFLUENT			- 1				Effluent							
DAY	DATE	SBR	and its	SBR ToT EFF	SBR WASTE	TEMP	рH	DO	TSS	TSS	BOD	BOD	IPS TSS	IPS TSS	IPS BOD	IPS BOD	TEMP	рH	DO	TSS	TSS	BOD	BOD	PECAL COLIPORM
		MGD		MGD	MGD	°C		mgaL	mg/L	LBS	mg/L:	LBS	mg/L	LBS	mg/L	LBS	⊕C	Menter (mg/L	mg/L	LBS	mg/L	:::LBS:::	71.00 mil.
SUN	28	1.71	0.00	1.59	0.0760 0.0918	10.40	8.29	3.88	192.00	2930.34	260.00	3968.17	540.00	8241.59	380.00	5799.64	12.00	6.99	3.14	17.00	252.37	22.00	326.59	6.60
MON	29 30	1.83	0.00	1.79	0.0918	10.40	7.33	3.90	196.00	3056.78	370.00	5770.45	1180.00	18403.04	690.00	10761.10	12.10	6.98	3.02	15.00	223.93	23.00	343.36	4.00
VED	31	1.90	0.00	1.77	0.0940	10.90	7.53	3.67	188.00	2979.05	410.00	6496.86	472.00	7479.31	630.00	9982.98	12.70	6.86	2.87	20.00	295.24	26.00	383.81	
THU	1	2.30	1.38	2.20	0.0851	10.40	7.36	4.75	100.00	2570.00	410.00	0.00.00	112.00	711000			12.30	6.94	2.72		No second			
FRI	2	2.15	0.01	2.19	0.1268	11.30	7.53	4.18	248.00	4446.89	290.00	5199.99	492.00	8822.05	590.00	10579.29	11.50	6.92	2.56	21.00	383.56	27.00	493.14	American Sections
SAT	3	1.99	0.00	1.90	0.1102	11100	- 1100	E HIZBERT											L Philippi					
SUN	4	1.85	0.00	1.82	0.0805																			
MON	5	1.97	0.00	1.92	0.0857	10.60	7.60	3.43	170.00	2793.07	220.00	3614.56	928.00	15246.85	410.00	6736.22	11.20	6.90	2.76	18.00	288.23	23.00	368.29	1.00
TUE	6	1.79	0.30	1.81	0.0831	10.50	7.45	4.20	240.00	3582.86	230.00	3433.58			27.3376326400		11.30	6.99	2.79	18.00	271.72	23.00	347.19	2.00
VED	7	1.78	0.70	1.71	0.0839	10.90	7.52	3.30									12.00	6.88	2.45					
THU	8	1.73	0.01	1.71	0.0399	12.50	7.71	3.51									13.20	6.87	2.06					
FRI	9	1.80	0.01	1.77	0.0291	13.00	7.46	3.14	200.00	3002.40	360.00	5404.32	767.00	11514.20	650.00	9757.80	13.20	6.90	2.46	19.00	280.47	31.00	457.62	
SAT	10	1.67	0.02	1.65	0.0994					11/1/	9.								///					
SUN	11	1.64	0.28	1.56	0.0898	2007/10/10										*****	10.55	7.00		00.00	100.00	00.00	500.00	2.00
MON	12	2.25	0.81	2.01	0.1019	12.10	7.40	3.35	250.00	4691.25	216.00	4053.24	5620.00	105459.3	510.00	9570.15	13.50	7.00	2.04	28.00	469.38	30.00	502.90	2.00
TUE	13	2.48	0.21	2.29	0.0883	10.90	7.33	4.38	310.00	6411.79	604.00	12492.65	367.00	7590.73	420.00	8686.94	13.70	6.81	2.05	32.00	611.16	32.00	611.16	2.00
WED	14	2.36	0.59	1.80	0.1032	11.20	7.32	3.73	236.00	4645.05	280.00	5511.07	1150.00	22634.76	440.00	8660.26	11.80	6.90	2.30	33.00	495.40	31.00	465.37	43.00
THU	15	2.30	0.26	1.96	0.1151	10.40	7.12	4.26	160.00	3069.12	310.00	5946.42	610.00	11701.02	890.00	17071.98	12.10	6.81	2.43	45.00 34.00	735.59	42.00 40.00	686.55 717.24	45.00
FRI	16	2.26	0.33	2.15	0.0806	11.50	7.42	4.00	184.00	3468.11	340.00	6408.46	985.00	18565.67	520.00	9801.17	12.00	6.81	2.14	34.00	609.65	40.00	111.24	
SAT	17	2.62	0.88	2.38	0.1142				W/W/507.													Service Control		
SUN	18	2.07	0.11	1.99	0.0901									-			12.10	6.92	2.85	_			-	
MON	19	2.63	0.56	2.47	0.0688	12.10	7.37	4.97	100.00	0000 40	200.00	4420.20	1350.00	29836.35	350.00	7735.35	12.60	6.87	2.60	27.00	551.69	26.00	531.26	10.00
TUE	20	2.65	1.23	2.45	0.1063	11.20	7.38	4.20	160.00	3536.16	200.00		536.00	19758.46	400.00	14745.12	11.60	6.86	2.68	33.00	1114.64	58.00	1959.07	1.00
WED	21	4.42	1.98	4.05	0.1612	10.80	6.97	5.16	84.00	3096.48	360.00	13270.61	536.00	19700.40	400.00	14143.12	10.70	6.75	2.31	33.00	1114.04	30.00	1333.07	1.00
THU	22	3.31	0.17	3.07	0.0832	11.40	7.19	6.02 5.56	210.00	5306.74	192.00	4851.88					11.10	6.89	2.26	31.00	742.01	36.00	861.69	
FRI	23	3.03	0.64	2.87 3.17	0.9945 0.0861	10.60	7.76	0.00	210.00	5300,74	192.00	4031.00					11110	0.00	2.20	01.00	1 12.01	00.00	001100	
SAT	24 25	3.23	0.50	3.17	0.1035																			
MON	26	3.08	0.01	2.81	0.0726	10.50	7.19	5.92	98.00	2517.35	120.00	3082.46					10.90	6.79	2.53	48.00	1124.90	35.00	820.24	12.00
TUE	27	2.73	0.01	2.47	0.0840	10.70	7.15	5.56	156.00	3551.84	220.00	5009.00					10.90	6.90	2.60	40.00	823.99	26.00	535.59	37.00
WED	28	2.54	0.41	2.21	0.1240	11.20	7.33	5.08	175.00	3707.13	290.00	6143.24					11.00	6.86	2.48	64.00	1179.61	35.00	645.10	
THU	29	2.45	0.23	2.16	0.1099	10.80	7.20	5.53	295.00	6027.74	400.00	8173.20	1570.00	32079.81	580.00	11851.14	11.40	6.86	2.24	38.00	684.55	33.00	594.48	
FRI	30	2.47	0.00	1.95	0.1059	11.00	7.32	5.54	160.00	3295.97	280.00	5767.94	573.00	11803.69	420.00	8651.92	12.10	6.84	2.99	60.00	975.78	45.00	731.84	
SAT	31	2.36	0.00	1.93	0.1060				3/4///25	Wille Se														
TOTAL		75.24	12.01	69.64	3.81			100000000000000000000000000000000000000	1444										Contraction (
MAXIN		4.42	1.98	4.05	0.99	13.00	7.76	6.02	310.00	6411.79	604.00	13270.61	5620.00	105459.30	890.00	17071.98	13.70	7.00	2.99	64.00	1179.61	58.00	1959.07	43.00
MINIM	110000	1.64	0.00	1.56	0.03	10.40	6.97	3.14	84.00	2517.35	120.00	3082.46	367.00	7590.73	350.00	6736.22	10.70	6.75	2.04	18.00	271.72	23.00	347.19	1.00
	AGE *	2.43	0.39	2.25	0.12	11.16	7.37	4.54	196.24	3950.00	288.94	6046.05	1245.67	24584.41	515.00	10320.61	11.92	6.88	2.47	34.65	667.20	33.71	666.40	12.22
- American	alyses	31	31	31	31	22	22	22	17	12	17	17	12	12	12	12	22	22	22	17	17	17	17	9 0
31.11		, ,,		4 91		1	2014				2015	SHISHERM!	1	WEEK	EFF.WEE	KLY AVERAGE	7.77.77	IPS W	EEKLY AV	ERAGE			WEEKLY	% REMOVAL
1		Comments	See attac	hed violation	ns (4)		Hrd. mg/l	70.00	1		lug/L	LBS			BOD		TSS		BOD		TSS		COLIFORM	B.O.D. 88.3
		comments.	See uttac	ca violatioi	19 1 71		Hrd. mg/l			Copper	0.03	0.0005	1/15/2015	0 1-2-1-2- 1-12	mg/l	lbs	mg/l.	lbs	mg/l	lbs	mg/l	lbs	Geo. Mean	TSS 88.3
							Alk. mg/l		1	Copper	e de la constant			1	24.50	386.73	18.25	288.77	332.50	5358.87	206.00	3353.26	5.14	Floating Solids
15						- 13	D.O.mg/l	2.47	1	Lead	ND	ND	1/15/2015	2	25.67	391.03	18.33	280.14	270.00	4150.82	203.33	3126.11	1.41	Waste, or Foam
							Tox. Tuc	1.00	1	Silver	ND	ND	1/15/2015	3	35.00	596.64	34.40	584.23	350.00	6882.37	228.00	4457.06	5.56	Pass/Fail .P
									1	Zinc	0.05	0.00079	1/15/2015	4	40.00	1117.34	30.33	802.78	250.67	7514.23	151.33	3979.79	3.16	
								4						5	34.80	665.45	50.00	957.77	262.00	5635.17	176.80	3820.00	21.07	
										***NH3 mg/L	15.00	225.34	1/15/2015	MAX	40.00	1117.34	50.00	957.77	350.00	7514.23	228.00	4457.06	21.07	
												*	-							100000000000000000000000000000000000000				1 5

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

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 1-Jan-15

TO

1-Jan-15

NO DISCHARGE:

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	11.92	13.70		0		
1 - Final Effluent 00010	1 Climic	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.04	*****	2.99		0		
1 - Final Effluent 00300	1 CI IIII	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	666.40	1959.07		*****	33.71	58.00		1		
1 - Final Effluent 00310	1 Claim	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)	Sample meas.	*****	*****		*****	288.94	*****		0		
G - Influent 00310	1 Cimit	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	1117.34	*****		*****	40.00	*****		0		
W - See Comments 00310	1 Clinic	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	2	TELEPHONE	DATE
GRIEND TEMPEL	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907.586.0393	2015/02/
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

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

meas.

Permit

regmt.

1 - Final Effluent

00530

1226

monthly average

2452

daily maximum

lbs/day

MONITORING PERIOD: 1-Jan-15

monthly average

60

daily maximum

mg/l

TO

1-Jan-15

2X Monthly

NO DISCHARGE: OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER Quality or Concentration Units No. Frequency of Sample Type Parameter **Quantity or Loading** Units Ex. Analysis Maximum Maximum Minimum Average Average На Sample ***** ***** ***** 6.75 0 7.00 meas. ***** S.U. Grab ***** ***** 6.3 8.5 5X Weekly 1 - Final Effluent Permit instantaneous instantaneous 00400 reqmt. maximum minimum Alkalinity, Total (as CaCO3) Sample ***** ***** ***** 0 NA NA meas. ***** Report Quarterly 24-Hr Composite ***** ***** Report mg/l 1 - Final Effluent Permit daily maximum monthly average 00410 reqmt. **Total Suspended Solids** Sample ***** 64.00 2 667.20 1179.61 34.65

Total Suspended Solids	Sample meas.	*****	*****		*****	196.24	*****		0		
G - Influent 00530	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	957.77	*****		*****	50.00	*****		1		
W - See Comments 00530		1839 weekly average	*****	lbs/day	****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite
		weekly average				weekly average					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
GRIEKO TEMPEL	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, frue, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE	907.586.0393	2015/02
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

Page 2

24-Hr Composite

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Rd.

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 1-Jan-15

1-Jan-15

TO

NO DISCHARGE:

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ition	Units	No.	Frequency of	Sample Type
30. Annual St. (1994)		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	15.00	15.00		0		
1 - Final Effluent 00610	1 Climit	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3)	Sample meas.	*****	*****		*****	70.00	70.00		0		
1 - Final Effluent 00900	reimie	****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	*****	*****		*****	ND	ND		0		
1 - Final Effluent 01079	1 crune	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	*****	*****		*****	0.05	0.05		0		
1 - Final Effluent 01094	I CI IIII	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample meas.	*****	*****		*****	ND	ND		0		
1 - Final Effluent 01114	1 CI IIII	*****	*****		*****	Report monthly average	Report daily maximum	ug/I		See Permit Requirements	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
GRIEND TEMPEL	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907.508.0393	2015/02/
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID

Page 3

CONTACT NAME: Samantha Stoughtenger

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FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 1-Jan-15

1-Jan-15 NO DISCHARGE:

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Copper Total Recoverable	Sample meas.	0.0005	0.0005		*****	0.03	0.03		0		
1 - Final Effluent 01119	I cimit	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	Sample meas.	*****	*****		*****	1.00	1.00	is:	0		
1 - Final Effluent TTOOC	1 Clinic	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	*****	*****		*****	*****	Р		0		
1 - Final Effluent 45613	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow	Sample meas.	2.25	4.05		*****	*****	*****		0		
1 - Final Effluent 50050	1 cimic	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform	Sample meas.	*****	*****		*****	12.22	43.00		0		
1 - Final Effluent 74055	1 Clinic	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
GRIEKO TEMPEL	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	SIGNATURE OF DRINGIPAL EXECUTIVE	907,506.039	2012/03
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

Page 4

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-Jan-15

TO

1-Jan-15

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER NO DISCHARGE:

Parameter		Quantity (or Loading	Units	Qua	llity or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum	1	Minimum	Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	*****	*****		*****	21.07	*****		0		
W - See Comments 74055	1 Ci mic	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		88.33	*****	*****		0		
K - Percent Removal 81010		*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		88.33	*****	*****		0		
K - Percent Removal 81011	1 Clinic	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation

CO	M.	M	E	N'	T	S:	

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE	
ORIENO LEMPET	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	SIGNATURE OF PRINCIPAL EXECUTIVE	907.586.0393	2015/03	/12
TYPED OR PRINTED	are significant penalties for submitting false Information, including the	OFFICER OR AUTHORIZED AGENT	AREA NUMBER	YIMID	



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.

If noncompliance has not been correct N/A Estimated Quantity involved (volume 1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent The MWWTP is operating	additional sheets, lab ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	HIN 24 HOURS OF reports, and pho at 0930 AM garding the anticip	Compliance. he Name of DEC Compliance ho F DISCOVERY OF NONC otos as necessary) End Date/Time (exact	v? (e.g. by phone): ot-line 1-877-569-4114 Staff Contacted: ot-line 1-877-569-4114 COMPLIANCE et): 2-09-2015 at 0930 AM
Person Reporting: Grieko Tempel Date/Time Event was Noticed: 02-10-2015 VERBAL NOTIFICATION MUST FINCIDENT DETAILS (attach Period of Noncompliance Start Destinated Quantity involved (volume 1.78 MG (estimate, volume of effluent the effluent The MWWTP is operating the effluent of the noncompliance and the effluent The MWWTP is operating the effluent.	Mendenhall WWTP Phone Numbers of Per 907-586-0393 Date/Time Reported: 02-10-2015 at 1345 hrs BE MADE TO ADEC WITH additional sheets, lab ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	HIN 24 HOURS OF reports, and pho at 0930 AM garding the anticip	Juneau, AK Reported How Compliance, ho Name of DEC Compliance ho F DISCOVERY OF NONC otos as necessary) End Date/Time (exact	v? (e.g. by phone): ot-line 1-877-569-4114 Staff Contacted: ot-line 1-877-569-4114 COMPLIANCE et): 2-09-2015 at 0930 AM
Date/Time Event was Noticed: 02-10-2015 VERBAL NOTIFICATION MUST E INCIDENT DETAILS (attach Period of Noncompliance Start De If noncompliance has not been correctly. Estimated Quantity involved (volume 1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent. The MWWTP is operating	Date/Time Reported: 02-10-2015 at 1345 hrs BE MADE TO ADEC WITH additional sheets, lab ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	HIN 24 HOURS OF reports, and pho at 0930 AM garding the anticip	Compliance. he Name of DEC Compliance ho F DISCOVERY OF NONC otos as necessary) End Date/Time (exact	Staff Contacted: st-line 1-877-569-4114 Staff Contacted: st-line 1-877-569-4114 COMPLIANCE st): 2-09-2015 at 0930 AM
Date/Time Event was Noticed: 02-10-2015 VERBAL NOTIFICATION MUST E INCIDENT DETAILS (attach Period of Noncompliance Start De If noncompliance has not been correct N/A Estimated Quantity involved (volume 1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent. The MWWTP is operating	Date/Time Reported: 02-10-2015 at 1345 hrs BE MADE TO ADEC WITH additional sheets, lab ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	tin 24 HOURS Of reports, and ph at 0930 AM garding the anticip	Name of DEC Compliance ho to as necessary) End Date/Time (exact)	Staff Contacted: st-line 1-877-569-4114 COMPLIANCE st): 2-09-2015 at 0930 AM
VERBAL NOTIFICATION MUST E INCIDENT DETAILS (attach Period of Noncompliance Start De If noncompliance has not been correct N/A Estimated Quantity involved (volume 1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent The MWWTP is operating	02-10-2015 at 1345 hrs BE MADE TO ADEC WITH additional sheets, lab ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	tin 24 HOURS Of reports, and ph at 0930 AM garding the anticip	Compliance ho F DISCOVERY OF NONC otos as necessary) End Date/Time (exact	compliance ct): 2-09-2015 at 0930 AM
Period of Noncompliance Start Double If noncompliance has not been correctly. Estimated Quantity involved (volume 1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent The MWWTP is operating	additional sheets, lab ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	reports, and ph at 0930 AM garding the anticip	end Date/Time (exact	xt): 2-09-2015 at 0930 AM
Period of Noncompliance Start Dominated Operation of the noncompliance and the effluent. The MWWTP is operating the start of the noncompliance and the effluent.	additional sheets, lab ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	reports, and ph at 0930 AM garding the anticip	end Date/Time (exact	xt): 2-09-2015 at 0930 AM
Period of Noncompliance If noncompliance has not been correct N/A Estimated Quantity involved (volume 1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent. The MWWTP is operating	ate/Time (exact): 2-08-2015 cted, provide a statement re e or weight): discharged on 2-08-2015 fro	at 0930 AM garding the anticip	End Date/Time (exac	
N/A Estimated Quantity involved (volume 1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent The MWWTP is operating	e or weight): discharged on 2-08-2015 fro		pated time the noncomplia	nce is expected to continue:
1.78 MG (estimate, volume of effluent Description of the noncompliance and the effluent. The MWWTP is operating	discharged on 2-08-2015 fro	m 00:00 hrs. to 23:5		
the effluent. The MWWTP is operating	d its cause (he enceifie). The	in 00.00 in 5 to 25 i	59 hrs)	
working for a short period. However, in Chemical dosage of the inventory show	gunder an operations plan that to increase the system inventor inventory built under the 12 date.	t utilizes a moving to ory in an attempt to by SRT to the point	Solids Retention Time (SRT better treat incoming organic). In early December the SRT ic loading, This appeared to be
Actions taken to reduce, eliminate, a (describe in detail) (e.g. Supplied drinotice)	nking water to nearby well	owners and inform	ed well owners not to drin	ik from wells until further
Operational strategies have been revise Permit Condition Deviation (Identify				jet.
Parameter (e.g. BOD pH)	Permit Limit		ce (sample result)	Sample Date
Fecal coliform	800 daily max.	3-) coll./100ml	2-09-2015
recai comonii	800 daily max.	2100	, COIL 1001111	2 00 200
Corrective Actions (Attach a descrip chances of recurrence.)	tion of corrective actions ta	ken to restore the	system to normal operation	n and to minimize or eliminate
Operational strategies have been revise	ed. The SRT has been reduced	to 11 days and we	are wasting to meet that targ	get.
Environmental Damage: (if yes, pro	ovide details below)	Yes Yes	No	✓ Unknown
Actual /Potential Impact on Environ	ment/Public Health (descri	be in detail)		
Unknown			A. 2017 - 192	
I certify under penalty of law that this do to assure that qualified personnel properl system, or those persons directly respons accurate, and complete. I am aware that the knowing violations.	y gather and evaluate the informations gather and evaluate the information of the contract of	nation submitted. Ba on, the information s	sed on my inquiry of the pers ubmitted is, to the best of my	knowledge and belief, true,
Name: James Westcott T	itle: Senior Operator	Signature: 7	If sunf	Date: 2-13-2015

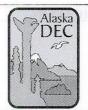


Alaska Department of Environmental Conservation
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Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

	110	NCOMI LIA	INCE NOTE	FICATIO.			
GENERAL INFORMATIO	N	PERMIT# (if any):					
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall WWTP			Facility Location: Juneau, AK		
Person Reporting: Phone Numb Grieko Tempel 907-586-0393			s of Person Reporting:		Reported How? (e.g. by phone): Compliance hot-line 1-877-569-4114		
		Date/Time Reported 02-09-2015 at 1535 hr			Name of DEC Staff Contacted: Compliance hot-line 1-877-569-4114		
VERBAL NOTIFICATION	MUST BE N	MADE TO ADEC WIT	THIN 24 HOURS OF I	DISCOVERY OF	NONCOMPLIANCE		
INCIDENT DETAILS	(attach ad	ditional sheets, lab	reports, and pho	tos as necessar	y)		
Period of Noncompliance	Start Date/	Гіте (exact):1-26-2015		End Date/Time	e (exact): unknown		
If noncompliance has not be Unknown	een corrected	, provide a statement r	egarding the anticipat	ted time the nonco	mpliance is expected to continue:		
Estimated Quantity involve Unknown	d (volume or	weight):					
Description of the noncomp	liance and its	cause (be specific):	****		WAR-		
that utilizes a moving Solids inventory in an attempt to be	Retention Tim tter treat incon	e (SRT). In early Decen ning organic loading. Th	nber 2014 the SRT was als appeared to be work	increased from 11 ing for a short period	is operating under an operations plan days to 12 days to increase the system od. However, inventory built under the e or no improvement of setteleability.		
					mpact on Environmental Health to drink from wells until further		
Operational strategies have b	een revised. T	he SRT has been reduce	ed to 11 days from 12 days	ays and we are was	ting to meet that target.		
Permit Condition Deviation	ı (Identify eac	h permit condition exc	ceeded during the ever	nt.)	0.000		
Parameter (e.g. BOD pH)		mit Limit	Exceedance (san		Sample Date		
Biochemical Oxygen Deman	d 30 r	ng/l monthly avg.	33.7 mg/l		1-1-2015 through 1-30-2015		
Corrective Actions (Attach chances of recurrence.) Operational strategies have b			ene santa de la Carta de Arraga de La Carta de La Carta de Carta de Carta de Carta de Carta de Carta de Carta d Carta de Carta de Ca		eration and to minimize or eliminate ting to meet that target.		
Environmental Damage: (if yes, provid	e details below)	Yes	No No	₩ Unknown		
Actual /Potential Impact or	Environmen	t/Public Health (descri	ibe in detail)				
Unknown							
			ana mananad un dan muu d				
to assure that qualified personr system, or those persons direct	nel properly gat ly responsible t	her and evaluate the infor for gathering the informat	mation submitted. Based tion, the information sub-	d on my inquiry of the mitted is, to the best	on in accordance with a system designed ne person or persons who manage the of my knowledge and belief, true, e possibility of fine and imprisonment for		



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NONCOMPLIANCE NOTIFICATION

	110	INCOMIT DIA	MCE NOTE.	LICATIO			
GENERAL INFORMATION)N	PERMIT# (if any):					
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall WWTP		T.	Facility Location: Juneau, AK		
Person Reporting: Gricko Tempel	×.	Phone Numbers of P 907-586-0393	Starting and the report for all transfer and and the report management.		ed How? (e.g. by phone): ance hot-line 1-877-569-4114		
Date/Time Event was Notic 02-09-2015 at 0700		Date/Time Reported 02-09-2015 at 1535 h		Name of DEC Staff Contacted: Compliance hot-line 1-877-569-4114			
VERBAL NOTIFICATION	N MUST BE	MADE TO ADEC WIT	THIN 24 HOURS OF I	DISCOVERY OF N	NONCOMPLIANCE		
INCIDENT DETAILS	(attach ad	ditional sheets, lab	reports, and phot	tos as necessary)		
Period of Noncompliance	10 1000 COST - COST - GOST - G	Time (exact):1-26-2015		500 500 Avenue 174 50 Avenue 176 50 Avenue	(exact): unknown		
If noncompliance has not b Unknown	een corrected	, provide a statement r	egarding the anticipat	ed time the noncor	npliance is expected to continue:		
Estimated Quantity involve Unknown	ed (volume or	weight):	500				
Description of the noncomp	oliance and its	cause (be specific):					
that utilizes a moving Solids inventory in an attempt to be 12 day SRT to the point that	Retention Tin tter treat incor it became diff	ne (SRT). In early Decer ning organic loading. The icult to contain it within	nber 2014 the SRT was his appeared to be work the system. Chemical d	increased from 11 of ing for a short period losage showed little	s operating under an operations plan days to 12 days to increase the system d. However, inventory built under the or no improvement of setteleability.		
(describe in detail) (e.g. Su notice)	pplied drinkii	ng water to nearby well	l owners and informed	well owners not to	drink from wells until further		
Operational strategies have b	een revised. T	he SRT has been reduce	ed to 11 days from 12 da	ays and we are wasti	ing to meet that target.		
Permit Condition Deviation	n (Identify eac	ch permit condition exc	eccded during the ever	ıt.)			
Parameter (e.g. BOD pH)		mit Limit	Exceedance (sam		Sample Date		
Total Suspended Solids	30 1	mg/l monthly avg.	34.7 mg/l		1-1-2015 through 1-30-2015		
Corrective Actions (Attach chances of recurrence.)	a description	of corrective actions t	aken to restore the sys	tem to normal ope	ration and to minimize or eliminate		
Operational strategies have b	een revised. T	he SRT has been reduce	ed to 11 days from 12 da	ays and we are wast	ing to meet that target.		
Environmental Damage:	(if yes, provid	e details below)	Yes	No.	₩ Unknown		
Actual /Potential Impact of		-	ibe in detail)				
Unknown							
to assure that qualified person system, or those persons direc	nel properly gar tly responsible	ther and evaluate the infor for gathering the informat	rmation submitted. Basection, the information sub-	on my inquiry of the mitted is, to the best of	n in accordance with a system designed e person or persons who manage the of my knowledge and belief, true, possibility of fine and imprisonment for		
Names Chieles Town	Tial	Su Onorot	Signature		Doto: 02 12 2015		
Name: Grieko Tempel	Title:	Sr.Operator	Signature:	//	Date: 02-12-2015		

Updated May 2010



Updated May 2010

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

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	1,01,001,111	HITTOLITOL		
GENERAL INFORMATIO	N PERMIT# (if any);		
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWT	P	Facility Juneau,	Location: AK
Person Reporting: Grieko Tempel	Phone Numbers o 907-586-0393	of Person Reporting:	Reporting: Reported How? (e.g. by phone): Compliance hot-line 1-877-569-4114	
Date/Time Event was Notic 02-09-2015 at 0700	•			of DEC Staff Contacted: ance hot-line 1-877-569-4114
VERBAL NOTIFICATION	MUST BE MADE TO ADEC W	VITHIN 24 HOURS O	F DISCOVERY OF	NONCOMPLIANCE
	(attach additional sheets, l		THE RESERVE THE PROPERTY OF THE PARTY OF THE	
Period of Noncompliance	Start Date/Time (exact):1-26-20)15	End Date/Tim	e (exact): unknown
If noncompliance has not be Unknown	en corrected, provide a statemer	it regarding the anticip	pated time the nonco	ompliance is expected to continue:
Estimated Quantity involve Unknown	d (volume or weight):			*
Description of the noncomp	liance and its cause (be specific):			
that utilizes a moving Solids inventory in an attempt to bet	Retention Time (SRT). In early De ter treat incoming organic loading.	cember 2014 the SRT was This appeared to be wo	as increased from 11 rking for a short peri	is operating under an operations plan days to 12 days to increase the system od. However, inventory built under the e or no improvement of setteleability.
				mpact on Environmental Health to drink from wells until further
Operational strategies have b	een revised. The SRT has been red	uced to 11 days from 12	days and we are was	sting to meet that target.
Permit Condition Deviation	(Identify each permit condition	exceeded during the e	vent.)	
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (s		Sample Date
Total Suspended Solids	45 mg/l weekly avg.	50 mg/1		1-26-2015 through 1-30-2015
chances of recurrence.)				ecration and to minimize or eliminate
Operational strategies have b	een revised. The SRT has been red	uced to 11 days from 12	days and we are was	sting to meet that target.
Environmental Damage: (f yes, provide details below)	T Yes	No	✓ Unknown
Actual /Potential Impact on	Environment/Public Health (des	scribe in detail)		
Unknown				
to assure that qualified personn system, or those persons direct	el properly gather and evaluate the ir y responsible for gathering the infor	nformation submitted. Ba mation, the information s	sed on my inquiry of t ubmitted is, to the best	on in accordance with a system designed he person or persons who manage the t of my knowledge and belief, true, he possibility of fine and imprisonment for
Name: Grieko Tempel	Title: Sr.Operator	Signature:	7/	Date: 02-12-2015



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	- 144 2400a	200					
GENERAL INFORMATIO	ON	PERMIT# (if any):			12		
Owner or Operator: City and Borough of Juneau				5350	acility Location: meau, AK		
Person Reporting: Grieko Tempel		Phone Numbers of Pers 907-586-0393			How? (e.g. by phone): ace. hot-line 1-877-569-4114		
	ate/Time Event was Noticed: 02-09-2015 at 0700 AM Date/Time Reported: 02-09-2015 at 1535 hrs			Name of DEC Staff Contacted: Compliance hot-line 1-877-569-4			
VERBAL NOTIFICATION	N MUST BE MA	DE TO ADEC WITH	IN 24 HOURS OF	DISCOVERY OF N	NONCOMPLIANCE		
INCIDENT DETAILS			The same and the s	The second secon			
Period of Noncompliance	AN OWNER COSC - CONCERNMENT CONTROL AND	me (exact):1-28-2015 at			(exact): 1-29-2015 at 0915 AM		
If noncompliance has not b N/A	een corrected, p	rovide a statement reg	arding the anticipa	ted time the noncor	mpliance is expected to continue:		
Estimated Quantity involve 2.21 MG (estimate, volume	ed (volume or w of effluent disch	eight): arged on 1-28-2015 fron	n 00:00 hrs to 23:59	hrs)			
the effluent. The MWWTP is was increased from 11 days working for a short period. I Chemical dosage of the inve	is operating under to 12 days to income However, invento entory showed litter	an operations plan that rease the system inventory built under the 12 day le or no improvement of	utilizes a moving Sory in an attempt to by SRT to the point the settleabilty.	olids Retention Time etter treat incoming at it became difficul	ently experiencing a loss of solids via (SRT). In early December the SRT organic loading. This appeared to be to contain it within the system.		
Actions taken to reduce, et (describe in detail) (e.g. Su notice) Operational strategies have l	pplied drinking	water to nearby well o	wners and informe	d well owners not to	npact on Environmental Health of drink from wells until further at target.		
Permit Condition Deviatio	- (Identify and	it condition avos	adad during the eve	unt)			
Parameter (e.g. BOD pH)		it <u>Limit</u>	Exceedance (sa)		Sample Date		
Total Suspended Solids	200	z/l daily max.	64 mg/l		1-28-2015		
Corrective Actions (Attack chances of recurrence.)	ı a description o	f corrective actions tak	en to restore the sy	stem to normal ope	eration and to minimize or eliminate		
Operational strategies have	been revised. The	SDT has been reduced					
-1		SKI has been reduced	to 11 days and we a	re wasting to meet th	at target.		
Environmental Damage:			T Yes	re wasting to meet th	nat target. Unknown		
	(if yes, provide	details below)	Yes	- 10 to - 10 t	ANN 2		
Environmental Damage: Actual /Potential Impact of Unknown I certify under penalty of law to assure that qualified person system, or those persons direct	(if yes, provide on Environment/ that this documen onel properly gather	details below) Public Health (describe t and all attachments were and evaluate the information	e in detail) e prepared under my attion submitted. Bas in, the information su	direction or supervision and on my inquiry of the bmitted is, to the best			