CONTACT NAME: Samantha Stoughtenger

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

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-Feb-15

TO 28-Feb-15

NO DISCHARGE:

Parameter		Quantity (	tity or Loading		Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type	
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis		
Temperature (C)	Sample meas.	*****	*****		*****	11.99	13.20		0			
1 - Final Effluent 00010	r cimur	*****	*****		M 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab	
Dissolved Oxygen	Sample meas.	*****	*****		1.91	*****	3.97		0			
1 - Final Effluent 00300	I CI WIII	****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab	
Biochemical Oxygen Demand (BOD5)	Sample meas.	898.15	1484.52		*****	58.15	100.00		10			
1 - Final Effluent 00310		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.	*****	*****		*****	342.80	*****		0			
G - Influent 00310	T CI TILL	*****	ने † के के के		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite	
Biochemical Oxygen Demand (BOD5)	Sample meas.	1111.64	*****		*****	67.80	*****		3			
W - See Comments 00310	Permit reqmt.	1839 weekly average	**6*8*	lbs/day	*****	45 weekly average	****	mg/l		2X Monthly	24-Hr Camposite	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all ettachments were prepared under my decetion or outpenssion in accordance with a system	- Salahara Baran	TELEPHONE	DATE
GRIEVE TEMPEL	designed to assure that qualified personnel properly getter and evaluate the information submitted. Based on my inquiry of the person or persons who intringed the system, or those persons directly responsible for exceptions the interesting the second or persons.	STENATURE OF PRINCIPAL EVECUTIVE	907.58.0393	15/03/
TYPED OR PRINTED	are significant penalties for valentiating false information, including the possibility of the and impresumment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

CONTACT NAME: Samantha Stoughtenger

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LOCATION: 2009 RADCLIFFE RD

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 1-Feb 15

TO 28-Feb-15

NO DISCHARGE:

Parameter		Quantity (	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
рН	Sample meas.	****	*****		6.65	*****	6.89		0		
1 - Final Effluent 00400	r crimic	<b>水冷水水水</b> 水	*****		6.3 instantan <b>eou</b> s minimum	++++-+	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3)	Sample meas.	*****	*****		******	NA	NA		0		
1 - Fînal Effluent 00410	LCUIL	******	*****		*8****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids	Sample meas.	1067.50	2672.14		*****	69.70	180.00		12		
1 - Final Effluent 00530	1 CIMIL	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	*****	*****		*****	191.10	*****		D		
G - Influent 00530	Permit reqmt.	*****	*****		*****	Report monthly average	*******	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	1693.70	*****	7	*****	116,20	*****		4		
W - See Comments 00530	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	******	mg/I		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cetify under penalty of law that this document and all attachments were prepared under my orrection or suppression in accordance with a system		TELEPHONE	DATE
GRIEND TEMPEL	designed to assert that qualified personnel properly gettler and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for any persons the person of the persons of the person of the person of the persons	SIGNATURE OF FRINCIPAL EXECUTIVE	907-506.0393	10/03/1
TYPED OR PRINTED	are significant penalties for submitting raiso information, archiding the possibility of fine and impresented for knowing waterone.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

Page 2

CONTACT NAME: Samantha Stoughtenger

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AKOD22951

MONITORING PERIOD: 1-Feb-15

TO 28-Feb-15

NO DISCHARGE:

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1. 50 00 NO 50 NO	Ex.	Analysis	
Ammonia Nitrogen (as N)	Sample meas.	211.57	211.57		*****	15.00	15.00		0		
1 - Final Effluent 00610	L CLILLIC	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3)	Sample meas.	*****	*****		*****	74.00	74.00		0		
1 - Final Effluent 00900	1 Cilin	8*%**×	计本外心体器		*8***	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01079	1 CLUME	*****	*****		****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0	12	
1 - Final Effluent 01094	1 Climic	******	*****		+++++	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample mcas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01114	. C. mil	*****	******		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were people of under my chection or supervision in accordance with a system		TELEPHONE	DATE
GRIEND TEMPEL	people of an army execution of special property gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the texton or those persons directly respecials for gathering the information, this information submitted is, to the best of my knowledge and heliat, me, accurate, and complete. For evare that there	SIGNATURE OF PRINCIPAL EXECUTARE	907.686.0293	10/03/
TYPED OR PRINTED	are significant penetties for submitting failse intermitting, failse intermitting, failse intermitting fails intermitting	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

Page 3

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MAILING ADDRESS: 2009 Radcliffe Rd.

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juncau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 1-Feb-15

28-Feb-15

TO

NO DISCHARGE:

Parameter Quality or Concentration Quantity or Loading Units Units No. Frequency of Sample Type Maximum Ex. Analysis Average Minimum Maximum Average Copper Total Recoverable Sample 0.00048 \*\*\*\*\* 0.00048 0.03 0.03 0 meas. \*\*\*\*\* 1.82 3.92 lbs/day 1 - Final Effluent 44.5 95.8 ug/I 24-Hr Composite Monthly Permit monthly average daily maximum monthly average daily maximum 01119 reamt. Chronic Toxicity Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* NA NA 0 meas. +-+++ \*\*\*\*\* \*\*\*\*\* Report TUC 1 - Final Effluent Report See Permit 24-Hr Composite Permit monthly average dally maximum Requirements TTOOO reymt. Floating solids, waste or visible Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* P 0 foam-visual meas. \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1 - Final Effluent Report pass/fail Monthly Visual Permit value 45613 requit. Flow Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1.84 2.24 0 meas. \*\*\*\* \*\*\*\*\* Report 4.9 MGD 1 - Final Effluent Continuous Recorded Permit monthly average daily maximum 50050 reqmt. Fecal Coliform Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 20000.00 157.20 4 meas. \*\*\*\*\* +++++ \*\*\*\*\* 1 - Final Effluent 112 224 cts/100 ml Weekly Grab Permit daily maximum monthly 74055 requit. geometric mean

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 property gather and evaluate the information submitted. Based on my injury 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 beilef, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE	90756. 0393	11/03/11
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

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 1-Feb-15

TO. 28-Feb-15

NO DISCHARGE:

Parameter		Quantity (	or Loading	Units	Qua	ility or Concentra	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum	Maximum		Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	*****	*****		*****	1722.35	****		1		
W - See Comments 74055	1 CI IIII	\$# <b>\$</b> ###	*****		******	168 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		83.04	*****	*****		1		
K - Percent Removal 81010	1 CI IIII	*****	水冶松妆以水		85 minimum	****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		63.53	*****	*****		1		
K - Percent Removal 81011	Permit reqmt.	# # * * * #	*****		85 minimum	****	****	%		Monthly	Calculation

COMMENTS:		

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	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
GRIEND TEMPEL	prepared under my direction or supervision in accommance with a system designed to assure that qualified personne 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 bast of my knowledge and belief, true, accurate, and complete. Here every that there!	SIGNATURE OF PRINCIPAL EXECUTIVE	907.06.0393	15/03/11
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#### MENDENHALL WASTEWATER TREATMENT FACILITY

									I.	MENDEN	IHALL I	WASTEW	AIERI	KEATME	NIFA	CILITY									
										Juneau, A	Alaska		Fe	bruary 2	015										
		FLOWS				- waranaw	W. Children and a control			INFLUEN'	T		Assessed to the same			CONTRACT THE	Effluen	t							
DAY	DATE	SBR INFLUENT MGD	precip	SBR ToT EFF MGD	SBR WASTE MGD	TEMP.	рH	DO mg/L	TSS mg/L	TSS	BOD mg/L	BOD LBS	IPS TSS mg/L	IPS TSS LBS	BOD mg/L	IPS BOD LBS	TEMP °C	рH	DO mg/L	TSS mg/L	TSS	BOD mg/L	BOD	FECAL COLIFORM	
Sun	1	2.21	0.00	1.93	0.0628			1000	T. T. Capper	200			, mgr-	LOG	, mgrs	, LOO			1, 1,11g/L	, , , , , , , , , , , , , , , , , , ,	LDS	. High	LDO	/100 mt	1222
Mon	2	2.33	0.00	1.99	0.0741	11.70	7.59	3.83	152.00	2953.69	190.00	3692.12	2740.00	53244.23	690.00	13408.22	12.20	6.89	2.71	39.00	647.27	30.00	497.90	7.40	-
Tue	3	2.23	0.00	1.93	0.0911	11.40	7.09	4.11	196.00	3645.25	330.00	6137.41		-	000,00	70700.22	11.40	6.76	2.33	31.00	498.98	29.00	466.79	42.00	
Wed	4	2.10	0.00	1.89	0.1092	11.20	7.21	4.19	188.00	3292.63	380.00	6655.32	1070.00	18739.98	570.00	9982.98	11.70	6.65	2.25	54.00	851.18	41.00	646.27	42.00	
Thu	5	2.19	0.00	1.78	0.1198	11.40	7.08	3.95	183.00	3342.42	430.00	7853.78	1240.00	22648.10	560.00	10228.18	11.70	6.70	2.47	52.00	771.95	42.00	623.50		-
Fri	6	2.18	0.00	1.77	0.1064	10.60	7.35	4.93	223.00	4054.41	490.00	8908.79	715.00	12999.56	720.00	13090.46	11.30	6.70	2.43	90.00	1328.56	56.00	826.66		_
Sat	7	2.18	0.15	1.83	0.1122										1.00.00	10000110	11.00	0.10	2.70	00.00	1020.00	50.00	020.00		
Sun	8	2.12	0.17	1.81	0.0781							7													
Mon	9	2.11	0.01	1.78	0.1205	10.70	7.32	3.57	166.00	2921.17	220.00	3871.43	2900.00	51032.46	390.00	6862.99	11,60	6.82	2.74	180.00	2672.14	100.00	1484.52	20000.00	
Tue	10	2.08	0.01	1.70	0.0965	9.80	7.42	4.71	232.00	4024.55	340.00	5898.05	940.00	16306.37	470.00	8153.18	11.80	6.87	2.49	82.00	1162.60	59.00	836.50	100.00	
Wed	11	1.96	0.40	1.66	0.1020	11.70	7.14	3.78	255.00	4168.33	350.00	5721.24	347.00	. 5672.20	460.00	7519.34	12.50	6.86	2.17	160.00	2215.10	50.00	692.22	800.00	
Thu	12	2.25	0.30	1.69	0.0939	11.20	7.31	4.44	270.00	5066.55	460.00	8631.90	76.00	1426.14	76.00	1426.14	13.20	6.84	1.92	88.00	1240.32	67.00	944.34	5500.00	
Fri	13	2.43	0.62	1.99	0.0956	10.60	7.77	4.61	107.00	2168.48	440.00	8917.13	1430.00	28980.67	460.00	9322.45	11.80	6.79	2.65	71.00	1178.36	63.00	1045.59	3300.00	-
Sat	14	2.36	0.09	1.88	0.0960	1	1				1.0.00	0011110	1100.00	20000.07	100.00	5022.40	11.00	0,70	2.00	71.00	1170.50	05.00	1040.00		-
Sun	15	1.94	0.01	1.60	0.0950																				
Mon	16	2.20	0.07	1.83	0.1562	11.00	7.59	4.49	140.00	2568.72	170.00	3119.16	1680.00	30824.64	340.00	6238.32	11.90	6.86	3.97	58.00	885.21	64.00	976.78	30.00	
Tue	17	2.29	0.40	1.94	0.1301	11.20	7.27	4.80	224.00	4278.09	280.00	5347.61	844.00	16119.22	182.00	3475.95	12.50	6.87	2.28	72.00	1164.93	37.00	598.65	18.00	
Wed	18	2.10	0.04	1.72	0.1540	11.30	7.10	3.84	200.00	3502.80	380.00	6655.32	764.00	13380.70	500.00	8757.00	11.60	6.71	2.86	41.00	588.14	56.00	803.31	10.00	
Thu	19	2.25	0.31	1.78	0.1336	10.90	7.24	4.71	222.00	4165.83	510.00	9570,15	1030.00	19327.95	620.00	11634.30	12.10	6.74	2.66	44.00	653.19	74.00	1098.54		
Fri	20	2.10	0.01	1.68	0.1292	10.80	7.10	3.93	220.00	3853.08	510.00	8932.14	715.00	12522.51	620.00	10858.68	12.50	6.75	2.11	61.00	854.68	76.00	1064.85		
Sat	21	2.07	0.04	1.73	0.1127								1.10.00	100000	OLUIO	10000.00	12.00	0.10	2.11	07.00	004.00	70.00	1004.00		
Sun	22	2.22	0.53	1.83	0.0899																				
Mon	23	2.79	0.47	2.24	0.1104	10.90	7.44	3.91	148.00	3443.75	180.00	4188.35	496.00	11541.23	280.00	6515.21	11.70	6.78	1.96	100.00	1868.16	76.00	1419.80	130.00	
Tue	24	2.62	0.03	2.13	0.1256	10.80	7,17	5.65	136.00	2971.71	220.00	4807.18	850.00	18573.18	300.00	6555.24	12.10	6.85	2.71	40.00	710.57	50.00	888.21	48.00	
Wed	25	2.43	0.01	2.02	0.1054	11.10	7.21	4.53	216.00	4377.50	380.00	7701.16	1030.00	20874.19	380.00	7701.16	11.60	6.79	2.28	25.00	421.17	50.00	842.34	40.00	
Thu	26	2.14	0.00	1.84	0.1064	10.50	8.41	4.79	168.00	2998.40	420.00	7495.99	340.00	6068.18	440.00	7852.94	11.80	6.71	2.27	41.00	629.17	72.00	1104.88		
Fri	27	1.98	0.00	1.86	0.0962	12.00	7.43	3.95	176.00	2906.32	176.00	2906.32	420.00	6935.54	312.00	5152.12	12.80	6.80	1.91	65.00	1008.31	71.00	1101.38		
Sat	28	1.97	0.00	1.79	0.0711																				
OTA	L	61.83	3.67	51.62	2.97	100000		480083					1000000000		1000000	500000000		17.7.1.1.1.1.1		1.1.1.1.1.1.1	0.545.535.535	describe.	2.17.17.1		1.550
MAXIN	MUM	2.79	0.62	2.24	0.16	12.00	8.41	5.65	270.00	5066.55	510.00	9570.15	2900.00	53244.23	720.00	13408.22	13.20	6.89	3.97	180.00	2672.14	100.00	1484.52	20000.00	-
MINIM	UM	1.94	0.00	1.60	0.06	9.80	7.08	3.57	107.00	2168.48	170.00	2906.32	76.00	1426.14	76.00	1426.14	11.30	6.65	1.91	25.00	421.17	29.00	466.79	7.40	
VER	AGE *	2.21	0.13	1.84	0.11	11.04	-1-1-1-1-1	4.34	191.10	3535.18	342.80	6350.53	1033.00	19327.21	440.53	8143.94	11.99	0.00	2.46	69.70	1067.50	58.15	898.15	157.20	-
and the latest section in the latest	alyses	28	28	28	28	20	20	20	20	17	20	20	19	19	19	19	20	20				THE RESERVE AND ADDRESS OF THE PERSON NAMED IN			-
JI AI		- 20	20	20	20	20	2014	20	20		2015	20	13	WEEK		VEEKLY AVE		20	20 EEKLY AV	20	20	20	20	10	0
1			_			1	Hrd. mg/l	74.00	2/12/2015		ug/L	LBS	4	WEEK	BOD	LEKETAVI		INF W		EKAGE	TOO		WEEKLY	% REM	
- 1							Hrd. mg/l	74.00	2.22010	Copper	0.03	0.00048	2/12/2015		mg/l	lhe	TSS mg/l	like	BOD	10.0	TSS	10.00	COLIFORM	B.O.D.	83.0
							Alk. mg/l		1	Copper	0.03	0.00048	2/12/2015	1	-	lbs.		lbs	mg/l	lbs	mg/l.	lbs	Geo. Mean	TSS	63.5
ı						1		2.46			_		-		39.60	612.22	53.20	819.59	364.00	6649.48	188.40	3457.68	17.63	Floating	
							D.O.mg/l	2.40		Lead	_		1	2	67.80	1000.63	116.20	1693.70	362.00	6607.95	206.00	3669.82	1722.35	Waste, or Foa	am



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.

GENERAL INFORMATIO	)N	PERMIT# (if any):	AK-0022951	- 190					
Owner or Operator:		Facility Name:		Facility	Location:				
City and Borough of Juneau		Mendenhall WWTF		Juneau,	AK 99801				
Person Reporting: Gricko Tempel		Phone Numbers of . 907-586-0393	Person Reporting:		ed How? (e.g. by phone): notification				
Date/Time Event was Notice 2/17/2015	ed:	Date/Time Reported 03/10/2015	d:	Name (	of DEC Staff Contacted:				
VERBAL NOTIFICATION	MUST BE	MADE TO ADEC WI	THIN 24 HOURS OF D	ISCOVERY OF	NONCOMPLIANCE				
INCIDENT DETAILS					The state of the s				
Period of Noncompliance	(SSG500#\fr=	Time (exact):02/01/20			ne (exact):02/07/2015				
If noncompliance has not be N/A.	een corrected	, provide a statement	regarding the anticipat	ed time the none	ompliance is expected to continue:				
Estimated Quantity involve 13.12 MG (effluent flow dis			015)						
via the effluent. The MWW the SRT was increased from	TF is operati 111 days to I entory built u	ng under an operatior 2 days in an attempt t inder the 12 day SRT	ns plan that utilizes a mo to better treat incoming to the point that it beca	oving Solids Reto organic loading.	arrently experiencing a loss of solids ention Time (SRT). In carly December This appeared to be working for a ontain it within the system Chemical				
Actions taken to reduce, eli (describe in detail) (e.g. Sup notice)	minate, and p plied drinkin	revent reoccurrence of water to nearby we	of noncompliance and A Il owners and informed	ctual/Potential I well owners not	mpact on Environmental Health to drink from wells until further				
Operational strategies have	been revised	. The SRT has been ro	educed to 11 days and w	e are wasting to	meet that target.				
Permit Condition Deviation	(Identify eac	h permit condition ex	ceeded during the even	t.)					
Parameter (e.g. BOD pll)		mit Limit	Exceedance (sam	1 11 11 11 11 11 11 11 11 11 11 11 11 1	Sample Date				
TSS weekly avg. concentrat	ion 45 1	ng/l	53.2 mg/l	55 S S S S S S S S S S S S S S S S S S	02/01/2015 through 02/07/2015				
70	2				(weck 1)				
Corrective Actions (Attach chances of recurrence.) Operational strategies have					eration and to minimize or eliminate meet that target.				
Environmental Damage: (	if yes, provid	c details below)	□ Yes	□ No	✓ Unknown				
Actual /Potential Impact on	Environmen	t/Public Health (descr	ribe in detail)	- 100 - 300 man					
Unknown			** (EXECUTED ASSESSMENT OF THE SECTION OF THE SECTI						
to assure that qualified personn system, or those persons directly	el properly gat y responsible t	her and evaluate the info for gathering the informa	rmation submitted. Based ation, the information subm	on my inquiry of the best	on in accordance with a system designed the person or persons who manage the of my knowledge and belief, true, e possibility of fine and imprisonment for				
				a. a. in					
Name: Grieko Tempel	Title:	77	Date: 03/10/2015						
FORMS M	UST BE SEN	NT TO ADEC WITHI	N FIVE DAYS OF BEC	OMING AWAI	RE OF THE EVENT.				



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.

			10-11		
GENERAL INFORMATION		PERMIT# (if any): AK-0022951			
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall WWTF	5	Facility 1 Juneau, A	
Person Reporting: Grieko Tempel					How? (e.g. by phone): otification
Date/Time Event was Noticed: 03/05/2015	200	Date/Time Reported:         Na           03/10/2015         N/2			DEC Staff Contacted:
VERBAL NOTIFICATION M	AUST BE M	ADE TO ADEC WITH	IN 24 HOURS OF	DISCOVERY OF N	IONCOMPLIANCE
		The state of the s			
Period of Noncompliance Start Date/Time (exact):02/01/2015 End			204650355503, 00	(exact):02/28/2015	
If noncompliance has not been N/A	orrected, p	orovide a statement reg	arding the anticipa	ted time the noncon	upliance is expected to continue:
Estimated Quantity involved (51.62 MG (effluent flow discha-			5)		
via the effluent. The MWWTF the SRT was increased from 1	F is operating I days to 12 tory built un	g under an operations p days in an attempt to b der the 12 day SRT to t	lan that utilizes a n etter treat incoming he point that it bec	noving Solids Reten g organic loading. T	rently experiencing a loss of solids tion Time (SRT). In early December this appeared to be working for a tain it within the system Chemical
Actions taken to reduce, elimin (describe in detail) (e.g. Suppli notice)	nate, and pro ied drinking	event renecurrence of n water to nearby well or	oncompliance and a wners and informed	Actual/Potential Im I well owners not to	pact on Environmental Health drink from wells until further
Operational strategies have be	en revised.	The SRT has been redu	ced to 11 days and	we are wasting to m	eet that target.
Permit Condition Deviation (I-	dentify each	permit condition excee	ded during the ever	ıt.)	en e
Parameter (e.g. BOD pH)		it Limit	Exceedance (sam		Sample Date
TSS weekly avg. concentration	n 30 mg	<u>y</u> /1	69.7 mg/l		02/01/2015 through 02//28/2015
BOD weekly avg. concentratio	on 30 mg	<b>t</b> /1	58.2 mg/l		
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet that target.					
Environmental Damage: (if y	es, provide o	details below)	Yes	ΓNo	₩ Unknown
Actual /Potential Impact on Er	nvironment/	Public Health (describe	in detail)		- 3000
Unknown					
to assure that qualified personnel p system, or those persons directly r	properly gathe responsible for	r and evaluate the informa gathering the information	tion submitted. Based t, the information sub-	on my inquiry of the mitted is, to the best of	in accordance with a system designed person or persons who manage the f my knowledge and belief, true, possibility of fine and imprisonment for
			5 10.000000000000000000000000000000	15.	
Name: Grieko Tempel		Senior Operator TO ADEC WITHIN 1	Signature:	COMING AWARE	Date: 03/10/2015
TOMES MUS	OF DE BEIL	LOUDE WILLIAL	THE DATE OF BE	COMMINGAWARE	OF THE EVENT.



555 Cordova Street

Anchorage, Alaska 99501

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### NONCOMPLIANCE NOTTELCATION

	NONCOMPLIA	ANCE NOTE	FICATIO	
GENERAL INFORMATION	PERMIT# (if any):	AK-0022951	200	
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF		Facility I Juncau. A	Location: AK 99801
Person Reporting: Gricko Tempel	Phone Numbers of I 907-586-0393	Phone Numbers of Person Reporting: 907-586-0393		l How? (e.g. by phone): otification
Date/Time Event was Noticed: 03/05/02015	Date/Time Reported 03/10/2015	Date/Time Reported: 03/10/2015		DEC Staff Contacted:
VERBAL NOTIFICATION MU	ST BE MADE TO ADEC WI	THIN 24 HOURS OF	DISCOVERY OF	NONCOMPLIANCE
INCIDENT DETAILS (att	ach additional sheets, la	b reports, and pho	tos as necessary	
Period of Noncompliance Sta	rt Date/Time (exact):02/01/20.	15	End Date/Time	(exact):02/28/2015
If noncompliance has not been co	orrected, provide a statement	regarding the anticipa	ted time the noncor	mpliance is expected to continue:
Estimated Quantity involved (vo 51.62 MG (effluent flow discharg		2015		7.00 2.9 (
the effluent. The MWWTF is open was increased from 11 days to 12 of	ating under an operations plan that days in an attempt to better treat to 12 day SRT to the point that it	hat utilizes a moving So incoming organic loadi	lids Retention Time ing. This appeared to	ttly experiencing a loss of solids via (SRT). In early December the SRT be working for a short period. tem. Chemical dosage of the inventory
Actions taken to reduce, eliminate (describe in detail) (e.g. Supplied notice)  Operational strategies have been	drinking water to nearby we	ll owners and informed	d well owners not to	drink from wells until further
Permit Condition Deviation (Ide	ntify each permit condition ex	ceeded during the ever	nt.)	
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (san		Sample Date
TSS percentage removal	85 %	63.5 %		02/01/2015 through 02/28/2015
BOD percentage removal	85 %	83.0 %		
Corrective Actions (Attach a des chances of recurrence.) Operational strategies have been	s .•	ar more so mineres ferre m		ration and to minimize or climinate e wasting to meet that target.
Environmental Damage: (if yes	, provide details below)	☐ Yes	□ No	✓ Unknown
Actual /Potential Impact on Envi	ironment/Public Health (descr	ribe in detail)		
Unknown				
to assure that qualified personnel pro system, or those persons directly resp	perly gather and evaluate the info consible for gathering the informa	ormation submitted. Bases ation, the information sub	d on my inquiry of the mitted is, to the best o	
Name: Grieko Tempel FORMS MUST	Title: Senior Operator BE SENT TO ADEC WITH	Signature: 🥜	COMING AWAR	Date: 03/10/2015 E OF THE EVENT.



555 Cordova Street

Anchorage, Alaska 99501

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GENERAL INFORMATIO	N	PERMIT# (if any): AK	C-0022951	·			
Owner or Operator:		Facility Name:		15	Facility Location:		
City and Borough o	f Juneau			Junea	Juneau, AK		
Person Reporting:		Phone Numbers of Per	rson Reporting:		d How? (e.g. by phone):		
Grieko Tempel		907-586-0393		100000000000000000000000000000000000000	ance hot-line 1(877)-569-4114		
Date/Time Event was Notice		Date/Time Reported:	• 1 a	600 (100 (100 (100 (100 (100 (100 (100 (	DEC Staff Contacted:		
					ance Hot-line 1(877)-569-4114		
VERBAL NOTIFICATION	The state of the s	Contract Con		ALTERNATION OF THE PERSON			
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)				)			
Period of Noncompliance		Time (exact): 2/5/15			(exact): 2/6/15 at 0845 AM		
If noncompliance has not be N/A	en corrected	, provide a statement reg	arding the anticipate	d fime the nonco	mpliance is expected to continue:		
Estimated Quantity involve							
1.77 MG ( estimate, efflu	ent volume	discharged on 2/6/15	)		27 C.		
sarry December the SRT was increased	mently experience from 11 days to 1	ng a loss of solids wa the efficient." 2 days to increase the system inve	ntory in an attempt to better the	est incoming organic los	at utilizes a moving Solids Retention Time (SRT). In ding. This appeared to be working for a short period. showed little or no improvement of sottleability.		
					npact on Environmental Health o drink from wells until further		
Operational strategie	es have b	een revised. The	SRT has been r	reduced to 1	1 days and we are wasting		
to meet that target.							
Permit Condition Deviation	(Identify eac	h nermit condition ever	eded during the event	,			
Parameter (e.g. BOD pH)		mit Limit	Exceedance (samp		Sample Date		
Total Suspended So	lids 60	mg/l daily max.	90 mg/l		2/5/15 at 0850 AM through 2/6/2015 at 0845 AM		
Corrective Actions (Attach chances of recurrence.)	a description	of corrective actions tak	en to restore the syste	em to normal ope	ration and to minimize or eliminate		
Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet that target.							
Environmental Damage: (i	f yes, provid	e details below)	Yes	No	✓ Unknown		
Actual/Potential Impact on	Environmen	t/Public Health (describe	e in detail)				
Unknown							
to assure that qualified personn system, or those persons directly	el properly gat y responsible t	her and evaluate the inform for gathering the information	ation submitted. Based on, the information submi	on my inquiry of the itted is, to the best o	n in necordance with a system designed e person or persons who manage the of my knowledge and belief, true, possibility of fine and imprisonment for		
Name: Grieko Tempel		Senior Operator	Signature:	OMING AWAR	Date: 2/17/2015		
1 010/13 10		TARREST TRADELLE	DELLOW DEL	COMMING ATIMA	COLUMN STREET		



555 Cordova Street

Anchorage, Alaska 99501

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L		1021101		
GENERAL INFORMATION		PERMIT# (if any); AK-0022951		
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF		Facility I Juncau, A	
Person Reporting: Jim Westcott	Phone Numbers of Per 907-586-0393	son Reporting:		How? (c.g. by phone); of. hot-line 1(877)-569-4114
Date/Time Event was Noticed: 2/19/2015 at 1330 hrs	Date/Time Reported: 2/20/2015 at 1125 hrs			
VERBAL NOTIFICATION MI	UST BE MADE TO ADEC WITH	IN 24 HOURS OF	F DISCOVERY OF N	ONCOMPLIANCE
	tach additional sheets, lab r			
	art Date/Time (exact);2/8/2015 at t			(exact):2/9/2015 at 0930 AM
If noncompliance has not been on N/A	corrected, provide a statement reg	arding the anticip	eated time the noneon	pliance is expected to continue:
Estimated Quantity involved (v. 1.78 MG ( estimate, effluent flow				
via the effluent. The MWWTF i the SRT was increased from 11 short period. However, invento	days to 12 days in an attempt to b	lan that utilizes a etter treat incomi he point that it be	moving Solids Retent ng organic loading, T	ion Time (SRT). In early December
Actions taken to reduce, elimina (describe in detail) (e.g. Supplie notice)	ate, and prevent reoccurrence of a d drinking water to nearby well or	oncompliance and wners and inform	l Actual/Potential Imped well owners not to	pact on Environmental Health drink from wells until further
Operational strategies have been	n revised. The SRT has been redu	ced to 11 days and	l we are wasting to m	eet target.
Permit Condition Deviation (Ide	entify each permit condition excee	ded during the ev	ent.)	(Control of the Control of the Contr
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sa		Sample Date
TSS daily max, concentration	60 mg/l	180 mg/l		2/9/2015
TSS daily max, loading	2452 lbs/day	2672 lbs/day		2/9/2015
BOD daily max, concentration	60 mg/l	100 mg/l		2/9/2015
Fecal coliform daily max	224 col/100ml	20,000 col/100n	nl	2/9/2015
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.				
Environmental Damage: (if yes	s, provide details below)	☐ Yes	□ No	✓ Unknown
Actual /Potential Impact on Environment/Public Health (describe in detail)				
Unknown				
to assure that qualified personnel pro system, or those persons directly res	operly gather and evaluate the information ponsible for gathering the information	tion submitted. Basi , the information su	ed on my inquiry of the bmitted is, to the best of	in accordance with a system designed person or persons who manage the my knowledge and belief, true, cossibility of line and imprisonment for
Name: Gricko Tempel	Title: Senior Operator	Signature:		Date: 2/23/2015
FORMS MUST	BE SENT TO ADEC WITHIN F	IVE DAYS OF B	ECOMING AWARE	OF THE EVENT.



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Anchorage, Alaska 99501

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	I OI O OI II DIII	, CE I G II			
GENERAL INFORMATION	PERMIT# (if any):AK	PERMIT# (if any):AK-0022951			
Owner or Operator: City and Borough of Juneau	Facility Name: Mendershall WWTF			y Location: , AK 99801	
Person Reporting: Gricko Tempel	Phone Numbers of Per 907-586-0393	rson Reporting:		ted How? (e.g. by phone): s notification	
Date/Time Event was Noticed: 2/19/2015	Date/Time Reported: 03/10/2015	·	Name N/A	of DEC Staff Contacted:	
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITH	IIN 24 HOURS OF I	DISCOVERY OF	FNONCOMPLIANCE	
INCIDENT DETAILS (attac	h additional sheets, lab r	reports, and phot	os as necessa	ry)	
Period of Noncompliance Start Date/Time (exact):02/08/2015 End Date/Time (exact):02/14/2015				ne (exact):02/14/2015	
If noncompliance has not been corn N/A	ected, provide a statement reg	garding the anticipat	ed time the none	compliance is expected to continue:	
Estimated Quantity involved (volume 12.51 MG (effluent flow discharged		15)			
via the effluent. The MWWTF is of the SRT was increased from 11 day	perating under an operations persons to 12 days in an attempt to bouilt under the 12 day SRT to	plan that utilizes a m better treat incoming the point that it bees	oving Solids Ret organic loading	urrently experiencing a loss of solids ention Time (SRT). In early December This appeared to be working for a ontain it within the system Chemical	
Actions taken to reduce, eliminate, (describe in detail) (e.g. Supplied d notice)					
Operational strategies have been re	evised. The SRT has been redu	iced to 11 days and v	ve are wasting to	meet that target.	
Permit Condition Deviation (Identi	fy each permit condition excee	eded during the even	t.)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam	.50	Sample Date	
TSS weekly avg. concentration	45 mg/l	116.2 mg/l		02/08/2015 through 02/14/2015	
BOD weekly avg. concentration	45 mg/l	67.8 mg/l		(week 2)	
Fecal coliform weekly geo. mean	168 col/100ml	1722.35 col/100m	1	No. of the contract of the con	
Corrective Actions (Attach a descr	intion of corrective actions tak	en to restore the syst	em to normal or	peration and to minimize or eliminate	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet that target.					
Environmental Damage: (if yes, p	rovide details below)	Yes	□ No	□ Unknown	
Actual /Potential Impact on Enviro		c in detail)			
Unknown					
to assure that qualified personnel proper system, or those persons directly respon	rly gather and evaluate the inform sible for gathering the informatio	ation submitted. Based n, the information subm	on my inquiry of nitted is, to the bes		
Total Control of the			-		
AND THE PERSON OF THE PERSON O	Title: Senior Operator E SENT TO ADEC WITHIN	Signature:	COMING AWA	Date: 03/10/2015 RE OF THE EVENT.	
I WIGHT PROBLE	L JEN L TO MEET WITHIN	DU	COMMITTED AND ALLERS	THE SECTION ASSESSMENT OF THE SECTION ASSESS	



Updated May 2010

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

Anchorage, Alaska 99501

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<u> </u>	TIOTICOLE BIL	HICE HOL	ITICATIO	``	
GENERAL INFORMATION	PERMIT# (If any): A	PERMIT# (If any):AK-0022951			
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF		Facility I Juneau, A	Location: AK	
Person Reporting: Jim Westcott	Phone Numbers of F 907-586-0393	erson Reporting:		1 How? (c.g. by phone): pl. hot-line 1(877)-569-4114	
Date/Time Event was Noticed: 2/19/2015 at 1330 hrs	Date/Time Reported 2/20/2015 at 1125 hrs	l:		DEC Staff Contacted: pl.hot-line 1(877)-569-4114	
VERBAL NOTIFICATION MUS	T BE MADE TO ADEC WIT	THIN 24 HOURS OF	DISCOVERY OF N	NONCOMPLIANCE	
INCIDENT DETAILS (atta					
Period of Noncompliance   Star	t Date/Time (exact);2/9/2015 (	0920 AM	End Date/Time	(exact);2/10/2015 0910 AM	
If noncompliance has not been con N/A	rrected, provide a statement r	egarding the anticip;	ated time the noncon	npliance is expected to continue:	
Estimated Quantity involved (volu- 1.70 MG ( estimate, effluent flow	ıme or weight): discharged on 2/10/2015)		18.		
the SRT was increased from 11 da	operating under an operation: sys to 12 days in an attempt to built under the 12 day SRT t	s plan that utilizes a i better treat incomin to the point that it bec	moving Solids Reten og organic loading. T	tion Time (SRT). In early December	
Actions taken to reduce, eliminate (describe in detail) (e.g. Supplied onotice)	, and prevent reoccurrence of drinking water to nearby well	f noncompliance and owners and informe	Actual/Potential Im d well owners not to	pact on Environmental Health drink from wells until further	
Operational strategies have been	evised. The SRT has been rec	duced to 11 days and	we are wasting to m	cet target.	
Permit Condition Deviation (Iden	tify each permit condition eve	eeded during the eve	-11Y		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sar		Sample Date	
TSS daily max. concentration	60 mg/J	82 mg/l		2/10/2015	
Corrective Actions (Attach a descr chances of recurrence.) Operational strategies have been a					
Environmental Damage: (If yes,	provide details below)	Yes	□ No	✓ Unknown	
Actual /Potential Impact on Envir	onment/Public Health (descri	be in detail)	-		
Unknown					
I certify under penalty of law that this to assure that qualified personnel property system, or those persons directly responsecurate, and complete. I am aware the knowing violations.	erly gather and evaluate the informations.	mation submitted. Base ion, the information sub	d on my inquiry of the mittad is, to the best of	nerson or nersons who manage the	
Name: Grieko Tempel	Title: Senior Operator	Signature:		Date: 2/22/2015	
	BE SENT TO ADEC WITHIN	FIVE DAYS OF BE	COMING AWARE	Date: 2/23/2015	



#### Alaska Department of Environmental Conscrvation

Division of Water, Compliance and Enforcement Program
555 Cordova Street

Anchorage, Alaska 99501

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GENERAL INFORMATION	PERMIT# (if any):A	K-0022951	2555 EUDV	5 Hall 1997	
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF	1		Location: AK 99801	
Person Reporting: Grieko Tempel	Phone Numbers of Po 907-586-0393	crson Reporting:		d How? (e.g. by phone): notification	
Date/Time Event was Noticed: 03/05/2015	Date/Time Reported: 03/10/2015		Name of N/A	DEC Staff Contacted:	
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WIT	THIN 24 HOURS OF I	DISCOVERY OF	NONCOMPLIANCE	
INCIDENT DETAILS (attac					
	Date/Time (exact):02/09/2015			(exact):02/16/2015 at 0900 AM	
If noncompliance has not been corn N/A	ected, provide a statement re	egarding the anticipat	ed time the nonco	mpliance is expected to continue:	
Estimated Quantity involved (volu- 10.83 MG (estimate, effluent flow d coliform was 100 col/100ml that da	ischarged 02/09/2015 throug	h 02/16/2015 minus fl	ow discharged on	02/10/2015 @ 1.70 MG, fecal	
Description of the noncompliance a via the effluent. The MWWTF is of the SRT was increased from 11 day	nd its cause (be specific): The perating under an operations is to 12 days in an attempt to puilt under the 12 day SRT to	s plan that utilizes a m better treat incoming o the point that it bees	oving Solids Reter organic loading.	tion Time (SRT). In early December	
Actions taken to reduce, climinate, (describe in detail) (e.g. Supplied de notice)	and prevent reoccurrence of rinking water to nearby well	noncompliance and A owners and informed	Actual/Potential In well owners not to	pact on Environmental Health drink from wells until further	
Operational strategies have been re	vised. The SRT has been red	luced from 12 days to	11 days and we ar	e wasting to meet that target.	
Permit Condition Deviation (Identi	fy each permit condition exc	eeded during the even	r)	12 1700	
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam		Sample Date	
Footnote k, page 5: not more than 10% of samples may exceed the daily maximum limit	10% of samples	30% (3 out of ten	samples)	02/09/2015 through 02/16/2015, except 02/10/2015	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced from 12 days to 11 days and we are wasting to meet target.					
Environmental Damage: (if yes, p	rovide details below)	「 Yes	□ No	Unknown	
Actual /Potential Impact on Enviro	nment/Public Health (descri	be in detail)			
Unknown					
I certify under penalty of law that this deto assure that qualified personnel proper system, or those persons directly responsecurate, and complete. I am aware that knowing violations.	ly gather and evaluate the informations is the information of the info	nation submitted. Based on, the information sub-	on my inquiry of the nitted is, to the best o	person or persons who manage the	
	Title: Senior Operator	Signature:	7.	Date: 03/10/2015	
FORMS MUST B	E SENT TO ADEC WITHIN	I FIVE DAYS OF BE	COMING AWAR	E 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.

1					
GENERAL INFORMATION	PERMIT# (if any):A	PERMIT# (if any):AK-0022951			
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF		Facility 1 Juneau, A		
Person Reporting: Jim Westcott	Phone Numbers of P 907-586-0393	erson Reporting:		How? (e.g. by phone): ol. hot-line 1(877)-569-4114	
Date/Time Event was Noticed: 2/19/2015 at 1330 hrs	Date/Time Reported 2/20/2015 at 1125 hrs			DEC Staff Contacted: pLhot-line 1(877)-569-4114	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE					
	ttach additional sheets, lab	The state of the s	OTOTOGO POR CONTRACTOR OF THE PARTY OF THE P		
The state of the s	tart Date/Time (exact):2/10/2015			(exact):2/11/2015 at 0915 AM	
If noncompliance has not been N/A	corrected, provide a statement r	egarding the anticipate	ed time the noncon	npliance is expected to continue:	
Estimated Quantity involved (v 1.66 MG (estimate, effluent flo					
Description of the noncompliance and its cause (be specific): The Mendenhall WWTF (MWWTF) is currently experiencing a loss of solids via the effluent. The MWWTF is operating under an operations plan that utilizes a moving Solids Retention Time (SRT). In early December the SRT was increased from 11 days to 12 days in an attempt to better treat incoming organic loading. This appeared to be working for a short period. However, inventory built under the 12 day SRT to the point that it became difficult to contain it within the system. Chemical dosage of the inventory showed little or no improvement, of settleability.					
	ate, and prevent reoccurrence of ad drinking water to nearby well				
Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.					
Permit Condition Deviation (Id	lentify each permit condition exc	eeded during the even	t.)	(i	
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam		Sample Date	
TSS daily max. concentration	60 mg/l	160 mg/l		2/11/2015	
Fecal coliform daily max.	224 col/100ml	800 col/100ml		2/11/2015	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.					
Environmental Damage: (if ye	es, provide details below)	☐ Yes	ΓNο	✓ 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: Gricko Tempel	Title: Senior Operator	Signature:	-	Date: 2/23/2015	
FORMS MUS	T BE SENT TO ADEC WITHI	N FIVE DAYS OF BEC	COMING AWARI	E OF THE EVENT.	



555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: I(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 F-mail address: dec-wqreporting@alaska.gov.

	NONCOMPLIA	INCE NOTI	FICATIO.	N
GENERAL INFORMATION	PERMIT# (if any):A	K-0022951		1 2 - 10 C
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF	333.4	Facility Juneau,	Location: AK
Person Reporting: Jim Westcott	Phone Numbers of P 907-586-0393	Phone Numbers of Person Reporting: Reported How? (e.g. by phone): 907-586-0393 Non-compl. hot-line 1(877)-569-4114		
Date/Time Event was Noticed: Date/Time Reported: Name of DEC Staff Contacted: 2/19/2015 at 1330 hrs 2/20/2015 at 1125 hrs Non-compl.hot-line 1(877)-569-4114				
VERBAL NOTIFICATION MU	ST BE MADE TO ADEC WIT	THIN 24 HOURS OF	DISCOVERY OF	NONCOMPLIANCE
INCIDENT DETAILS (att	ach additional sheets, lab	reports, and pho	tos as necessar	y)
Free control transfer and section of the section of	rt Date/Time (exact):2/11/2015	t mount construction where		e (exact):2/12/2015 at 0925 AM
If noncompliance has not been co N/A	rrected, provide a statement r	egarding the anticipa	ted time the nonco	mpliance is expected to continue:
Estimated Quantity involved (vol 1.69 MG (estimate, effluent flow				
via the effluent. The MWWTF is the SRT was increased from 11 d	operating under an operation ays to 12 days in an attempt to y built under the 12 day SRT t	s plan that utilizes a u better treat incomin to the point that it hec	noving Solids Reter g organic loading,	rrently experiencing a loss of solids nation Time (SRT). In early December This appeared to be working for a nation it within the system Chemical
Actions taken to reduce, eliminat (describe in detail) (e.g. Supplied notice)	e, and prevent reoccurrence of drinking water to nearby well	f noncompliance and l owners and informe	Actual/Potential In d well owners not t	npact on Environmental Health o drink from wells until further
Operational strategies have been	revised. The SRT has been re-	duced to 11 days and	we are wasting to 1	meet target.
Permit Condition Deviation (Idea	atify each permit condition exc	ceeded during the eve	nt.)	
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sar	mple result)	Sample Date
BOD daily max. concentration	60 mg/l	67 mg/l		2/12/2015
TSS daily max. concentration	60 mg/l	88 mg/l		2/12/2012
Fecal coliform daily max.	224 col/100ml	5500 col/100ml		2/12/2015
	ription of corrective actions t	aken to restore the sy	stem to normal ope	ration and to minimize or eliminate
chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.				
Environmental Damage: (if yes,	provide details below)	☐ Yes	□ No	✓ Unknown
Actual /Potential Impact on Envi	ronment/Public Health (descri	ibe 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: Grieko Tempel	Title: Senior Operator	Signature:	122	Date: 2/23/2015
	BE SENT TO ADEC WITHE		COMING AWAR	



555 Cordova Street

Anchorage, Alaska 99501

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	NONCOMPLIA	NCE NOT	IFICA	HOP		
GENERAL INFORMATION	PERMIT# (if any):Ab	K-0022951				
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF			Facility L Juneau, A		
Person Reporting: Jim Westcott	Phone Numbers of Per 907-586-0393	rson Reporting:			How? (e.g. by phone): al. hot-line 1(877)-569-4114	
Date/Time Event was Noticed: 2/19/2015 at 1330 hrs	Date/Time Reported: 2/20/2015 at 1125 hrs		33		DEC Staff Contacted: pl.hot-line 1(877)-569-4114	
VERBAL NOTIFICATION MUST	T BE MADE TO ADEC WITE	HIN 24 HOURS OF	FDISCOVE	RY OF N	ONCOMPLIANCE	
INCIDENT DETAILS (atta	ch additional sheets, lab	reports, and ph	otos as ne	cessary)		
The same of the sa	Period of Noncompliance Start Date/Time (exact):2/12/2015 0940 AM End Date/Time (exact):2/13/2015 at 0925 AM					
If noncompliance has not been cor N/A	rected, provide a statement re	garding the anticip	ated time th	е попсоп	ipliance is expected to continue:	
Estimated Quantity involved (volu 1.99 MG (estimate, effluent flow						
the SRT was increased from 11 da	perating under an operations p ys to 12 days in an attempt to l built under the 12 day SRT to	plan that utilizes a better treat incomi the point that it be	moving Sol ng organic l	ids Retent oading, T	tion Time (SRT). In early December	
Actions taken to reduce, eliminate (describe in detail) (e.g. Supplied d notice)	, and prevent reoccurrence of i frinking water to nearby well c	noncompliance and owners and inform	l Actual/Pot ed well own	ential Impers not to	pact on Environmental Health drink from wells until further	
Operational strategies have been r	evised. The SRT has been redu	uced to 11 days and	l we are was	sting to m	cet target.	
Permit Condition Deviation (Ident	ify each normit condition exce	eded during the ev	ent )			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sa		)	Sample Date	
TSS daily max. concentration	60 mg/I	71 mg/I			2/13/2015	
BOD daily max. concentration	60 mg/l	63 mg/l			2/13/2015	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or climinate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.						
Environmental Damage: (if yes, p	provide details below)	☐ Yes	Г	No	<b>▼</b> Unknown	
Actual /Potential Impact on Enviro	onment/Public Health (describ	e in detail)		-		
Unknown						
I certify under penalty of law that this of to assure that qualified personnel proper system, or those persons directly response accurate, and complete. I am aware that knowing violations.	erly gather and evaluate the inform usible for gathering the informatio	nation submitted. Bas on, the information su	ed on my inquinted is, to	uiry of the the best of	person or persons who manage the	
Name: Grieko Tempel	Title: Senior Operator	Signature:	Ser .		Date: 2/23/2015	
FORMS MUST B	BE SENT TO ADEC WITHIN		ECOMING	AWARE	OF THE EVENT.	



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-wgreporting@alaska.gov.

### NONCOMPLIANCE NOTIFICATION

	HONCOMILLI	ANCE NOT	IFICATIO		
GENERAL INFORMATION PERMIT# (if any):					
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWT	P	Facility l Juneau, A	Location: AK	
Person Reporting: Grieko Tempel	Phone Numbers o 907-586-0393	f Person Reporting:		How? (e.g. by phone): ace, hot-line 1-877-569-4114	
Date/Time Event was Notice 02/25/2015 at 1023	36 Ph			DEC Staff Contacted: ice hot-line 1-877-569-4114	
VERBAL NOTIFICATION	MUST BE MADE TO ADEC W	THIN 24 HOURS OF	DISCOVERY OF	NONCOMPLIANCE	
INCIDENT DETAILS	(attach additional sheets, I	ab reports, and ph	otos as necessary	)	
Period of Noncompliance	Start Date/Time (cxact):1/15/20		Septiments of the september of the septe	(exact): 1/16/2015 at 0840 AM	
If noncompliance has not be N/A	en corrected, provide a statemen	t regarding the auticip	ated time the noncor	npliance is expected to continue:	
Estimated Quantity involved 1.83 MG (estimate, effluent to		6			
the effluent. The MWWTP is was increased from 11 days to working for a short period. He	operating under an operations plan	that utilizes a moving S rentory in an attempt to l 2 day SRT to the point ti	olids Retention Time better treat incoming	ntly 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, 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)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet that target.					
Permit Condition Deviation	(Identify each permit condition	exceeded during the evo	ent.)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sa	mple result)	Sample Date	
BÓD	60 mg/l daily max.	64 mg/1		2-16-2015	
10					
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet that target.					
Environmental Damage: (i	f yes, provide details below)	□ Yes	√ No	Unknown	
Actual /Potential Impact on	Environment/Public Health (des	cribe in detail)		774 700 dis	
Unknown					
to assure that qualified personne system, or those persons directl accurate, and complete. I am av knowing violations.	el properly gather and evaluate the in y responsible for gathering the informate vare that there are significant penaltic	formation submitted. Bas nation, the information su es for submitting false info	ed on my inquiry of the bmitted is, to the best of	possibility of fine and imprisonment for	
Name: Jim Westcott	Title: Senior Operator	Signature:	- MIT	Date: 2-27-2015	

Updated May 2010



### 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.

<u> </u>		INICE NOTE	TROTTIO			
GENERAL INFORMATION	PERMIT# (if any):AK-0022951					
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF		Facility I Juneau, A	Location: AK 99801		
Person Reporting: Grieko Tempel	Phone Numbers of 907-586-0393	Person Reporting:		t How? (c.g. by phone): notification		
Date/Time Event was Noticed: 2/26/2015	Date/Time Reports 03/10/2015	ed:	Name of N/A	Name of DEC Staff Contacted: N/A		
VERBAL NOTIFICATION MUST	BE MADE TO ADEC W	TTHIN 24 HOURS OF	DISCOVERY OF N	ONCOMPLIANCE		
INCIDENT DETAILS (attac		111000		NOTE OF THE PROPERTY OF THE PR		
Period of Noncompliance Start Date/Time (exact):02/15/2015 End Date/Time (exact):02/21/2015						
If noncompliance has not been corr N/A	rected, provide a statement	t regarding the anticipa	ted time the noncor	npliance is expected to continue:		
Estimated Quantity involved (volu 12.18 MG (effluent flow discharged		/2015)	A CONTRACTOR OF THE CONTRACTOR			
the SRT was increased from 11 day	perating under an operations ys to 12 days in an attempt built under the 12 day SKI	ons plan that utilizes a n to better treat incoming I to the point that it bee	noving Solids Reten g organic loading, T	tion Time (SRT), In early December		
Actions taken to reduce, climinate, (describe in detail) (e.g. Supplied d notice)	and prevent reoccurrence rinking water to nearby we	of noncompliance and ell owners and informed	Actual/Potential Im d well owners not to	pact on Environmental Health drink from wells until further		
Operational strategies have been re	evised. The SRT has been r	reduced to 11 days and	we are wasting to m	ect that target.		
Permit Condition Deviation (Identi	fy each permit condition e	xceeded during the ever	nt.)	****		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (san		Sample Date		
TSS weekly avg. concentration	45 mg/l	55.2 mg/l		02/15/2015 through 02//21/2015		
BOD weekly avg. concentration	45 mg/l	61.4 mg/l		(week 3)		
Currective Actions (Attach a descriction of recurrence.)  Operational strategies have been re				et 247 (1), 3 - 3 (200), 1, 10-9 (1)(10 - 40 (1) - 40 (1) (1)(1) (1) (1) (10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Environmental Damage: (if yes, p	rovide details below)	ſ <sup>™</sup> Yes	□ No	✓ Unknown		
Actual/Potential Impact on Enviro	nment/Public Health (desc	The second secon		42		
Unknown						
knowing violations.	rly gather and evaluate the info usible for gathering the inform	ormation submitted. Based ation, the information sub-	I on my inquiry of the mitted is, to the best or	person or persons who manage the		
	E SENT TO ADEC WITH		COMING AWARE			



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Anchorage, Alaska 99501

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	NONCO	MPLIANCE	VOTIFICA	AHON	
GENERAL INFORMATION PERMIT# (if any): AK-0022951					
Owner or Operator: City and Borough of Juneau	cau Facility Name: Mendenhall WWTF			Facility Location: Juneau, AK	
Person Reporting: Grieko Tempel		Phone Numbers of Person Reporting: 907-586-0393			nw? (e.g. by phone): hot-line 1(877)-569-4114
Date/Time Event was Notic 2/25/2015 at 1300		Date/Time Reported: 2/25/2015 at 1530 hrs		Name of DEC Staff Contacted: Compliance hot-line 1(877)-569-4114	
VERBAL NOTIFICATIO	N MUST BE MADE TO	ADEC WITHIN 24 HO	URS OF DISCOV	ERY OF NO	SCOMPLIANCE
INCIDENT DETAILS					
Period of Noncompliance	Start Date/Time (exact	e/Time (exact):2/16/2015 at 0855 AM End Date/Time (exact):			act):2/17/2015 at 0900 AM
If noncompliance has not b N/A	een corrected, provide a	a statement regarding the	anticipated time	the noncompl	iance is expected to continue:
Estimated Quantity involve 1.94 MG( estimate, effluent		7/2015)			1
via the effluent. The MWW the SRT was increased from	TF is operating under a m 11 days to 12 days in a entory built under the 1	an operations plan that w an affempt to better treat 2 day SRT to the point th	tilizes a moving Se incoming organic	olids Retention Lloading, This	tly experiencing a loss of solids i Time (SRT). In early December appeared to be working for a it within the system, Chemical
Actions taken to reduce, cli (describe in detail) (e.g. Sup notice)	minate, and prevent rec pplied drinking water to	occurrence of noncomplia o nearby well owners and	nce and Actual/P- informed well ow	otential Impac ners not to dr	ct on Environmenta) Health ink from wells until further
Operational strategies have	been revised. The SRT	has been reduced to 11 d	ays and we are w	asting to meet	target.
Permit Condition Deviation	(Identify each permit	condition exceeded durin	the event )		
Parameter (e.g. BOD pH)	Permit Limit		once (sample resu	in s	Sample Date
TSS	60 mg/l	72 mg/l			/17/2015
Corrective Actions (Attach chances of recurrence.)  Operational strategies have					on and to minimize or climinate
Environmental Damage; (			8	Γ No	₩ Unknown
Actual /Potential Impact on	Environment/Public H	calth (describe in detail)			
Unknown					
to assure that qualified persont system, or those persons direct	ol properly gather and eval ly responsible for gathering	duate the information submit g the information, the inform	ted. Based on my in ation submitted is, t	iquiry of the per to the best of my	necordance with a system designed son or persons who manage the v knowledge and belief, true, sibility of line and imprisonment for
				A STATE OF THE STA	
Name: Grieko Tempel	Title: Senior C	Operator Signatu	re:	•	Date: 2/26/2015
		EC WITHIN FIVE DAY		G AWARE O	F 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.eov,

GENERAL INFORMATIO	N	PERMIT# (if any):	AK-0022951	1875		
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall WWTF			Facility Location: Junean, AK	
Person Reporting: Gricko Tempel					d How? (c.g. by phone): noc hot line 1-877-569-4114	
Date/Time Event was Notice 3/2/15 at 1330 hrs		Date/Time Reported: 3/2/15 at 1515 hrs			DEC Staff Contacted: nce hot-linc 1-877-569-4114	
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):2/18/15 at 0855 AM				End Date/Time (exact):2/19/15 at 0905 AM		
If noncompliance has not be N/A	en corrected,	provide a statement	regarding the anticipate	ed time the nonco	mpliance is expected to continue:	
Estimated Quantity involved 1.78 MG (estimate, effluent i				740	- No. 400 W	
Description of the noncompliance and its cause (be specific): The Mendenhall WWTF (MWWTF) is currently experiencing a loss of solids via the effluent. The MWWTF is operating under an operations plan that utilizes a moving Solids Retention Time (SRT). In early December the SRT was increased from 11 days to 12 days in an attempt to better treat incoming organic loading. This appeared to be working for a short period. However, inventory built under the 12 day SRT to the point that it became difficult to contain it within the system. Chemical dosage of the inventory showed little to no improvement of settleabilty.						
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)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.						
Permit Condition Deviation	(Identify each	permit condition e	receded during the event	.)		
Parameter (e.g. BOD pH)	Pern	nit Limit	Exceedance (sam)	ole result)	Sample Date	
BOD concentration	60 m	g/l	74 mg/l		2/19/15	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.						
Environmental Damage: (if	ves provide	dataîle halow)	□ Yes		₩ Linkneum	
Environmental Damage: (if yes, provide details below)  Ves  No  Unknown  Actual / Potential Impact on Environment/Public Health (describe in detail)						
Unknown						
Lecrtify 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: Grieko Tempel	Title:	Senior Operator	Signature:		Date: 3/3/15	
FORMS M	UST BE SEN		IN FIVE DAYS OF BEC	OMING AWAR		



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.

	NONCOMPLI	ANCE NOT	IFICATIO	N		
GENERAL INFORMATION	PERMIT# (if any):	:AK-0022951				
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF	Facility Name: Facility Location: Mendenhall WWTF Juneau, AK				
Person Reporting: Grieko Tempel	Phone Numbers of 907-586-0393	Person Reporting:		d How? (e.g. by phone): nee hot line 1-877-569-4114		
Date/Time Event was Noticed: 3/2/15 at 1330 hrs	Date/Time Reporte 3/2/15 at 1515 hrs	ed:	5.6	Name of DEC Staff Contacted: Compliance hot-line 1-877-569-4114		
VERBAL NOTIFICATION MUST	BE MADE TO ADEC W	ITHLN 24 HOURS OF	F DISCOVERY OF	NONCOMPLIANCE		
INCIDENT DETAILS (attac				70 ( - 72 ) - 12 ( - 72 ) ( -		
Period of Noncompliance Start Date/Time (exact):2/19/15 at 0905 AM End Date/Time (exact):2/20/15 at 0900 AM						
If noncompliance has not been corn N/A	ected, provide a statement	regarding the anticip				
Estimated Quantity involved (volu- 1.68 MG (estimate, effluent flow di				3 1 7 A		
the SRT was increased from 11 day	perating under an operatio ys to 12 days in an attempt oullt under the 12 day SRT	ns plan that utilizes a to better treat incomi to the point that it be	moving Solids Reter ng organic loading.	ition Time (SRT), In early December		
Actions taken to reduce, eliminate, (describe in detail) (e.g. Supplied d notice)	and prevent reoccurrence rinking water to nearby we	of noncompliance and ell owners and inform	i Actual/Potential In ed well owners not to	tpact on Environmental Health o drink from wells until further		
Operational strategies have been re	vised. The SRT has been r	educed to 11 days and	l we are wasting to n	neet target.		
Permit Condition Deviation (Identi	ify each nermit condition e	screded during the ex	ent.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sa		Sample Date		
BOD concentration	60 mg/l	76 mg/l		2/20/15		
TSS concentration	60 mg/l	61 mg/l		2/20/15		
			48			
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or climinate chances of recurrence.)  Operational strategies have been revised. The SRT has been reduced to 11 days and we are wasting to meet target.						
Environmental Damage: (if yes, p	rovide details below)	┌ Yes	√ No	✓ Unknown		
Actual /Potential Impact on Environment/Public Health (describe in detail)						
Unknown			ii:			
to assure that qualified personnel prope system, or those persons directly respon	rly gather and evaluate the info asible for gathering the inform	ormation submitted. Bas ation, the information su	ed on my inquiry of the bmitted 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		
	Title: Senior Operator	Signature:		Date: 3/3/15		
FORMS MUST B	E SENT TO ADEC WITH	IN FIVE DAMS OF E	ECOMING AWAR	E OF THE EVENT.		



555 Cordova Street

Anchorage, Alaska 99501

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Owner or Operator:	PERMIT# (if any):	AR-0022931		2000 TX
City and Borough of Juneau	Facility Name: Mendenhall WWTF		Facility Locat Juneau, AK	ion:
Person Reporting: Gricko Tempel	Phone Numbers of 907-586-0393	Person Reporting:		v? (e.g. by phone): ot-line 1-877-569-4114
Date/Time Event was Noticed: 03/05/2015 at 0830 AM	Date/Time Reporte 03/05/2015 0920 AM			Staff Contacted: pt-line 1-877-569-4114
VERBAL NOTIFICATION MU	ST BE MADE TO ADEC WI	THIN 24 HOURS OF I	DISCOVERY OF NON-	COMPLIANCE
NCIDENT DETAILS (att			440	
Period of Noncompliance Sta	ert Date/Time (exact):02/22/20	15 at 0830AM	End Date/Time (cxa	et):02/23/2015 at 0845 AM
I noncompliance has not been co	orrected, provide a statement	regarding the anticipat		
Estimated Quantity involved (vo 2.24 MG ( estimate, effluent flow				
Description of the noncompliance the effluent. The MWWTF is open was increased from 11 days to 12 of Iowever, inventory built under the showed little or no improvement of Actions taken to reduce, eliminate	ating under an operations plan to days in an attempt to better treated 12 day SRT to the point that it is settleability.  Ite, and prevent reoccurrence of the point that it is settleability.	that utilizes a moving Sol t incoming organic loadir t became difficult to cont of noncompliance and A	ids Retention Time (SRIng, This appeared to be wain it within the system, water all Potential Impact	In early December the SRT orking for a short period. Chemical dosage of the inventor on Environmental Health
describe in detail) (e.g. Supplied notice)  Operational strategies have been re-				k trom wens unin turtner
Permit Condition Deviation (Ide	ntify each permit condition ex	secoded during the even	t.)	
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam		mplc Date
BOD concentration	60 mg/l	76 mg/l	02	/23/2015
ISS concentration	60 mg/l	100 mg/l	02	/23/2015
	cription of corrective actions	taken to restore the syst	tem to normal operation	and to minimize or climinate
Corrective Actions (Attach a des chances of recurrence.)  Deerational strategies have been re		ed to 11 days and we are	wasting to meet target	
hances of recurrence.)	evised. The SRT has been reduc	cod to 11 days and we are	wasting to meet target	<b>V</b> Luknown
chances of recurrence.) Operational strategies have been re	evised. The SRT has been reduc s, provide details below)	□ Yes		
chances of recurrence.)  Degrational strategies have been re  Environmental Damage: (if yes  Actual /Potential Impact on Envi	evised. The SRT has been reduced, provide details below)  Ironment/Public Health (descriptions)  Is document and all attachments we operly gather and evaluate the informations of the information of the i	ribe in detail)  vere prepared under my disormation submitted. Based ation, the information subm	rection or supervision in ac on my inquiry of the pers nitted is, to the best of my	Coordance with a system designed on or persons who manage the knowledge and belief, true,



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: dee-wqreporting@alaska.gov.

GENERAL INFORMATION	PERMIT# (if any):A	K-0022951				
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTF			Facility Location: Juncau, AK 99801		
Person Reporting: Grieko Tempel	erson Reporting:		How? (e.g. by phone): otification			
Date/Time Event was Noticed: 03/05/2015	Date/Time Reported: 03/10/2015	Date/Time Reported: 03/10/2015		DEC Staff Contacted:		
VERBAL NOTIFICATION MUST	F BE MADE TO ADEC WIT	HIN 24 HOURS OF	DISCOVERY OF N	IONCOMPLIANCE		
INCIDENT DETAILS (attack	ch additional sheets, lab	reports, and pho	tos as necessary	)		
Period of Noncompliance Start Date/Time (exact):02/22/2015			End Date/Time (exact):02/28/2015			
If noncompliance has not been cor N/A	rected, provide a statement re	egarding the anticipa	ted time the noncon	opliance is expected to continue;		
Estimated Quantity involved (volu 13.71 MG (effluent flow discharged		015)				
the SRT was increased from 11 day	perating under an operations ys to 12 days in an attempt to built under the 12 day SRT to	plan that utilizes a n better treat incoming the point that it bec	noving Solids Reten g organic loading, T	tion Time (SRT). In early December		
Actions taken to reduce, eliminate, (describe in detail) (e.g. Supplied d notice)						
Operational strategies have been re	evised. The SRT has been red	luced to 11 days and	we are wasting to m	eet that target.		
Permit Condition Deviation (Ident	ify each permit condition exc	coded during the ever	nt.)	(In 40)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (san		Sample Date		
TSS weekly avg. concentration	45 mg/l	89.0 mg/l		02/22/2015 through 02//28/2015		
BOD weekly avg. concentration	45 mg/l	63.8 mg/l		(week 4)		
				41		
Corrective Actions (Attach a descr chances of recurrence.)	iption of corrective actions ta	ken to restore the sys	stem to normal oper	ation and to minimize or eliminate		
Operational strategies have been re	evised. The SRT has been red	luced to 11 days and	we are wasting to m	eet that target.		
Environmental Damage: (if yes, p	provide details below)	T Yes	L, Vo	₩ Unknawn		
Actual /Potential Impact on Enviro						
Laknown						
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 of Catalog Wassers	TIME PLANTS	(1)		Project Control of Control		
Name: Gricko Tempel	Title: Senior Operator RESENT TO ADEC WITHIN	Signature:	COMING AWARI	Date: 03/10/2015		

### AK-Alaska DEC 0022951

#### 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.

	GENERAL INFORMATION PERMIT# (if any):AK-0022951					
Owner or Operator:	Facility Nam	Facility Name:		Facility Location:		
City and Borough	Mendenhall V	WWTF	Juneau,	AK-0022951		
Person Reporting: Grieko Tempel	Phone Numb 907-586-0393	pers of Person Reporting: 3		ed How? (e.g. by phone): unce hot-line 1-877-569-4114		
	atc/Time Event was Noticed: Date/Time Reported: 03/06/2015 at 1330 hrs 03/06/2015 at 1455 hrs			f DEC Staff Contacted: unce hot-line 1-877-569-4114		
VERBAL NOTIFICATION	MUST BE MADE TO AD	EC WITHIN 24 HOURS O	F DISCOVERY OF	NONCOMPLIANCE		
INCIDENT DETAILS	(attach additional she	ets, lab reports, and ph	otos as necessar	y)		
Period of Noncompliance	Start Date/Time (exact):02		e (exact):02/26/2015 at 0905 AM			
If noncompliance has not be N/A	en corrected, provide a stat	tement regarding the anticip	pated time the nonce	empliance is expected to continue;		
Estimated Quantity involve 1.84 MG (estimate, effluent		<del>oceana waxa</del>		\$6000		
the effluent. The MWWTF is was increased from 11 days to	operating under an operation of 12 days in an attempt to better the 12 day SRT to the point	is plan that utilizes a moving t ter treat incoming organic loa	Solids Retention Time iding. This appeared t	ently experiencing a loss of solids via c (SRT), In early December the SRT o be working for a short period, stem. Chemical dosage of the inventory		
	plied drinking water to nea	rby well owners and inform	ed well owners not t	mpact on Environmental Health to drink from wells until further		
Promit Condition Deviation	(Ideatify each negative and	1/2				
Permit Condition Deviation		The state of the s				
Permit Condition Deviation Parameter (e.g. BOD pll) BOD concentration mg/l	(Identify each permit cond Permit Limit 60 mg/l	ition exceeded during the ex Exceedance (se 72 mg/l		Sample Date 02/26/2015		
Parameter (e.g. BOD pll) BOD concentration mg/l	Permit Limit 60 mg/l a description of corrective a	Exceedance (se 72 mg/l sections taken to restore the s	umple result) system to normal ope	Sample Date 02/26/2015 cration and to minimize or climinate		
Parameter (e.g. BOD pll) BOD concentration mg/l Corrective Actions (Attach chances of recurrence.) Operational strategies have be	Permit Limit 60 mg/l a description of corrective a	Exceedance (see 72 mg/l sections taken to restore the sections are reduced to 11 days and we	system to normal operare wasting to meet to	Sample Date 02/26/2015  cration and to minimize or climinate		
Parameter (e.g. BOD pll) BOD concentration mg/l Corrective Actions (Attach chances of recurrence.) Operational strategies have b	Permit Limit 60 mg/l a description of corrective a con revised. The SRT has bee	Exceedance (see 72 mg/l nections taken to restore the sen reduced to 11 days and we	umple result) system to normal ope	Sample Date 02/26/2015 cration and to minimize or climinate		
Parameter (e.g. BOD pll) BOD concentration mg/l Corrective Actions (Attach chances of recurrence.) Operational strategies have be	Permit Limit 60 mg/l a description of corrective a con revised. The SRT has bee	Exceedance (see 72 mg/l nections taken to restore the sen reduced to 11 days and we	system to normal operare wasting to meet to	Sample Date 02/26/2015  cration and to minimize or climinate		
Parameter (e.g. BOD pll) BOD concentration mg/l Corrective Actions (Attach chances of recurrence.) Operational strategies have b Environmental Damage: ( Actual /Potential Impact on Unknown Lecrtify under penalty of law the to assure that qualified personnesystem, or those persons direct	Permit Limit 60 mg/l a description of corrective a cen revised. The SRT has bee if yes, provide details below Environment/Public Health tat this document and all attach el properly gather and evaluate y responsible for gathering the	Exceedance (second for the second for taken to restore the second for the second	ample result)  system to normal operate wasting to meet to No  direction or supervisions and on my inquiry of the abmitted is, to the best	Sample Date 02/26/2015  cration and to minimize or climinate		

# AKAlaska DEC 0022951

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

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.

L	NONCOMI LIA	AINCE NOT	FICATIO.		
GENERAL INFORMATION	PERMIT# (if any):A	AK-0022951	==5000		
Owner or Operator: City and Borough	Facility Name: Mendenhall WWTF			Facility Location: Juncau, AK-0022951	
Person Reporting: Gricko Tempel	Phone Numbers of I 907-586-0393	Person Reporting:		d How? (c.g. by phone): nce hot-line 1-877-569-4114	
			DEC Staff Contacted: nce hot-line 1-877-569-4114		
VERBAL NOTIFICATION M	UST BE MADE TO ADEC WIT	THIN 24 HOURS OF	DISCOVERY OF	NONCOMPLIANCE	
Programme and the second secon	ttach additional sheets, lal				
Period of Noncompliance Start Date/Time (exact):02/26/2015 at 0905 AM End Date/Time (exact):02/27/2015 at 0925					
SOURCE CONTROL OF THE PROPERTY			THE RESERVE OF THE PARTY OF THE	mpliance is expected to continue:	
Estimated Quantity involved (v 1.86 MG (estimate, effluent disc		W212 1241		1915	
the effluent. The MWWTF is ope was increased from 11 days to 12	erating under an operations plan the days in an attempt to better treat the 12 day SRT to the point that it	iat utilizes a moving Sc incoming organic load:	olids Retention Time ing. This appeared to	ntly experiencing a loss of solids via (SRT). In early December the SRT of the working for a short period. stem. Chemical dosage of the inventory	
Actions taken to reduce, eliminated (describe in detail) (e.g. Supplied notice)  Operational strategies have been a	ate, and prevent reoccurrence of drinking water to nearby well are its second reduction. The SRT has been reductive.	l owners and informed	d well owners not to	drink from wells until further	
Permit Condition Deviation (Id	entify each permit condition ex-	ceeded during the ever	at.)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (san	The state of the s	Sample Date	
BOD concentration mg/l	60 mg/l	71 mg/1		02/27/2015	
TSS concentration mg/l	60 mg/I	65 mg/l		02/27/2015	
Corrective Actions (Altach a de chances of recurrence.)  Operational strategies have been			10 10 10 10 10 10 10 10 10 10 10 10 10 1	ration and to minimize or climinate	
Environmental Damage: (if ye	s, provide details below)	□ Yes	□ No	₩ Unknown	
Actual /Potential Impact on En		115 100000	0801-040000		
Unknown					
to assure that qualified personnel pr system, or those persons directly re-	roperly gather and evaluate the infor sponsible for gathering the informat	mation submitted. Based tion, the information sub-	I on my inquiry of the mitted is, to the best o	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	
Sarth 600002 to switch the					
Name: Gricko Tempel	Title: Senior Operator THE SENT TO ADEC WITHE	Signature:	COMING AWAR	Date: 03/07/2015	