MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

Aug-2015

		FLOWS				Influent											Effluent								
DAY	DATE	SBR INFLUENT MGD	precip	SBR TTL EFFL MGD	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	IPS TSS mg/L	IPS TSS LBS	IPS BOD mg/L	IPS BOD LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/l	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Turbidity On FC Grab	FECAL COLIFORM /100 ml
SUN	2	2.46	T	2.25	0.0894																				
MON	3	2.42	T	2.38	0.0908	16.2	7.3	1.7	140.0	2825.6	170.0	3431.1	333.0	8331.7	480.0	9687.7	16.8	6.9	3.5	6.8	135.0	11.0	218.3	4.5	76.0
TUE	4	2.28	0.00	2.25	0.0867	15.7	7.1	2.6	200.0	3803.0	310.0	5894.7	347.0	11575.9	530.0	10078.1	17.4	7.0	2.8	8.4	157.6	8.2	153.9	5.8	480.0
WED	5	2.35	0.00	2.17	0.0939	15.9	7.0	1.6	276.0	5409.3	370.0	7251.6	333.0	13886.1	720.0	14111.3	17.5	6.9	2.9	11.0	199.1	14.0	253.4		
THU	6	2.38	0.06	2.25	0.1226	16.3	6.9	2.1	900.0	17864.3	800.0	15879.4	640.0	32025.6	453.0	8991.7	17.3	6.9	3.0	11.0	206.4	17.0	319.0		
FRI	7	2.23	0.01	2.09	0.0857	16.1	7.1	2.0	212.0	3942.8	380.0	7067.3	467.0	27263.5	680.0	12646.8	17.8	6.9	2.6	12.0	209.2	19.0	331.2		
SAT	8	2.21	0.00	2.10	0.0765																				
SUN	9	2.04	0.00	1.90	0.0653																				
MON	10	2.25	0.20	2.08	0.0802	16.2	7.5	2.0	152.0	2852.3	230.0	4316.0	440.0	36696.0	520.0	9757.8	17.4	6.9	2.7	9.0	156.1	20.0	346.9	6.4	150.0
TUE	11	2.28	0.38	2.32	0.0745	16.4	7.0	1.5	236.0	4487.6	300.0	5704.6	393.0	36053.8	570.0	10838.7	17.7	7.0	2.3	9.2	178.0	14.0	270.9	6.7	530.0
WED	12	2.82	1.00	2.76	0.0689	15.8	7.0	2.4	244.0	5738.6	320.0	7526.0	433.0	43334.6	550.0	12935.3	17.6	6.9	2.8	9.2	211.8	13.0	299.2		
THU	13	2.50	0.00	2.50	0.0994	16.1	7.5	1.9	262.0	5462.7	370.0	7714.5	804.0	87169.7	390.0	8131.5	17.3	6.9	2.7	8.5	177.2	14.0	291.9		
FRI	14	2.42	0.00	2.31	0.1024	15.4	7.3	2.7	189.0	3814.5	230.0	4642.0	690.0	80564.4	370.0	7467.6	16.9	6.9	3.0	8.4	161.8	14.0	269.7		
SAT	15	2.25	0.00	2.18	0.0673																				
SUN	16	2.09	0.08	1.99	0.0535																				
MON	17	2.26	0.32	2.31	0.0498	16.2	7.1	1.8	163.0	3072.3	210.0	3958.2	4280.0	606818.4	520.0	9801.2	16.9	6.9	2.6	10.0	192.7	19.0	366.0	5.4	16.0
TUE	18	2.98	1.05	2.87	0.0932	16.3	7.0	1.8	183.0	4548.1	270.0	6710.4	700.0	105084.0	450.0	11183.9	17.5	6.9	2.9	8.8	210.6	12.0	287.2	7.5	250.0
WED	19	2.63	0.26	2.61	0.0997	15.8	7.2	2.8	291.0	6382.9	320.0	7018.9	3380.0	535594.8	300.0	6580.3	17.8	6.9	3.1	11.0	239.4	15.0	326.5		
THU	20	2.77	M	2.73	0.1153	15.7	7.0	2.3	273.0	6306.8	400.0	9240.7	1090.0	181812.0	450.0	10395.8	16.9	6.9	2.9	11.0	250.5	18.0	409.8		
FRI	21	2.57	1.03	2.61	0.0820	15.8	7.0	2.2	193.0	4136.7	340.0	7287.5	1360.0	238190.4	570.0	12217.3	17.1	6.8	3.4	12.0	261.2	20.0	435.3		
SAT	22	2.87	0.69	2.73	0.0721																				
SUN	23	2.77	0.11	2.67	0.0676																				
MON	24	2.99	0.00	2.86	0.0519	15.8	6.9	0.1									16.8	6.9	3.4						
TUE	25	2.41	0.00	2.59	0.0490	15.9	7.1	2.2	200.0	4019.9	250.0	5024.9	376.0	78396.0	370.0	7436.8	17.2	6.8	2.9	8.8	190.1	11.0	238	4.5	270.0
WED	26	2.40	0.05	2.29	0.0852	15.7	7.2	2.4	200.0	4003.2	340.0	6805.4	435.0	94325.4	550.0	11008.8	17.2	6.8	3.1	9.2	175.7	14.0	267	5.7	800.0
THU	27	2.78	M	2.62	0.0723	15.9	7.4	2.5	178.0	4127.0	310.0	7187.4	1970.0	443604.6	450.0	10433.3	17.3	6.8	3.0	12.0	262.2	17.0	371		
FRI	28	2.88	0.48	2.80	0.0515	16.6	7.4	3.6	188.0	4515.6	190.0	4563.6	1250.0	291900.0	350.0	8406.7	17.2	6.7	3.3	9.2	214.8	12.0	280		
SAT	29	2.74	M	2.72	.035784.																				
TOTAL		70.03	5.72	67.94	2.1466																				
MAXIMUM		2.99	1.05	2.87	0.1226	16.6	7.5	3.6	900.0	17864.3	800.0	15879.4	4280.0	606818.4	720.0	14111.3	17.8	7.0	3.5	12.0	262.2	20.0	435.3	7.5	800.0
MINIMUM		2.04	0.00	1.90	0.0490	15.4	6.9	0.1	140.0	2825.6	170.0	3431.1	333.0	8331.7	300.0	6580.3	16.8	6.7	2.3	6.8	135.0	8.2	153.9	4.5	16.0
AVERAGE *		2.50	0.25	2.43	0.080	15.99		2.1	246.3	5121.7	321.6	6696.0	1037.9	155401.4	488.1	10111.1	17.3		2.9	9.8	199.4	14.9	301.9	5.8	199.5
Number of Analyses		28	23	28	27	20	20	20	19	19	19	19	19	19	19	19	20	20	20	19	19	19	19	8	8

Please find attached a NOV for August 2015

2015		
Hrd. mg/l	70.0	8/4/2015
Hrd. mg/l		
Alk. mg/l		
D.O.mg/l	2.9	

Tox. TU_c	

2015 Metals			
	ug/L (ppm)	LBS	
Copper	18.0	0.34	8/4/2015
Copper			
Lead			
Silver			
Zinc			
***NH3 mg/L	18.0	337.8	8/4/2015

% REMOVAL	
B.O.D.	95.4
S.S.	96.0
Floating Solids Waste, or Foam	
Pass/Fail	P

WEEK	WEEKLY AVERAGE				WEEKLY
	BOD		TSS		COLIFORM
	mg/l	lbs	mg/l	lbs	Geo. Mean
1	13.8	255.2	9.8	181.5	191.0
2	15.0	295.7	8.9	177.0	282.0
3	16.8	365.0	10.6	230.9	63.2
4	13.5	289.2	9.8	210.7	464.8
MAX	16.8	365.0	10.6	230.9	464.8

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

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

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

PERMIT NUMBER: AK0022951
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 8/1/2015 TO 8/31/2015
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C)	Sample meas.	******	******		******	17.3	17.8		0		
1 - Final Effluent 00010	Permit reqmt.	******	******		******	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	******	******		2.3	******	3.5		0		
1 - Final Effluent 00300	Permit reqmt.	******	******		Report daily minimum	******	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	301.9	435.3		******	14.9	20.0		0		
1 - Final Effluent 00310	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	******	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	******	******		******	321.6	******		0		
G - Influent 00310	Permit reqmt.	******	******		******	Report monthly average	******	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	365.0	******		******	16.8	******		0		
W - See Comments 00310	Permit reqmt.	1839 weekly average	******	lbs/day	******	45 weekly average	******	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
GRIEKO TEMPEL SR-OPERATOR	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.		907-586-0393	15/09/07
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA | NUMBER	Y | M | D

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MONITORING PERIOD: 8/1/2015 TO 8/31/2015
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH	Sample meas.	******	******		6.7	******	7.0		0		
1 - Final Effluent 00400	Permit reqmt.	******	******		6.3 instantaneous minimum	******	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Total Suspended Solids	Sample meas.	199.4	262.2		******	9.8	12.0		0		
1 - Final Effluent 00530	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	******	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	******	******		******	246.3	******		0		
G - Influent 00530	Permit reqmt.	******	******		******	Report monthly average	******	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids	Sample meas.	230.9	******		******	10.6	******		0		
W - See Comments 00530	Permit reqmt.	1839 weekly average	******	lbs/day	******	45 weekly average	******	mg/l		2X Monthly	24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	******	******		******	18.0	18.0		0		
1 - Final Effluent 00610	Permit reqmt.	******	******		******	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite

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MONITORING PERIOD: 8/1/2015 TO 8/31/2015
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Hardness, Total (as CaCO3)	Sample meas.	******	******		******	70.0	70.0		0		
1 - Final Effluent 00900	Permit reqmt.	******	******		******	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	******	******		******	NA	NA		0		
1 - Final Effluent 01079	Permit reqmt.	******	******		******	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	******	******		******	NA	NA		0		
1 - Final Effluent 01094	Permit reqmt.	******	******		******	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample meas.	******	******		******	NA	NA		0		
1 - Final Effluent 01114	Permit reqmt.	******	******		******	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Copper Total Recoverable	Sample meas.				******	18.0	18.0		0		
1 - Final Effluent 01119	Permit reqmt.	1.82 monthly average	3.92 daily maximum	lbs/day	******	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite

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MONITORING PERIOD: 8/1/2015 TO 8/31/2015
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Chronic Toxicity	Sample meas.	******	******		******	NA	NA		0		
1 - Final Effluent TTOOO	Permit reqmt.	******	******		******	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	******	******		******	******	P		0		
1 - Final Effluent 45613	Permit reqmt.	******	******		******	******	Report value	pass/fail		Monthly	Visual
Flow	Sample meas.	2.43	2.87		******	******	******		0		
1 - Final Effluent 50050	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	******	******	******			Continuous	Recorded
Fecal Coliform	Sample meas.	******	******		******	199.5	800.0		0		
1 - Final Effluent 74055	Permit reqmt.	******	******		******	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab
Fecal Coliform	Sample meas.	******	******		******	464.8	******		1		
W - See Comments 74055	Permit reqmt.	******	******		******	400 weekly geometric mean	******	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
GRIEXO TEMPEL SR. OPERATOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907.586.0393	10/09/15
TYPED OR PRINTED			AREA | NUMBER	Y | M | D

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

CONTACT NAME: Samantha Stoughtenger
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PERMIT NUMBER: AK0022951
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 8/1/2015 TO 8/31/2015
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
BOD5 Minimum % Removal	Sample meas.	******	******		95.4	******	******		0		
K - Percent Removal 81010	Permit reqmt.	******	******		85 minimum	******	******	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	******	******		96.0	******	******		0		
K - Percent Removal 81011	Permit reqmt.	******	******		85 minimum	******	******	%		Monthly	Calculation

COMMENTS:
W = Weekly Limits;

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
GRIEKO TEMPEL SR. OPERATOR	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.		907-586-0393	15/09/07
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA | NUMBER	Y | M | D

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

September 8, 2015

Alaska Department of Environmental Conservation

Division of water

555 Cordova Street

Anchorage, AK 99501

Reference: permit # AK-0022951, Mendenhall WWTF

Please find attached a Notice Of Violation for the month of August 2015.

If you have any questions, please do not hesitate to contact me contact me.

Sincerely,

Grieko Tempel

Senior Operator CBJ Wastewater Utility

2009 Radcliffe Road

Juneau, AK 99801

Rico.Tempel@juneau.org

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.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any): AK 0022951	
Owner or Operator: City and Borough of Juneau	**Facility Name:** Mendenhall WWTF	**Facility Location:** 2009 Radcliffe Rd. Juneau AK 99801
Person Reporting: Grieko Tempel	**Phone Numbers of Person Reporting:** 907-586-0393	**Reported How? (e.g. by phone):** Via email and DMR submittal
Date/Time Event was Noticed: 09/07/2015 at ~ 1330 hrs	**Date/Time Reported:** 09/08/2015 at 1500 hrs via email	**Name of DEC Staff Contacted:** ADEC at dec-wqreporting@alaska.gov and DMR August 2015 submittal

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):	**End Date/Time** (exact):
	08/26/1015 at 0840 AM (time of sample collection)	08/31/2015 at 0831 AM (time of sample collection)

If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
Facility back in compliance starting 08/31/2015 at 0831 (daily fecal coliform count at 7 col/100ml)

Estimated Quantity involved (volume or weight):
Effluent discharge from 08/26/2015 through 08/31/2015. Estimate is 16.82 MGD

Description of the noncompliance and its cause (be specific):

Noncompliance pertains to exceedance of the average weekly fecal coliform count limit. The cause is likely to be a shorter than anticipated effective life span of the UV disinfection lamps however there have been focused efforts to evaluate the cause.

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)

Additional cleaning efforts were taken, but do not seem to correlate with the exceedance. Strategically planning a UV lamp replacement plan.

Permit Condition Deviation (Identify each permit condition exceeded during the event.)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Average weekly fecal coliform count.	400 col/100ml	464.8 col/100ml	08/26/2015 through 08/31/2015

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)
The average turbidity at the time of the fecal coliform sampling was 6.65 NTUs. Additional cleaning were in place at the time of the weekly violation. It is suspected that the UV lamps are nearing there lifespan. Planning efforts are in place to start replacing UV lamps.

Environmental Damage: (if yes, provide details below) ☐ Yes ☐ No ☑ Unknown

Actual /Potential Impact on Environment/Public Health (describe in detail)

There are no known impacts on the environment or public health.

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:** **Date:** 09/18/201

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