



**City and Borough of Juneau
Wastewater Utility
2009 Radcliffe Rd.
Juneau, AK 99801
Phone (907) 586-0393
Fax (907-789-1681**

October 13, 2015

Alaska Department of Environmental Conservation

Division of Water

555 Cordova Street

Anchorage, AK 99501

Reference: permit # AK-0022951

On October 2, 2015 at 1050 AM, Jim Westcott, Senior Wastewater Operator for the City and Borough of Juneau, AK Wastewater Utility, called in two effluent discharge violations to the national non-compliance hot-line (1-877-569-4114) for the Mendenhall Wastewater Treatment Facility.

The two effluent discharge violations reported pertained to permit exceedances of the daily maximum Total Suspended Solids (TSS) concentration (mg/l) and a TSS loading (lbs/day) on September 21, 2015.

The verbally reported value of the TSS concentration was 112 mg/l (daily maximum is 60 mg/l) and the verbally reported value of the TSS loading was 2849 lbs/day (daily maximum is 2452 lbs/day)

After double checking with our contract laboratory on Monday October 5, 2015, it was discovered that the reported value was actually 11.2 mg/l and not 112 mg/l. Hence there were no TSS concentration and TSS loading daily maximum exceedances for September 21, 2015 to report.

We apologize for this reporting error.

If you have any questions, please do not hesitate to contact myself or Karen Sewell at (907) 586-0393.

Sincerely,

A handwritten signature in black ink, appearing to read "Grieko Tempel", is written over a white background.

Grieko Tempel

Senior Wastewater Treatment Operator CBJ Wastewater Utility

2009 Radcliffe Road

Juneau, AK 99801

Rico.Tempel@juneau.org

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: 9/1/2015 TO 9/30/2015
 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) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	15.8	16.8		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.0	*****	3.5		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	334.2	467.9		*****	14.0	20.0		0		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) G - Influent 00310	Sample meas.	*****	*****		*****	244.0	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	399.6	*****		*****	16.2	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em;">GRIEKO TEMPEL</div>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 907.586.0393	DATE 15/10/13
TYPED OR PRINTED			AREA NUMBER	Y M D

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.6	*****	6.9		0		
	Permit reqmt.	*****	*****		6.3 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3) 1 - Final Effluent 00410	Sample meas.	*****	*****		*****	140.0	140.0		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	246.8	495.4		*****	10.2	18.0		0		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids G - Influent 00530	Sample meas.	*****	*****		*****	159.0	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	345.6	*****		*****	12.44	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

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TO 9/30/2015

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	16.0	16.0		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3) 1 - Final Effluent 00900	Sample meas.	*****	*****		*****	71.0	71.0		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable 1 - Final Effluent 01079	Sample meas.	*****	*****		*****				NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****	18.0	18.0		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****				NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

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		Average	Maximum		Minimum	Average	Maximum				
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	0.512	0.512		*****	22.0	22.0		0		
	Permit reqmt.	1.82 monthly average	3.92 daily maximum	lbs/day	*****	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity 1 - Final Effluent TTOOO	Sample meas.	*****	*****		*****				NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual 1 - Final Effluent 45613	Sample meas.	*****	*****		*****	*****	P		0		
	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow 1 - Final Effluent 50050	Sample meas.	2.85	4.15		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	31.7	580.0		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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GRIEKO TEMPEL		907.586.0393	15/10/17
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		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	173.7	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		94.3	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		93.6	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation

COMMENTS:
 W = Weekly Limits; see cover letter regarding erroneous daily TSS limit violation reporting.

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

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