

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

December 2015

		FLOWS				INFLUENT								EFFLUENT											
DAY	DATE	SBR	precip	SBR	SBR	TEMP	pH	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	IPS	IPS	IPS	IPS	TEMP	pH	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	Turbidity	FECAL
		INFLUENT		MGD	TITLEFFL																				
		MGD	MGD	MGD	MGD	°C		mg/L	mg/L	LBS	mg/L	LBS	mg/L	LBS	mg/L	LBS	°C		mg/L	mg/L	LBS	mg/L	LBS	Grab	/100 ml
SUN	29	3.04	1.10	3.10	0.0733																				
MON	30	3.07	0.42	3.03	0.1303	12.3	7.2	8.0	132.0	3379.7	140.0	3584.5					12.8	6.8	3.3	18.0	454.9	24.0	606.5	4.6	110.0
TUE	1	2.80	0.19	2.83	0.1424	12.6	7.1	7.3	158.0	3689.6	200.0	4670.4					12.9	6.8	2.8	18.0	377.6	15.0	354.0	5.0	160.0
WED	2	2.60	0.14	2.61	0.1309	12.7	7.1	7.1	158.0	3426.1	270.0	5854.7					12.6	6.8	2.6	15.0	326.5	15.0	326.5		
THU	3	2.35	T	2.39	0.1346	13.2	7.5	6.9	172.0	3371.0	280.0	5487.7					13.5	6.9	2.8	16.0	318.9	18.0	358.8		
FRI	4	2.26	0.00	2.22	0.0862	13.2	7.3	8.0	156.0	2940.4	320.0	6031.5					12.9	6.9	3.1	14.0	259.2	21.0	388.8		
SAT	5	2.19	T	2.15	0.0925																				
SUN	6	1.96	T	1.99	0.0775																				
MON	7	2.09	0.34	2.12	0.1213	12.8	7.3	6.3	166.0	2893.5	220.0	3834.7					12.7	6.9	2.7	18.0	318.3	19.0	335.9	9.9	570.0
TUE	8	2.15	0.10	2.00	0.1335	13.0	7.4	3.2	200.0	3586.2	370.0	6634.5					12.5	7.0	3.3	18.0	300.2	22.0	367.0	9.5	400.0
WED	9	2.52	0.21	2.02	0.1634	14.3	7.2	7.5									13.3	6.8	2.9					19.7	560.0
THU	10	2.32	T	2.06	0.1142	12.0	7.2	6.4									13.5	6.9	4.5					11.0	360.0
FRI	11	2.14	0.00	1.98	0.0991	12.3	7.6	7.4									13.0	6.8	2.8						
SAT	12	2.10	0.10	1.90	0.0545																				
SUN	13	2.08	T	1.75	0.0608																				
MON	14	2.16	0.20	1.91	0.0843	11.6	7.7	5.5	164.0	2954.4	200.0	3602.9	840.0	15132.1	340.0	6124.9	12.4	6.9	2.4	16.0	254.9	19.0	302.7	8.6	44.0
TUE	15	2.18	0.01	1.89	0.0782	13.2	7.7	7.3									13.0	6.9	2.9					11.7	65.0
WED	16	2.13	T	1.82	0.0912	11.6	7.3	2.8	236.0	4192.4	330.0	5862.2	2600.0	46186.9	490.0	8704.5	13.4	6.7	3.0	16.0	242.9	23.0	349.1	12.6	81.0
THU	17	2.07	T	1.80	0.0979	12.8	7.5	6.3									13.3	6.8	3.7						
FRI	18	2.12	T	1.85	0.0983	12.1	7.5	5.2									12.8	6.7	3.2						
SAT	19	2.05	0.00	1.74	0.0784																				
SUN	20	1.87	0.14	1.59	0.0762																				
MON	21	1.95	0.04	1.57	0.1112	12.5	7.5	5.4									13.4	7.0	3.6					11.9	3.0
TUE	22	1.98	0.06	1.69	0.0814	12.3	7.3	3.1									14.1	6.9	2.0					10.4	16.0
WED	23	2.02	T	1.72	0.0987	12.2	7.3	8.3									12.8	6.8	3.8					12.5	31.0
THU	24	1.93	0.00	1.66	0.1043	12.0	7.4	6.4									12.2	6.8	2.6						
FRI	25	1.90	0.01	1.61	0.1375	12.3	7.5	7.5									12.5	6.8	2.9						
SAT	26	1.95	0.40	1.58	0.1018																				
SUN	27	1.83	0.04	1.50	0.0567																				
MON	28	1.96	0.08	1.69	0.0923	11.1	7.9	7.2	210.0	3432.7	250.0	4086.6	5140.0	84020.5	510.0	8336.7	13.6	6.9	4.5	15.0	211.4	23.0	324.2	8.6	15.0
TUE	29	1.92	0.16	1.65	0.0899	13.3	7.3	7.6	266.0	4259.4	360.0	5764.6	3340.0	53482.8	710.0	11369.1	13.5	6.8	2.8	14.0	192.7	22.0	302.7	9.9	360.0
WED	30	1.95	T	1.64	0.1033	13.2	7.4	7.4	226.0	3675.4	460.0	7481.0	1510.0	24557.1	900.0	14636.7	13.1	6.8	2.8	22.0	300.9	22.0	300.9		
THU	31	2.07	0.20	1.76	0.1298	13.5	7.2	7.8	305.0	5265.5	510.0	8604.5	1320.0	22788.2	720.0	12429.9	14.4	6.8	5.0	19.0	278.9	24.0	352.3		
FRI	1	2.01	0.15	1.69	0.1147	12.9	7.5	6.5									13.5	6.7	3.1						
SAT	2	2.19	0.55	1.87	0.0935																				
TOTAL		75.91	4.64	58.69	3.5338																				
MAXIMUM		3.07	1.10	3.10	0.1634	14.3	7.9	8.3	305.0	5265.5	510.0	8804.5	5140.0	84020.5	900.0	14636.7	14.4	7.0	5.0	22.0	454.9	24.0	606.5	19.7	400.0
MINIMUM		1.83	0.00	1.50	0.0545	11.1	7.1	2.8	132.0	2893.5	140.0	3584.5	840.0	15132.1	340.0	6124.9	12.2	6.7	2.0	14.0	192.7	15.0	300.9	4.6	3.0
AVERAGE		2.12	0.12	1.89	0.10	12.6		6.4	201.4	3640.5	314.2	5676.3	2458.3	41027.9	611.7	10267.0	13.1		3.2	16.6	281.9	20.3	338.6	10.9	102.4
Number of Analyses		35	25	35	35	25	25	13	13	13	13	13	6	6	6	6	25	25	25	13	13	13	13	14	14

2015	
Hrd. mg/l	71.0
Hrd. mg/l	
Alk. mg/l	
D.O. mg/l	2.8
Tox. Tuc	

2015 Metals		
	ug/L	LBS
Copper	15.0	0.388
Copper		
Lead		
Silver		
Zinc		

--NH3 mg/L 12.0 310.025 12/1/2015

WEEK	WEEKLY AVERAGE				% REMOVAL		
	BOD		TSS		COLIFORM	B.O.D.	93.6
	mg/l	lbs	mg/l	lbs	Geo Mean	S.S.	91.8
1	18.6	406.9	15.8	347.4	132.7		Floating Solids
2	20.5	351.4	18.0	309.2	823.4		Waste, or Foam
3	21.0	325.9	16.0	248.9	61.4		Pass/Fail P
4					11.4		
5	22.8	320.0	17.5	246.0	73.5		
MAX	22.8	406.9	18.0	347.4	823.4		

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

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

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

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 12/1/2015

TO 12/31/2015

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	13.1	14.4		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		2.0	*****	5.0		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	338.6	606.5		*****	20.3	24.0		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.	*****	*****		*****	314.2	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	406.9	*****		*****	22.8	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

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

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

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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.	*****	*****		6.7	*****	7.0		0		
	Permit reqmt.	*****	*****		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3) 1 - Final Effluent 00410	Sample meas.	*****	*****		*****				NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	281.9	454.9		*****	16.6	22.0		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.	*****	*****		*****	201.4	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	347.4	*****		*****	18.0	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	310.0	310.0		*****	12.0	12.0		0		
	Permit reqmt.	1165 monthly average	1655 daily maximum	lbs/day	*****	28.5 monthly average	40.5 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.	*****	*****		*****				NA		
	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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NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	0.388	0.388		*****	15.0	15.0		0		
	Permit reqmt.	3.54 monthly average	7.63 daily maximum	lbs/day	*****	86.7 monthly average	187.0 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity 1 - Final Effluent TTOOO	Sample meas.	*****	*****		*****				NA		
	Permit reqmt.	*****	*****		*****	5.1 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.	1.89	3.10		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	102.4	4000.0		5		
	Permit reqmt.	*****	*****		*****	112 monthly geometric mean	224 daily maximum	cts/100 ml		2X Weekly	Grab

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MONITORING PERIOD: 12/1/2015

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

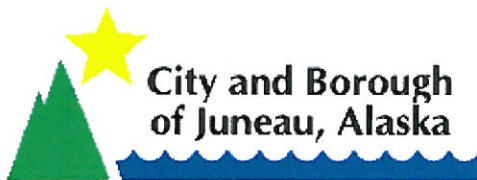
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	823.4	*****		1		
	Permit reqmt.	*****	*****		*****	168 weekly geometric mean	*****	cts/100 ml		2X Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		93.6	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		91.8	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation

COMMENTS:
 W = Weekly Limits;

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

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



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

31 December 2015

Alaska Department of Environmental Conservation
Division of Water
555 Cordova Street
Anchorage, AK 99501-2617

Reference: permit # AK-0022951

Please find enclosed with the December 2015 the following information:

- Copies of Noncompliance Notifications for the following dates: 07 December, 08 December, 09 December, 10 December
- Noncompliance Notification for the week of 06 December through 12 December (exceedance of weekly coliform limit).

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

Sincerely,

A handwritten signature in black ink, appearing to read "Grieko Tempel", 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

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 Wastewater Treatment Plant	Facility Location: 2009 Radcliffe Road, Juneau AK 99801	
Person Reporting: Grieko Tempel	Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203	Reported How? (e.g. by phone): Called DEC Hot-line 907-269-114	
Date/Time Event was Noticed: 21 December 2015 at 0740 AM	Date/Time Reported: 21 December 2015 at 0126 PM	Name of DEC Staff Contacted: Called DEC Hot-line 907-269-114	

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): 07 December at 0900AM	End Date/Time (exact): 07 December at 0900AM
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
N/A

Estimated Quantity involved (volume or weight):
100 ml (sample volume).

Description of the noncompliance and its cause (be specific):
Exceedance of the daily fecal coliform limit, caused by inadequate disinfection.

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). All UV-lamps (3 UV banks, 24 modules/bank, 8 lamps/module) have been replaced. The NTU at sample time was 9.9, which is in the normal range. We started to measure the effluent transmissivity on 26 October 2015 to further investigate the possible cause of the erratic high fecal coliform results. The effluent channel Automatic Level Gate (ALG) was repaired on 9 December 2015. The frame of the ALG was bent, changing the geometry of the gate, allowing it to leak too much water by between decants. This resulted in the top UV-lamps/sleeves to be exposed between decants, and so fouling up the sleeves which reduces UVC rays transmittance of the sleeves (sleeves were getting too hot). We also discovered that during the decant phase the water level in the UV channel was too high. This resulted in inadequate disinfection of the top layer of the effluent flowing through the UV channel (distance between the top layer of the water flow and the top UV lamps was too large). We also repaired and replaced the UV channel recirculation pumps (aiding in keeping the top UV-lamps submerged between decants).

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Fecal coliform	224 col/100ml	570 col/100ml	07 December 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.) Changed all UV lamps and top sleeves. Repaired Automatic Level Gate. Repaired and replaced the UV channel recirculation pumps. Preliminary fecal coliform laboratory results of the next week have shown improvement in disinfection.

Environmental Damage: (if yes, provide details below) Yes No 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: Grieko Tempel **Title:** Senior Operator **Signature:**  **Date:** 21 Dec. 2015



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 Wastewater Treatment Plant	Facility Location: 2009 Radcliffe Road, Juneau AK 99801	
Person Reporting: Grieko Tempel	Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203	Reported How? (e.g. by phone): Called DEC Hot-line 907-269-114	
Date/Time Event was Noticed: 21 December 2015 at 0742 AM	Date/Time Reported: 21 December 2015 at 0126 PM	Name of DEC Staff Contacted: Called DEC Hot-line 907-269-114	

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): 08 December at 1003 AM	End Date/Time (exact): 08 December at 1003 AM
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A		
Estimated Quantity involved (volume or weight): 100 ml (sample volume).		
Description of the noncompliance and its cause (be specific): Exceedance of the daily fecal coliform limit, caused by inadequate disinfection.		
Actions taken to reduce, eliminate, and prevent recurrence 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). All UV-lamps (3 UV banks, 24 modules/bank, 8 lamps/module) have been replaced. The NTU at sample time was 9.9, which is in the normal range. We started to measure the effluent transmissivity on 26 October 2015 to further investigate the possible cause of the erratic high fecal coliform results. The effluent channel Automatic Level Gate (ALG) was repaired on 9 December 2015. The frame of the ALG was bent, changing the geometry of the gate, allowing it to leak too much water by between decants. This resulted in the top UV-lamps/sleeves to be exposed between decants, and so fouling up the sleeves which reduces UVC rays transmittance of the sleeves (sleeves were getting too hot). We also discovered that during the decant phase the water level in the UV channel was too high. This resulted in inadequate disinfection of the top layer of the effluent flowing through the UV channel (distance between the top layer of the water flow and the top UV lamps was too large). We also repaired and replaced the UV channel recirculation pumps (aiding in keeping the top UV-lamps submerged between decants).		

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Fecal coliform	224 col/100ml	4000 col/100ml	08 December 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.) Changed all UV lamps and top sleeves. Repaired Automatic Level Gate. Repaired and replaced the UV channel recirculation pumps. Preliminary fecal coliform laboratory results of the next week have shown improvement in disinfection.

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

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

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Name: Grieko Tempel Title: Senior Operator Signature: Date: 21 Dec. 2015



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-0022951	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Plant	Facility Location: 2009 Radcliffe Road, Juneau AK 99801
Person Reporting: Grieko Tempel		Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203	Reported How? (e.g. by phone): Called DEC Hot-line 907-269-114
Date/Time Event was Noticed: 21 December 2015 at 0744 AM		Date/Time Reported: 21 December 2015 at 0126 PM	Name of DEC Staff Contacted: Called DEC Hot-line 907-269-114

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): 09 December at 1233 PM	End Date/Time (exact): 09 December at 1233 PM
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
N/A

Estimated Quantity involved (volume or weight):
100 ml (sample volume).

Description of the noncompliance and its cause (be specific):
Exceedance of the daily fecal coliform limit, caused by inadequate disinfection.

Actions taken to reduce, eliminate, and prevent recurrence 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). All UV-lamps (3 UV banks, 24 modules/bank, 8 lamps/module) have been replaced. The NTU at sample time was 9.9, which is in the normal range. We started to measure the effluent transmissivity on 26 October 2015 to further investigate the possible cause of the erratic high fecal coliform results. The effluent channel Automatic Level Gate (ALG) was repaired on 9 December 2015. The frame of the ALG was bent, changing the geometry of the gate, allowing it to leak too much water by between decants. This resulted in the top UV-lamps/sleeves to be exposed between decants, and so fouling up the sleeves which reduces UVC rays transmittance of the sleeves (sleeves were getting too hot). We also discovered that during the decant phase the water level in the UV channel was too high. This resulted in inadequate disinfection of the top layer of the effluent flowing through the UV channel (distance between the top layer of the water flow and the top UV lamps was too large). We also repaired and replaced the UV channel recirculation pumps (aiding in keeping the top UV-lamps submerged between decants).

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Fecal coliform	224 col/100ml	560 col/100ml	09 December 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.) Changed all UV lamps and top sleeves. Repaired Automatic Level Gate. Repaired and replaced the UV channel recirculation pumps. Preliminary fecal coliform laboratory results of the next week have shown improvement in disinfection.

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

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

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Name: Grieko Tempel **Title:** Senior Operator **Signature:**  **Date:** 21 Dec. 2015



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-0022951
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Plant	Facility Location: 2009 Radeliffe Road, Juneau AK 99801
Person Reporting: Grieko Tempel	Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203	Reported How? (e.g. by phone): Called DEC Hot-line 907-269-4114
Date/Time Event was Noticed: 21 December 2015 at 0314 PM	Date/Time Reported: 21 December 2015 at 0332 PM	Name of DEC Staff Contacted: Called DEC Hot-line 907-269-4114

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): 10 December at 0113 PM	End Date/Time (exact): 10 December at 0113 PM
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
N/A

Estimated Quantity involved (volume or weight):
100 ml (sample volume).

Description of the noncompliance and its cause (be specific):
Exceedance of the daily fecal coliform limit, caused by inadequate disinfection.

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). All UV-lamps (3 UV banks, 24 modules/bank, 8 lamps/module) have been replaced. The NTU at sample time was 11.01, which is in the normal range. We started to measure the effluent transmissivity on 26 October 2015 to further investigate the possible cause of the erratic high fecal coliform results. The effluent channel Automatic Level Gate (ALG) was repaired on 9 December 2015. The frame of the ALG was bent, changing the geometry of the gate, allowing it to leak too much water by between decants. This resulted in the top UV-lamps/sleeves to be exposed between decants, and so fouling up the sleeves which reduces UVC rays transmittance of the sleeves (sleeves were getting too hot). We also discovered that during the decant phase the water level in the UV channel was too high. This resulted in inadequate disinfection of the top layer of the effluent flowing through the UV channel (distance between the top layer of the water flow and the top UV lamps was too large). We also repaired and replaced the UV channel recirculation pumps (aiding in keeping the top UV-lamps submerged between decants).

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Fecal coliform	224 col/100ml	360 col/100ml	10 December 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.) Changed all UV lamps and top sleeves. Repaired Automatic Level Gate. Repaired and replaced the UV channel recirculation pumps. Preliminary fecal coliform laboratory results of the next week have shown improvement in disinfection.

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

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

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Name: Grieko Tempel **Title:** Senior Operator **Signature:**  **Date:** 21 Dec. 2015



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-0022951
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Plant	Facility Location: 2009 Radcliffe Road, Juneau AK 99801
Person Reporting: Grieko Tempel	Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203	Reported How? (e.g. by phone): With DMR December 2015
Date/Time Event was Noticed: 21 December 2015 at 0355 PM	Date/Time Reported: With DMR December 2015	Name of DEC Staff Contacted: N/A

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): 07 December at 0900 AM	End Date/Time (exact): 10 December at 0113 PM
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A		
Estimated Quantity involved (volume or weight): 400 ml (sample volume).		
Description of the noncompliance and its cause (be specific): Exceedance of the weekly fecal coliform limit, caused by inadequate disinfection.		
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). All UV-lamps (3 UV banks, 24 modules/bank, 8 lamps/module) have been replaced. The effluent NTUs during sampling were within the normal range.. We started to measure the effluent transmissivity on 26 October 2015 to further investigate the possible cause of the erratic high fecal coliform results. The effluent channel Automatic Level Gate (ALG) was repaired on 9 December 2015. The frame of the ALG was bent, changing the geometry of the gate, allowing it to leak too much water by between decants. This resulted in the top UV-lamps/sleeves to be exposed between decants, and so fouling up the sleeves which reduces UVC rays transmittance of the sleeves (sleeves were getting too hot). We also discovered that during the decant phase the water level in the UV channel was too high. This resulted in inadequate disinfection of the top layer of the effluent flowing through the UV channel (distance between the top layer of the water flow and the top UV lamps was too large). We also repaired and replaced the UV channel recirculation pumps (aiding in keeping the top UV-lamps submerged between decants).		

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Weekly fecal coliform limit	168 col/100ml	823 col/100ml	07 December through 10 December 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.) Changed all UV lamps and top sleeves. Repaired Automatic Level Gate. Repaired and replaced the UV channel recirculation pumps. Preliminary fecal coliform laboratory results of the next week have shown improvement in disinfection.

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

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

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Name: Grieko Tempel **Title:** Senior Operator **Signature:**  **Date:** 21 Dec. 2015



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK 002295-1	
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall WWTP	Facility Location: Juneau, AK	
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Compliance hot-line 1-907-269-4114	
Date/Time Event was Noticed: 01/07/2016 at 1526 PM	Date/Time Reported: 01/08/2016 at 1350 PM	Name of DEC Staff Contacted: Compliance hot-line 1-907-269-4114	

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): 12/29/2015 @ 0950 AM	End Date/Time (exact): 12/29/2015 @ 0950 AM
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
N/A

Estimated Quantity involved (volume or weight):
100 ml (sample volume)

Description of the noncompliance and its cause (be specific):
Daily maximum fecal coliform violation

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)
Adjusted effluent channel automatic level gate

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Fecal Coliform	224 col/100 ml	360 col/100 ml	12/29/2015

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Adjusted effluent channel automatic level gate

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

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

Unknown

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Name: Randall Brown **Title:** Supervisor **Signature:**  **Date:** 1/11/2016

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