

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

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


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

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

MONITORING PERIOD: 1/1/2017

TO 1/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Minimum	Average				
Temperature (C)	Sample meas.	*****	*****	11.4	12.2	0	5X Weekly	Grab
	1 - Final Effluent 00010	Permit reqmt.	*****	Report monthly average	Report daily maximum	DEG C		
Dissolved Oxygen	Sample meas.	*****	2.1	*****	5.5	0	Monthly	Grab
	1 - Final Effluent 00300	Permit reqmt.	*****	Report daily minimum	Report daily maximum	mg/l		
Biochemical Oxygen Demand (BOD5)	Sample meas.	347	721	22	50	0	2X Monthly	24-Hr Composite
	1 - Final Effluent 00310	Permit reqmt.	1226 monthly average	2452 daily maximum	30 monthly average	60 daily maximum		
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	*****	310	*****	0	2X Monthly	24-Hr Composite
	G - Influent 00310	Permit reqmt.	*****	Report monthly average	Report monthly average	mg/l		
Biochemical Oxygen Demand (BOD5)	Sample meas.	448	*****	30	*****	0	2X Monthly	24-Hr Composite
	W - See Comments 00310	Permit reqmt.	1839 weekly average	*****	45 weekly average	*****		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Westcott Senior 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.
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE 
TELEPHONE 907 586-0398	DATE 1/16/12
AREA NUMBER	Y M D

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				Minimum	Average				
pH	Sample meas.	*****		6.8	*****	7.2		0	
	Permit reqmt.	*****		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly Grab
Total Suspended Solids	Sample meas.	272		*****	17	25		0	
	Permit reqmt.	1226 monthly average	2452 daily maximum	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly 24-Hr Composite
Total Suspended Solids	Sample meas.	*****		*****	210	*****		0	
	Permit reqmt.	*****		*****	Report monthly average	*****	mg/l		2X Monthly 24-Hr Composite
Ammonia Nitrogen (as N)	Sample meas.	316		*****	19	*****		0	
	Permit reqmt.	1839 weekly average	*****	*****	45 weekly average	*****	mg/l		2X Monthly 24-Hr Composite
1 - Final Effluent 00610	Sample meas.	234		*****	16.0	16.0		0	
	Permit reqmt.	1165 monthly average	1655 daily maximum	*****	28.5 monthly average	40.5 daily maximum	mg/l		Monthly 24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
 Senior Operator
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 907.586.0393
 AREA | NUMBER: 17 | 612
 DATE: 1/17/12

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 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Hardness, Total (as CaCO3)	Sample meas.	*****	*****	72	mg/l	0	Monthly	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 00900								
Silver Total Recoverable	Sample meas.	*****	*****	NA	ug/l	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 01079								
Zinc Total Recoverable	Sample meas.	*****	*****	NA	ug/l	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 01094								
Lead Total Recoverable	Sample meas.	*****	*****	NA	ug/l	0	See Permit Requirements	24-Hr Composite
	Permit reqmt.	*****	*****	Report monthly average	Report daily maximum			
1 - Final Effluent 01114								
Copper Total Recoverable	Sample meas.	0.34	0.34	23.0	ug/l	0	Monthly	24-Hr Composite
	Permit reqmt.	3.54 monthly average	7.63 daily maximum	86.7 monthly average	187.0 daily maximum			
1 - Final Effluent 01119								

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Jim Westcott Senior Operator						907.586.0393		1/6/12	
TYPED OR PRINTED				OFFICER OR AUTHORIZED AGENT		AREA NUMBER		Y M D	


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 MONITORING PERIOD: 1/1/2017 TO 1/31/2017
 NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
Chronic Toxicity	Sample meas.	*****	*****	*****	*****	0		
	1 - Final Effluent T1000 Permit reqmt.	*****	*****	*****	*****	0	See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	*****	*****	*****	*****	0		
	1 - Final Effluent 45613 Permit reqmt.	*****	*****	*****	*****	0	Monthly	Visual
Flow	Sample meas.	1.9	3.1	*****	*****	0		
	1 - Final Effluent 50050 Permit reqmt.	Report monthly average	4.9 daily maximum	*****	*****		Continuous	Recorded
Fecal Coliform	Sample meas.	*****	*****	*****	*****	2		
	1 - Final Effluent 74055 Permit reqmt.	*****	*****	*****	*****	2	2X Weekly	Grab
Fecal Coliform	Sample meas.	*****	*****	*****	*****	1		
	W - See Comments 74055 Permit reqmt.	*****	*****	*****	*****	1	2X Weekly	Grab

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TYPED OR PRINTED Jan Webster Senior Officer	OFFICER OR AUTHORIZED AGENT AREA NUMBER Y M D
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	907.5860593 1/16/17

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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	Maximum				
BOD5 Minimum % Removal	*****	*****		93	*****	*****	0		
K - Percent Removal 81010	*****	*****		85 minimum	*****	*****		Monthly	Calculation
Total Suspended Solids Minimum % Removal	*****	*****		92	*****	*****	0		
K - Percent Removal 81011	*****	*****		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
<i>Vim Webster</i> SENIOR OPERATOR				<i>[Signature]</i>	OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED			947.584.2393	17/E/12	



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): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Email
Date/Time Event was Noticed: 1/18/2017 @ 1405 pm		Date/Time Reported: 1/18/2017 @ 1405 pm	Name of DEC Staff Contacted: ADEC Hotline
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): 1/5/2017 @ 0943 am	End Date/Time (exact): 1/5/2017 @ 0943 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): 1100 FC/100mL			
Description of the noncompliance and its cause (be specific): Unknown			
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) U.V. channel depth measurement was evaluated to confirm the flow rate was not flowing above the UV lamps during decant.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u> Fecal Coliform	<u>Permit Limit</u> 224 FC/ 100 mL daily max.	<u>Exceedance (sample result)</u> 1100 FC/100 mL	<u>Sample Date</u> 1/5/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) N/A			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 1/18/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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GENERAL INFORMATION		PERMIT# (if any): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Email
Date/Time Event was Noticed: 1/23/2017 @ 1245 pm		Date/Time Reported: 1/23/2017 @ 1505 pm	Name of DEC Staff Contacted: ADEC Hotline
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): 1/12/2017 @ 1000 am	End Date/Time (exact): 1/12/2017 @ 1000 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): 700 FC/100mL			
Description of the noncompliance and its cause (be specific): Unknown			
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) U.V. channel depth measurement was evaluated to confirm the flow rate was not flowing above the UV lamps during decant.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH) Fecal Coliform	Permit Limit 224 FC/ 100 mL daily max.	Exceedance (sample result) 700 FC/100 mL	Sample Date 1/12/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) N/A			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual/Potential Impact on Environment/Public Health (describe in detail) Unknown			
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Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 1/23/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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GENERAL INFORMATION		PERMIT# (if any): AK0022951	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): mail
Date/Time Event was Noticed: 1/23/2017 @ 1216 pm		Date/Time Reported: End of reporting period	Name of DEC Staff Contacted: mail
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): 1/12/2017 @ 1000 am	End Date/Time (exact): 1/12/2017 @ 1000 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): Unknown			
Description of the noncompliance and its cause (be specific): Unknown			
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) U.V channel depth measurement was evaluated to confirm the flow rate was not flowing above the UV lamps during decant.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u> FC/100 ml	<u>Permit Limit</u> 168 FC/100 ml weekly ave	<u>Exceedance (sample result)</u> 187 FC/100 ml weekly ave	<u>Sample Date</u> 1/23/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) N/A			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 2/7/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

Receiving Water Monitoring Annual Report - 2016

Mendenhall Wastewater Treatment Facility - Juneau, Alaska

Year 2016		FLOWS										DOWNSTREAM										UPSTREAM									
Month	Day Sample Collected	Plant Effluent MGD	Fecal cts /100mls	Temp °C	pH	D.O. mg/L	Turbid NTU	Copper µg/L	Nh3 mg/L	Hard mg/L	Fecal cts /100mls	Temp °C	pH	D.O. mg/L	Turbid NTU	Copper µg/L	Lead µg/L	Nh3 mg/L	Hard mg/L	Alk mg/L											
Jan	1/25	2.1	60	3.7	7.2	11.3	N/A	N/A	NH3	440	5	2.8	7.5	11.8	N/A	N/A	N/A	NH3	330	37											
Feb	2/9	2.2	12	3.4	7.4	11.2	N/A	N/A	NH3	550	2	2.8	7.4	11.7	N/A	N/A	N/A	NH3	400	40											
Mar	3/19	1.7	1	3.7	7.0	9.8	26.7	N/A	<0.5	940	1	3.4	7.2	10.9	28.5	N/A	N/A	<0.5	690	41											
Apr	4/11	1.6	52	5.7	6.9	11.4	N/A	N/A	N/A	270	3	5.1	6.9	12.4	N/A	N/A	N/A	NA	220	27											
May	5/11	2.4	2	7.8	7.2	11.6	48.6	0.75	<5	110	1	7.4	7.2	11.5	48.0	0.9	0.05	<5	31	22											
Jun	6/16	1.6	5	4.2	8.6	13.6	N/A	N/A	N/A	22	2	4.7	4.7	13.7	N/A	N/A	N/A	NA	15	ND											
Jul	7/5	1.6	8	4.0	7.5	13.7	N/A	N/A	N/A	73	2	3.9	7.1	13.9	N/A	N/A	N/A	NA	18	ND											
Aug	8/3	1.9	23	3.3	7.4	14.1	N/A	N/A	N/A	15	23	3.1	7.2	14.5	N/A	N/A	N/A	NY	13	20											
Sep	9/1	1.8	3	3.1	6.8	13.7	83.1	N/A	<0.5	24	5	2.9	6.8	13.8	75.4	N/A	N/A	<0.5	13	ND											
Oct	10/3	2.0	110	5.0	6.6	10.7	N/A	N/A	N/A	260	2	3.3	7.0	12.7	N/A	N/A	N/A	N/A	59	24											
Nov	11/16	1.8	3	3.8	6.7	12.0	64.1	0.7	<0.5	300	42	2.6	7.0	12.6	73.1	0.8	0.1	<5	150	22											
Dec	12/1	1.7	32	3.3	6.7	11.3	N/A	N/A	N/A	740	40	2.7	6.8	11.3	N/A	N/A	N/A	N/A	360	38											

Comments:		Name/Title Principal Executive Officer		Signature of Principal Executive Officer		Permit # Ak-002295-1	
		Jim Westcott				Telephone	
		Wastewater Utilities Sr. Operator				907	586-0393
				or Authorized Agent		Date	