

DMR Copy of Submission

Permit

Permit ID: AK0023213

Major:

Permittee Address:

Permittee: JUNEAU, CITY AND BOROUGH OF

Facility: JUNEAU, CITY AND BOROUGH OF

Permitted Feature:

Report Dates & Status

001 - External Outfall

Monitoring Period: From 08/01/17 to 08/31/17

DMR Due Date:

09/15/17

001-A - (no description)

1540 THANE ROAD JUNEAU-DOUGLAS WWTP JUNEAU , AK99801

5433 SHAUNE DRIVE JUNEAU , AK99801

Discharge:

Facility Location:

NetDMR Validated

Considerations for Form Completion

W=WEEKLY AVERAGE

Principal Executive Officer

Randali

Wastewwater Treatment Plant Supervisor

Telephone: **Last Name:**

907-586-0393

Brown

No Data Indicator (NODI)

Title:

First Name:

Form NODI:

	Code	00010	1 - Efflu	Season: 0	NODI: -	00300
Parameter	Name	00010 Temperature, water deg. centigrade	1 - Effluent Gross	0		00300 Oxygen, dissolved [DO]
NODI		Smpl.		Req.	NODI	Smpl.
Quanti	Value 1					
Quantity or Loading	Value 2					
	Units					
	Value 1					=2.2
Quality or Concentration	Value 2					
entration	Value 3	=18.9		Req Mon DAILY MX		=7
	Units	04 - deg	۲	04 - deg C		19 - mg/L
2 , #	₩ 9	0				0
Freq. of	Analysis	05/WK - Five Per	Week	05/WK - Five Per Week		05/WK - Five Per
Smpl.	Туре	GR.	GKAB	GR - GRAB		GR - GRAB

Season: 0	1 - Effluent Gross	74055 Coliform, fecal general	NODI: -	Season: 0	1 - Effluent Gross	61211 Enterococci	NODI: -	Season: 0	1 - Effluent Gross	50050 Flow, in conduit or thru treatment plant	NODI: -	Season: 0	W - See Comments	00610 Nitrogen, ammonia total [as N]	NODI: -	Season: 0	1 - Effluent Gross	Nitrogen, ammonia 00610 total [as N]	NODI: -	Season: 0	W - See Comments	X Solids, total 00530 suspended	NODI: -	Season: 0	Code Name
Req.		Smpl.	NODI	Req.	Smpl.		NODI	Req.		Smpl.	NODI	Req.		Smpl.	NODI	Req.		Smpl.	NODI	Req.		Smpl.	NODI	Req.	
								<=2.76 MO AVG		=1.2										<=1035 WKLY AVG		=1652		Req Mon MO AVG	Value 1
								<=6 DAILY MX		=2.6															Value 2
								03 - MGD	ā	03 -										26 - Ib/d		26 - lb/d		26 - lb/d	Units
																									Value 1
<=200 MO GEOMN		=26										<=21 WKLY AVG		=20		<=14 MO AVG		=15		<=45 WKLY AVG		=101		Req Mon MO AVG	value 2
<=800 DAILY MX		=230		Req Mon DAILY MX	=96											<=30 DAILY MX		=24							value 3
13 - #/100ml	#/10011	13 - #/100ml		13 - #/100mL	#/100mL	1						19 - mg/L	i Q	19 - mg/L		19 - mg/L	,	19 - mg/L		19 - mg/L		19 -		19 - mg/L	Units
	Ė	0		14	0					0				0				щ				2			X
01/07 - Weekly	YYCCZIY	01/07 - Weekly		09/99 - See Permit	See Permit	09/99 -		99/99 - Continuous		99/99 -		01/30 - Monthly		01/30 - Monthly		01/30 - Monthly		01/30 - Monthly		01/30 - Monthly		01/30 - Monthly		01/30 - Monthly	
GR -	3	GRAB		GR - GRAB	GRAB			RC - Recorder (auto)		RC - Recorder		24 - COMP24		24 - COMP24		24 - COMP24		24 - COMP24		24 - COMP24		24 - COMP24		24 - COMP24	

	Laiamerei	Monitoring				
Code	Name	Location	ried	Type	Description	ACKNOWledge
81011	Solids, suspended percent removal	K - Percent Removal	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit, (Error Code: ${\bf 1}$)	ĸ
00310	BOD, 5-day, 20 deg. C	W - See Comments	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit, (Error Code: ${\bf 1}$)	K
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	•
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	4
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: $\bf 1$)	· ·
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: $\bf 1$)	K.
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	•
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	•
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	•
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	•
00530	Solids, total suspended	W - See Comments	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	Š
00530	Solids, total suspended	W - See Comments	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	•

Comments

Attachments

NC.pdf	Name
pdf	Туре
1872103	Size

Report Last Saved By

JUNEAU, CITY AND BOROUGH OF

Name: E-Mail: User: jim.westcott@juneau.org James Westcott CBJWASTEWATER1

Date/Time: 2017-09-12 13:06 (Time Zone:-08:00)

Juneau Douglas Wastewater Treatment Facility Juneau, Alaska

MON TUE WED THU FRI SUN MON TUE WED THU FRI SUN MON TUE WED THU FRI THU FRI SUN MON TUE WED THU FRI SUN MON TUE WED THU FRI TU SAT THE SUN SUN WEB THE SUN SUN SUN THE SUN SUN THE SUN SUN THE SUN TH DAY Number Of Applyses Date DATE 2 8 TEMP of 52 54 57 BAIN FALL 0.06 1.111 0.32 1.05 1.07 1.70 0.57 0.33 0.77 1.20 0.52 J-D TITL EFFL MGD 0.729 0.469 0.942 0.889 0.537 1.285 0.966 0.958 1.599 1.945 2.015 1.242 37.11 2.57 0.53 1.20 1 229 1 1118 1 1239 1 1704 2 2572 1 502 1 1502 1 1575 1 1995 2 2 0 3 0 1 1 3 0 8 1 1 3 0 8 1 1 3 0 8 0,710 0,772 0,773 0,733 0,854 0,530 0,724 0,610 0.643 B9 Jewe oc 16.7 12.8 14.8 14.2 14.4 14.3 12.8 14.3 13.2 13.3 13.0 13.3 15.4 14.9 16.1 14.3 14.2 14.3 16.3 15.9 16.7 16.5 16.2 14.1 15.4 15.7 15.3 TOS S Removal 7.8 7.3 7.4 7.4 7.4 7.3 7.4 7.2 7.3 7.3 7.6 7.7 7.5 7.4 7.2 7.4 7.3 7.4 7.4 73 74 75 78 73 D, 보 0.0 7.9 0.5 4.6 3.7 2.9 7.9 7.9 4.8 7.0 5.4 3.4 4.7 5.8 6.0 4.6 4.0 2.4 2.9 3.2 1.3 0.5 mg/L 435 50 234 148 244 362 180 227 344 188 50 187 350 380 340 435 232 mg/L 56 84 152 393 4828 611 2095 2117 3555 3572 2672 1073 2342 2140 2706 1503 2627 2914 1192 1949 4828 2920 832 1422 611 1694 1374 S.S. mg/L 590 73 311 200 330 260 170 220 540 470 590 380 180 330 420 270 330 98 73 390 490 1865 3410 3695 3647 2756 Cappa 796 2882 1450 2637 5601 4380 3301 3348 2608 2295 BO.D 1631 2709 796 4345 1954 3633 NA § S E 18.9 14.5 16.4 14.9 15.7 16.3 16.4 14.8 14.7 14.5 15.6 14.6 16.1 16.7 16.3 15.8 15.8 17.5 17.8 17.6 18.6 18.1 15 8 16 1 16 7 16 7 18 9 17 9 25 7.0 7.1 7.1 7.2 6.9 7.0 6.9 7.0 7.1 7.2 7.2 7.2 7.1 7.1 7.1 7.2 7.2 7.1 7.2 7.2 7.2 7.2 7.1 7.3 6.9 9 Aver.
WEEK1
WEEK2
WEEK3
WEEK4
WEEK5 햬 7.0 5.2 4.0 3.7 5.2 3.8 3.6 4.0 2.9 7.0 3.9 4.1 3.8 3.6 5.0 4.3 2.2 3.3 0.0. 4.0 4.2 4.1 5.2 8.8 290 1 1.0 6 42 7 20 88 29 38 d 23 86 5 18 17 41 5 18 17 17 18 54 8 mg/L SST 1040 1852 208 S.S. 72 59 268 4825 8 136 815 1303 4825 1490 218 76 746 320 68 8 45 8 251 121 182 109 59 8 T/Gro. August 2017 33 9 mg/ 120 25 4 22 1 1 28 88 12 42 31 d 4 5 13 10 35 29 ဖ B 1830 31 391 65 175 667 669 176 8.0.D 634 1240 156 515 789 37 132 503 593 108 238 114 398 85 172 65 Coliform Geo Mean 44 230 Weekly Enterro Fecal 11 23 230 8 8 8 Oı 8 Channel Weekly Nh3 20 16 8 20 12 12 12 Coliforn (100 ml 230 5 5 230 23 G 44 Weekly Effluent Nh3 5 00 12 16 10 17 œ

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Road FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

Juneau, AK 99801

MONITORING PERIOD: 8/1/2017

TO NO DISCHARGE: 8/31/2017

OUTFALL / MONITORING POINT: 001

	001								-	NO DISCHARGE:	
Parameter		Quantity or Loading	or Loading	Units	Quality	ity or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample	****	****		* * * *	* * * *	19 0		>		
	meas.										
1 - Final Effluent 00010	Permit reqmt.	**	**		***	**	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample	* * * * *	* * * * *		2.2	* * * * *	7.0		•		
	Т										
1 - Final Effluent 00300	Permit reqmt.	* * * * *	**		2.0 daily minimum	****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	391	1830		* * * * *	35	120		7		
1 - Final Effluent 00310	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	***	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	2882	* * * *		* * * * *	311	* * * * *		0		
G - Influent 00310	Permit reqmt	report monthly average	****	lbs/day	***	report monthly average	*******	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	* * * *	669		* * * * *	57	* * * * *		ь		
W - See Comments 00310	Permit reqmt	* * * * * * * * * * * * * * * * * * *	1,035 weekly average	lbs/day	* * * * *	45 weekly average	***	mg/l		Monthly	24-Hr Composite

TYPED OR PRINTED		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	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, the, accurate, and complete. I am aware that there	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	
AREA NUMBER		TELEPHONE
AIMID		DATE

CONTACT NAME: Samantha Stoughtenger FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

LOCATION: 1540 Thane Rd

Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 8/1/2017

TO NO DISCHARGE: 8/31/2017

Ammonia Nitrogen (as N) **Total Suspended Solids Total Suspended Solids** 모 Total Suspended Solids Parameter OUTFALL / MONITORING POINT: 001 W - See Comments 1 - Final Effluent 1 - Final Effluent 1 - Final Effluent Permit G - Influent 00530 00610 00530 00530 00400 Permit Sample Permit Sample Sample reqmt. Permit Permit reqmt. reqmt. reqmt. Sample reqmt. Sample meas. meas. meas. meas. meas. monthly average monthly average Average ***** ***** ***** 2095 **** ***** report 715 ***** 690 Quantity or Loading weekly average daily maximum Maximum ***** ***** ***** **** 1,035 1652 4825 ***** ***** 1,380 lbs/day lbs/day lbs/day Units Minimum **** ***** ***** **** minimum **** **** 6.9 **Quality or Concentration** monthly average monthly average monthly average weekly average **** Average report 101 234 15 61 45 30 daily maximum daily maximum Maximum ***** ***** maximum **** **** 290 7.3 24 8. 5 6 Units mg/ mg/l mg/l mg/l S.U. No. Ex. Н 11 2 0 0 Frequency of 5X Weekly Analysis Monthly Monthly Monthly Monthly 24-Hr Composite 24-Hr Composite 24-Hr Composite 24-Hr Composite Sample Type Grab

TYPED OR PRINTED		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	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, thue, accurate, and complete, I am aware that there	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	
AREA NUMBER		TELEPHONE
AIWID		DATE

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

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

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 8/1/2017

To 8/31/2017

OUTFALL / MC	OUTFALL / MONITORING POINT: 001	001							-	~·	NO DISCHARGE:	
Parameter			Quantity or Loading	r Loading	Units	Qual	Quality or Concentration	ition	Units	No.	Frequency of	Sample Type
			Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	,
Ammonia Nitrogen (as N)	en (as N)	Sample meas.	***	***		**	20	* * * * *		0		
×	W - See Comments 00610	Permit reqmt	*** ** *	****		* * * *	21 weekly average	**	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable	overable	Sample meas.	* * * * *	* * * * *		* * * * * * * * * * * * * * * * * * *	* * * * *	NA		0		
	1 - Final Effluent 01119	Permit reqmt.	**	****		* * * *	**	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow		Sample meas.	1.20	2.6		****	* * * * *	* * * * *		0		
	1 - Final Effluent 50050	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	* * * *	# ** #	**			Continuous	Recorded
Enterococci		Sample meas.	* * * *	* * * * *		* * * *	* * * * *	96		0		
	1 - Final Effluent 61211	Permit reqmt.	** ** ** *	****		**	*	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform		Sample meas.	* * * *	* * * *		* * * *	26	230		0		
	1 - Final Effluent 74055	Permit reqmt.	**************************************	****		* * *	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

TYPED OR PRINTED		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	designed to assume 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, the, a courale, and complete. I am aware that there	certify under penalty of law that this document and all attachments were
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	
AREA NUMBER		TELEPHONE
GIWIA		DATE

CONTACT NAME: Samantha Stoughtenger MAILING ADDRESS: 2009 Radcliffe Road

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 8/1/2017

8/31/2017

OUTFALL / MONITORING POINT: 001 $_{0}$ NO DISCHARGE:

		Quantity of Loading	a. roading	Onics	Quan	Quality or Concentration	tion	Units	No.	Frequency of Sample Type	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Fecal Coliform	Sample meas.	* * * * *	* * * *		* * * * *	230	* * * *		0		
W - See Comments Permit 74055 reqmt.	Permit reqmt	****	*****		** ** **	400 weekly average	* * * *	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	* * * * *	* * * * *		89	* * * * *	* * * * *		0		
K - Percent Removal Permit 81010 reqmt.	Permit reqmt.	**	***		85 minimum percent removal	* * * *	* * * *	%		Monthly	Calculation
Total Suspended Solids Minimum Sample % Removal meas.	Sample meas.	* * * * *	* * * * *		74	****	* * * * *		1		
K - Percent Removal Permit 81011 reqmt.	Permit reqmt.	**	**		85 minimum percent removal	* * * *	* * * *	%		Monthly	Calculation
COMMENTE									Ш		

COMMENTS:

W = weekly average;

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.

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

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Mark Mow

PERMIT NUMBER: AK0023213 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd Juneau, AK 99801

MONITORING PERIOD: 8/1/2017

TO 8/31/2017

MONITORING POINT: 002 (N-11) (P) Sta AE

NO DISCHARGE:

44.5 C Duration of Discharge Flow COMMENTS: Coliform, fecal MF, M-FC broth, Total Suspended Solids Biochemical Oxygen Demand Parameter 1 - Final Effluent 81381 R 50050 R 31616 R 00530 R 00310 R reqmt Permit reqmt Permit reqmt. Permit Sample reqmt Permit reqmt Sample Sample Sample Permit Sample meas. meas. meas. meas. meas. monthly average monthly average monthly average ***** ***** Average ***** Report Report Report i Quantity or Loading daily maximum daily maximum daily maximum daily maximum Maximum ***** Report report Report Report **** min/day lbs/day Units lbs/day MGD Minimum **** **** **** **** ***** ***** **** : ***** * * * * * Quality or Concentration monthly geometric monthly average monthly average Average ***** ***** * * * * * Report Report Report İ Report daily maximum Maximum daily maximum daily maximum ***** ***** ***** Report Report i cts/100 ml Units ng/l mg/l Ex. When Discharging When Discharging When Discharging When Discharging When Discharging Frequency of **Analysis** Instantaneous Reading Sample Type Recorded Grab Grab Grab

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Attach an explanation of any violations. Reference all attachments below

TYPED OR PRINTED		Cociaco		Mark Mow/Wastewater Collections SR.				NAME/TITLE PRINCIPLE EXECUTIVE OFFICE
improviment for knowing violations.	penalties for submitting false information, including the possibility of fine and	belief, true, accurate, and complete. I am aware that there are significant	information, the information submitted is, to the best of my knowledge and	manage the system, or those persons directly responsible for gathering the	information submitted. Based on my inquiry of the person or persons who	designed to assure that qualified personnel properly gather and evaluated the	prepared under my direction or supervision in accordance with a system	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE I certify under penalty of law that this document and all attachments were
AUTHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	111 and 111 ow, 907 586-0393	March March	0			
AREA/NUMBER YY/MM/DD			907 586-0393					TELEPHONE
YY/MM/DD			,	4////6				DATE

CONTACT NAME: Mark Mow MAILING ADDRESS: 155 S. Seward Street

PERMIT NUMBER: AK0023213 Juneau, AK 99801

> LOCATION: 1540 Thane Rd FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MONITORING PERIOD: 8/1/2017 Juneau, AK 99801

To

MONITORING POINT: 003 (N11.2) (Q) Sta C

8/31/2017 NO DISCHARGE:

Parameter		Quantity or Loading	r Loading	Units	Qua	Quality or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex	Analysis	
Biochemical Oxygen Demand	Sample				****						
(BOD5)	meas.										
1 - Final Effluent	Permit	Report	Report	lbs/day		Report	Report	mg/i		When Discharging	Grab
00310 R reqmt.	reqmt	monthly average	daily maximum			monthly average	daily maximum				
Total Suspended Solids	Sample				****						
	meas.										
1 - Final Effluent	Permit	Report	Report	lbs/day	***	Report	Report	mg/l		When Discharging	Grab
00530 R	reqmt.	monthly average	daily maximum			monthly average	daily maximum				
Coliform, fecal MF, M-FC broth,	Sample	*****	****		* * * *						
44.5 C	meas.										
1 - Final Effluent	Permit	* * *	* * * *		***	Report	Report	cts/100 ml		When Discharging	Grab
31616 R	reqmt.					mean	uany maximum				
Flow	Sample				****	*****	****				
	meas.										
1 - Final Effluent Permit	Permit	Report	Report	MGD	:	*****				When Discharging	Recorded
50050 R	reqmt.	montnly average	daily maximum								
Duration of Discharge	Sample	****			****	****	***				
1 - Final Effluent		***	report	min/day	***	***	****			When Discharging	Instantaneous
1 - Filidi Ellidelli. 81381 R	Permit reqmt		daily maximum	, , , ,							Reading
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.

YY/MM/DE	AREA/NUMBER	AUTHORIZED AGENT	III DI ISONI IL RICENTI DI RICENT	TYPED OR PRINTED
		EXECUTIVE OFFICER OR	penalties for submitting false information, including the possibility of fine and	
		SIGNATURE OF PRINCIPAL	belief, true, accurate, and complete. I am aware that there are significant	Operator
11111	907 586-0393 7/1/6	111 mes 7.111011.	information, the information submitted is, to the best of my knowledge and	
01.11		The last	manage the system, or those persons directly responsible for gathering the	Mark Mow/Wastewater Collections SR.
		1	information submitted. Based on my inquiry of the person or persons who	3
			designed to assure that qualified personnel properly gather and evaluated the	
		14	prepared under my direction or supervision in accordance with a system	
DATE	TELEPHONE		NAME/TITLE PRINCIPLE EXECUTIVE OFFICE I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE

14	TELEPHONE	DATE
Mark & mon.	907 586-0393	11/18
SIGNATURE OF PRINCIPAL		
EXECUTIVE OFFICER OR		
AUTHORIZED AGENT	AREA/NUMBER	YY/MM/DD

CONTACT NAME: Mark Mow

MAILING ADDRESS: 155 S. Seward Street Juneau, AK 99801

PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

LOCATION: 1540 Thane Rd

Juneau, AK 99801

MONITORING PERIOD: 8/1/2017 MONITORING POINT: 004 (N-15.1) (R) Douglas 7

NO DISCHARGE: 8/31/2017

44.5 C **Duration of Discharge** Flow COMMENTS: Coliform, fecal MF, M-FC broth, Biochemical Oxygen Demand Total Suspended Solids Parameter 1 - Final Effluent 81381 R 31616 R 00530 R 00310 R 50050 R Permit reqmt. Permit Permit Sample reqmt. Permit reqmt. reqmt Permit reqmt. Sample meas. Sample meas. Sample Sample meas. meas. meas. monthly average monthly average monthly average Average ***** ***** Report Report Report **** ***** Quantity or Loading Report daily maximum daily maximum daily maximum daily maximum Maximum ***** Report Report report ***** min/day lbs/day lbs/day Units MGD Minimum ***** **** ***** ***** ***** **** ***** ***** * * * * * **** **Quality or Concentration** monthly geometri monthly average monthly average Average ***** **** **** Report Report ***** Report Report daily maximum Report daily maximum daily maximum Maximum **** ***** Report **** ***** cts/100 ml Units mg/l mg/l Ex. When Discharging When Discharging When Discharging When Discharging When Discharging Frequency of Analysis Instantaneous Reading Sample Type Recorded Grab Grab Grab

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

TYPED OR PRINTED	imi	Operator bel		Mark Mow/Wastewater Collections SR. ma	info	des	pre	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE 1 cc
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	belief, true, accurate, and complete. I am aware that there are significant	information, the information submitted is, to the best of my knowledge and	manage the system, or those persons directly responsible for gathering the	information submitted. Based on my inquiry of the person or persons who	designed to assure that qualified personnel properly gather and evaluated the	prepared under my direction or supervision in accordance with a system	NAME/TITLE PRINCIPLE EXECUTIVE OFFICE certify under penalty of law that this document and all attachments were
AUTHORIZED AGENT	EXECUTIVE OFFICER OR	SIGNATURE OF PRINCIPAL	11 Wash y, 1100W.	The of The				
AREA/NUMBER YY/MM/DD			907 586-0393					TELEPHONE
YY/MM/DD			110 M. 907 586-0393 9/11/1	1/1.7				DATE

П



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 INFORMATIO	N	PERMIT# (if any): AK	002321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewa	ater Treatment Facilit	у	Facility L Juneau, A			
Person Reporting: Jim Westcott		Phone Numbers of Pers 907-586-0393	on Reporting:		Reported Phone/Em	How? (e.g. by phone): ail		
Date/Time Event was Notice 9/7/2017 @ 1415 pm	ed:	Date/Time Reported: 9/7/2017 @ 1515 pm			Name of I Email	DEC Staff Contacted:		
VERBAL NOTIFICATION	MUST BE M	ADE TO ADEC WITHI	N 24 HOURS OF D	ISCOV	ERY OF N	ONCOMPLIANCE		
INCIDENT DETAILS	(attach add	ditional sheets, lab re	ports, and photo	os as n	ecessary)			
Period of Noncompliance		Time (exact): 8/6/2017		1		(exact): 8/12/2017		
N/A			rding the anticipate	d time t	he noncom	pliance is expected to continue:		
Estimated Quantity involver TSS 52 mg/l weekly average	d (volume or v	weight):						
Description of the noncomp	liance and its	cause (be specific):						
N/A								
Actions taken to reduce, elin (describe in detail) (e.g. Sup notice)	ninate, and pi plied drinking	revent reoccurrence of no g water to nearby well ow	ncompliance and Acores and informed v	ctual/Po well owi	tential Imp ners not to	pact on Environmental Health drink from wells until further		
Increased waste removal from	system. Facil	ity is currently under const	ruction and operating	on one	aeration bas	sin.		
Permit Condition Deviation	(Identify each	permit condition exceed	led during the event.	.)				
Parameter (e.g. BOD pl	Ð	Permit Limit Exceedance (sample result) Sample Date						
TSS mg/l	4:	mg/l weekly average	52 m	ng/l		8/6/2017 — 8/12/2017		
Corrective Actions (Attach a chances of recurrence.)	description (of corrective actions taker	n to restore the syste	m to no	rmal opera	ation and to minimize or eliminate		
Increased waste removal from system.								
Environmental Damage: (i	f yes, provide	details below)	T Yes	ſ	No	▼ Unknown		
Actual /Potential Impact on	Environment	Public Health (describe i	n detail)					
Unknown								
to assure that qualified personne system, or those persons directly	el properly gather responsible fo	er and evaluate the informati r gathering the information,	ion submitted. Based on the information submit	n my inc	uiry of the potential the best of	in accordance with a system designed person or persons who manage the my knowledge and belief, true, ossibility of fine and imprisonment for		
Name: Jim Westcott	Title:	Senior Operator	Signature:	hom	(\mathcal{L})	Date: 9/7/2017		
FORMS M	UST BE SEN	T TO ADEC WITHIN FI	VE DAYS OF BECO	OMINO	AWARE			



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555 Cordova Street

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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	V	PERMIT# (if any): AK	002321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewa	ater Treatment Facil	ity	Facility L Juneau, A			
Person Reporting: Jim Westcott		Phone Numbers of Pers 907-586-0393	on Reporting:		Reported Phone/Em	How? (e.g. by phone):		
Date/Time Event was Notices 9/7/2017 @ 1415 pm	d:	Date/Time Reported: 9/7/2017 @ 1515 pm			Name of I Email	DEC Staff Contacted:		
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF I	DISCOV	ERY OF N	ONCOMPLIANCE		
INCIDENT DETAILS	(attach add	ditional sheets, lab re	ports, and pho	tos as n	ecessary)			
Period of Noncompliance		Time (exact): 8/13/2017				(exact): 8/19/2017		
N/A			ording the anticipat	ed time t	he noncom	pliance is expected to continue:		
Estimated Quantity involved TSS 89 mg/l weekly average BOD 57 mg/l weekly average	•	weight):						
Description of the noncompli	ance and its	cause (be specific):						
N/A								
Actions taken to reduce, elim (describe in detail) (e.g. Supp notice)	inate, and pi lied drinking	revent reoccurrence of no g water to nearby well ow	oncompliance and A vners and informed	Actual/Po well owr	tential Imp ners not to	pact on Environmental Health drink from wells until further		
Increased waste removal from	system. Facil	ity is currently under const	ruction and operatin	g on one	aeration bas	sin.		
Permit Condition Deviation (Identify each	n permit condition exceed	led during the even	t)				
Parameter (e.g. BOD pH		Permit Limit	Exceedance (esult)	Sample Date		
TSS mg/l		45 mg/l weekly limit	89	mg/l		8/13/2017 – 8/19/2017		
BOD mg/l		45 mg/l weekly limit	57 mg/l 8/13/2		8/13/2017 – 8/19/2017			
C			0/13/2017 0/13/2017					
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)								
Increased frequency of waste removal from system.								
Environmental Damage: (if	yes, provide	details below)	T Yes	ſ	No	▼ Unknown		
Actual /Potential Impact on E	Cnvironment	Public Health (describe i						
Unknown								
to assure that qualified personnel system, or those persons directly	properly gather responsible fo	er and evaluate the informati r gathering the information,	ion submitted. Based the information subm	on my inquitted is, to	uiry of the pother	in accordance with a system designed berson or persons who manage the my knowledge and belief, true, ossibility of fine and imprisonment for		
Name: Jim Westcott	Title:	Senior Operator	Signature:	1/e	7)	Date: 9/7/2017		



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NONCOMPLIANCE NOTIFICATION

	NONCOVII LIAN	CE NOTIFIC	ATION					
GENERAL INFORMATION	PERMIT# (if any): AK	002321-3						
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas Wastewa	iter Treatment Facility	Facility Location: Juneau, AK					
Person Reporting: Jim Westcott	Phone Numbers of Pers 907-586-0393	on Reporting:	Reported How? (e.g. by phone): Phone/Email					
Date/Time Event was Noticed: 9/7/2017 @ 1415 pm	Date/Time Reported: 9/7/2017 @ 1515 pm		Name of DEC Staff Contacted: Email					
VERBAL NOTIFICATION MUST	T BE MADE TO ADEC WITHI	N 24 HOURS OF DISCO	VERY OF NONCOMPLIANCE					
INCIDENT DETAILS (attac	ch additional sheets, lab re	ports, and photos as	necessary)					
	Date/Time (exact): 8/20/2017		d Date/Time (exact): 8/26/2017					
If noncompliance has not been corn N/A	rected, provide a statement rega	rding the anticipated time	e the noncompliance is expected to continue:					
Estimated Quantity involved (volu TSS 101 mg/l weekly average TSS lbs. 1652 mg/l weekly average	me or weight):							
Description of the noncompliance a	and its cause (be specific):							
N/A								
Actions taken to reduce, eliminate, (describe in detail) (e.g. Supplied d notice) Increased waste removal from system	rinking water to nearby well ow	ners and informed well ov	Potential Impact on Environmental Health wners not to drink from wells until further ne aeration basin.					
Permit Condition Deviation (Identi	fy each permit condition exceed	ed during the event.)		\neg				
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample	e result) Sample Date	\dashv				
TSS mg/l	45 mg/l weekly average	101 mg/l	8/20/2017 - 8/26/2017					
TSS lbs.	1035lbs. weekly limit	1652 lbs.	8/20/2017 – 8/26/2017					
	,		0.20,2017					
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)								
Increased waste removal from system.								
Environmental Damage: (if yes, p	rovide details below)	☐ Yes	「 No					
Actual /Potential Impact on Enviro Unknown	nment/Public Health (describe i	n detail)						
to assure that qualified personnel proper system, or those persons directly respon	ly gather and evaluate the information, a sible for gathering the information, a	on submitted. Based on my in the information submitted is.	or supervision in accordance with a system designed inquiry of the person or persons who manage the to the best of my knowledge and belief, true, including the possibility of fine and imprisonment for					
Name: Jim Westcott	Fitle: Senior Operator	Signature:	Date: 9/7/2017					



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GENERAL INFORMATIO	N	PERMIT# (if any): AK0	02321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewa	ter Treatment Facility	,	Facility L Juneau, A			
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	on Reporting:		Reported Phone/Em	How? (e.g. by phone):		
Date/Time Event was Notice 9/7/2017 @ 1415 pm	ed:	Date/Time Reported: 9/7/2017 @ 1515 pm			Name of I Email	DEC Staff Contacted:		
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF DI	SCOV	ERY OF N	ONCOMPLIANCE		
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photo	s as n	ecessary)			
Period of Noncompliance		Fime (exact): 8/1/2017				(exact): 8/31/2017		
N/A			rding the anticipated	d time t	the noncom	pliance is expected to continue:		
Estimated Quantity involved NH3 15 mg/l monthly average		weight):						
Description of the noncomp	liance and its	cause (be specific):						
N/A								
Actions taken to reduce, elir (describe in detail) (e.g. Sup notice)	ninate, and p plied drinking	revent reoccurrence of no g water to nearby well ow	ncompliance and Ac ners and informed w	tual/Po vell owi	tential Imp ners not to	pact on Environmental Health drink from wells until further		
Facility is currently under con	struction and	operating on one aeration b	asin.					
Permit Condition Deviation	(Identify eacl	n permit condition exceed	ed during the event.))				
Parameter (e.g. BOD pl	D	Permit Limit	Exceedance (sa	mple r	esult)	Sample Date		
NH3 mg/l	1	4 mg/l monthly limit	15 mg/l 8/1/2017 – 8/31/2017					
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)								
Environmental Damage: (i	f yes, provide	details below)	☐ Yes	ſ	No No	₩ Unknown		
Actual /Potential Impact on	Environment	/Public Health (describe i	n detail)					
Unknown		· ·	,					
to assure that qualified personne system, or those persons directly	el properly gath y responsible fo	er and evaluate the information gathering the information,	on submitted. Based or the information submit	n my inc ted is, to	quiry of the potential the potential the test of	in accordance with a system designed person or persons who manage the my knowledge and belief, true, ossibility of fine and imprisonment for		
Name: Jim Westcott	Title:	Senior Operator	Signature:	-1/1	4	Date: 9/7/2017		
FORMS M	<u>UST BE SEN</u>	T TO ADEC WITHIN FI	VE DAYS OF BÉCO	OMINO	AWARE	OF THE EVENT.		



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GENERAL INFORMATION		PERMIT# (if any): AK(002321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewa	iter Treatment Facilit	у	Facility L Juneau, Al			
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	on Reporting:		Reported Phone/Em	How? (e.g. by phone): ail		
Date/Time Event was Noticed: 9/7/2017 @ 1415 pm		Date/Time Reported: 9/7/2017 @ 1515 pm			Name of I Email	DEC Staff Contacted:		
VERBAL NOTIFICATION MU	JST BE M	ADE TO ADEC WITHI	N 24 HOURS OF D	ISCOV	ERY OF N	ONCOMPLIANCE		
INCIDENT DETAILS (at								
		ime (exact): 8/1/2017				(exact): 8/31/2017		
If noncompliance has not been on N/A	corrected,	provide a statement rega	rding the anticipate	d time t	he noncom	pliance is expected to continue:		
Estimated Quantity involved (vo TSS 30 mg/l monthly average	olume or v	veight):						
Description of the noncomplian	ce and its	cause (be specific):						
N/A								
Actions taken to reduce, elimina (describe in detail) (e.g. Supplied notice)	ite, and pr d drinking	revent reoccurrence of no g water to nearby well ow	ncompliance and Ac ners and informed v	ctual/Po well owr	tential Imp ers not to	oact on Environmental Health drink from wells until further		
Increased waste removal from sys	tem. Facili	ty is currently under consti	ruction and operating	on one	aeration bas	sin.		
Permit Condition Deviation (Ide	entify each	permit condition exceed	ed during the event.	.)				
Parameter (e.g. BOD pH)		Permit Limit	Exceedance (sa		esult)	Sample Date		
TSS mg/l	3	0 mg/l monthly limit	61 m	ng/l		8/1/2017 — 8/31/2017		
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)								
Environmental Damage: (if yes	s, provide	details below)	T Yes	ſ	- No	▼ Unknown		
Actual /Potential Impact on Env			n detail)					
Unknown		(,					
to assure that qualified personnel pro system, or those persons directly res	operly gatho ponsible for	er and evaluate the information, and gathering the information,	on submitted. Based o the information submi	n my inc	uiry of the pother the best of	in accordance with a system designed berson or persons who manage the my knowledge and belief, true, ossibility of fine and imprisonment for		
Name: Jim Westcott	Title:	Senior Operator	Signature:	1-1	in	Date: 9/7/2017		
FORMS MUST	BE SENT	T TO ADEC WITHIN FI	VE DAYS OF BEC	OMINO	AWARE.	OF THE EVENT.		



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J									
GENERAL INFORMATIO	N	PERMIT# (if any): AK0	002321-3						
Owner or Operator:		Facility Name:			Facility Lo				
City and Borough of Juneau		Juneau Douglas Wastewa	ter Treatment Facility	у	Juneau, Ak	ζ.			
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	on Reporting:		Reported Phone/Ema	How? (e.g. by pho ail	one):		
Date/Time Event was Notice 9/7/2017 @ 1415 pm	ed:	Date/Time Reported: 9/7/2017 @ 1515 pm			Name of D Email	DEC Staff Contact	æd:		
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF DI	ISCOV	ERY OF N	ONCOMPLIANC	Œ		
INCIDENT DETAILS	(attach add	ditional sheets, lab re	ports, and photo	s as n	ecessary)	No Table 1	-		
Period of Noncompliance	Start Date/T	Fime (exact): 8/1/2017		End I	Date/Time ((exact): 8/31/2017			
If noncompliance has not be N/A	en corrected,	provide a statement rega	rding the anticipated	d time t	the noncom	pliance is expected	d to continue:		
Estimated Quantity involved TSS monthly removal % av		weight):							
Description of the noncomp	liance and its	cause (be specific):							
N/A									
Actions taken to reduce, elir (describe in detail) (e.g. Sup notice)									
Increased waste removal from	ı system. Facil	ity is currently under constr	ruction and operating	on one	aeration bas	sin.			
Permit Condition Deviation	(Identify eacl	h permit condition exceed	ed during the event.	.)					
Parameter (e.g. BOD pl	Ð	Permit Limit	Exceedance (sa	ample r	esult)	Samp	le Date		
TSS % removal	8	5 % monthly average	74 % 8/1/2017 - 8/31/2017			- 8/31/2017			
		, 0	3.12017 3.61.2017						
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)									
Environmental Damage: (i	f yes, provide	details below)	T Yes		□ No	V	nknown		
Actual /Potential Impact on	Environment	/Public Health (describe i	n detail)						
Unknown		`	,						
I certify under penalty of law th to assure that qualified personne system, or those persons directly accurate, and complete. I am aw knowing violations. Name: Jim Westcott	el properly gath y responsible fo	er and evaluate the information, or gathering the information,	on submitted. Based o the information submi	on my inditted is, to	quiry of the p	person or persons wh my knowledge and	ho manage the belief, true,		
FORMS M	UST BE SEN	T TO ADEC WITHIN FI	VE DAYS OF BEC	OMIÑO	GAWARE	OF THE EVENT			
			1.7						



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GENERAL INFORMATIO	N	PERMIT# (if any): AK0	02321-3						
Owner or Operator:		Facility Name:			Facility L				
City and Borough of Juneau		Juneau Douglas Wastewa	ter Treatment Facility	у	Juneau, Al	<u> </u>			
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	on Reporting:		Reported Phone/Em	How? (e.g. by phone): ail			
Date/Time Event was Notice 9/7/2017 @ 1415 pm	ed:	Date/Time Reported: 9/7/2017 @ 1515 pm			Name of I Email	DEC Staff Contacted:			
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF DI	ISCOV	ERY OF N	ONCOMPLIANCE			
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photo	s as n	ecessary)				
Period of Noncompliance	Start Date/1	Γime (exact): 8/1/2017		End I	Date/Time ((exact): 8/31/2017			
If noncompliance has not be N/A	en corrected,	provide a statement rega	rding the anticipate	d time t	the noncom	pliance is expected to continue:			
Estimated Quantity involved BOD mg/l monthly average	d (volume or v	weight):							
Description of the noncomp	liance and its	cause (be specific):							
N/A									
						pact on Environmental Health drink from wells until further			
Increased waste removal from	system. Facil	ity is currently under constr	ruction and operating	on one	aeration bas	sin.			
Permit Condition Deviation	(Identify eacl	h permit condition exceed	ed during the event.	.)					
Parameter (e.g. BOD pl		Permit Limit	Exceedance (sa		esult)	Sample Date			
BOD mg/l	30	mg/l monthly average	35 mg/l mont	thly ave	rage	8/1/2017 — 8/31/2017			
202		mg i monum j a votage							
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)									
Environmental Damage: (i	f yes, provide	details below)	☐ Yes	J	No No	✓ Unknown			
Actual /Potential Impact on	Environment	/Public Health (describe i	n detail)						
Unknown		· 	,						
to assure that qualified personne system, or those persons directly accurate, and complete. I am av knowing violations.	el properly gath y responsible fo vare that there a	ner and evaluate the information gathering the information, are significant penalties for su	on submitted. Based of the information submit bmitting false information	on my inditted is, t	quiry of the potential of the best of	ossibility of fine and imprisonment for			
Name: Jim Westcott	Title:	Senior Operator	Signature:	MM	1	Date: 9/7/2017			
FORMS M	<u>UST BE SEN</u>	T TO ADEC WITHIN FI	VE DAYS OF BEC	OMINO	GAWARE	OF THE EVENT.			



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						-		
GENERAL INFORMATIO	N	PERMIT# (if any): AKO	002321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewa	ter Treatment Facility	y	Facility I Juneau, A			
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	on Reporting:		Reported Phone/En	How? (e.g. by phone): nail		
Date/Time Event was Notice 9/7/2017 @ 1415 pm	ed:	Date/Time Reported: 9/7/2017 @ 1515 pm			Name of Email	DEC Staff Contacted:		
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF DI	ISCOV.	ERY OF N	IONCOMPLIANCE		
INCIDENT DETAILS	(attach add	ditional sheets, lab re	ports, and photo	s as n	ecessary			
Period of Noncompliance		Fime (exact): 8/1/2017				(exact): 8/31/2017		
N/A			rding the anticipated	d time t	the noncon	npliance is expected to continue:		
Estimated Quantity involved TSS mg/l monthly average	d (volume or v	weight):						
Description of the noncomp	liance and its	cause (be specific):						
N/A								
Actions taken to reduce, elir (describe in detail) (e.g. Sup notice)	ninate, and pa plied drinking	revent reoccurrence of no g water to nearby well ow	ncompliance and Ac ners and informed w	tual/Po	tential Im ners not to	pact on Environmental Health drink from wells until further		
Increased waste removal from	ı system. Facili	ity is currently under consti	ruction and operating	on one	aeration ba	sin.		
Permit Condition Deviation	(Identify each	permit condition exceed	ed during the event.))				
Parameter (e.g. BOD pl	Ð	Permit Limit	Exceedance (sa	mple r	esult)	Sample Date		
TSS mg/l	690	mg/l monthly average	715 mg/l mont	thly ave	rage	8/1/2017 - 8/31/2017		
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)								
Environmental Damage: (i	f yes, provide	details below)	☐ Yes	Γ	No	▼ Unknown		
Actual /Potential Impact on	Environment/	Public Health (describe in	n detail)					
Unknown								
to assure that qualified personne system, or those persons directly	el properly gathe responsible fo	er and evaluate the information, to gathering the information, to the information, to the information, the information is the contract of the information is the information of the information in the information is the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information is the information in the information in the information in the information is the information in the information in the information in the information is the information in the info	on submitted. Based or the information submit	n my inc	uiry of the the the	in accordance with a system designed person or persons who manage the my knowledge and belief, true, possibility of fine and imprisonment for		
Name: Jim Westcott	Title:	Senior Operator	Signature:	Mu	/	Date: 9/7/2017		
FORMS M	HST RE SEN'	T TO ADEC WITHIN FI	VE DAVS OF RECO	MINE	LAWADE	OF THE EVENT		



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NONCOMPLIANCE NOTIFICATION

NONCOVIF LIANCE NOTIFICATION								
GENERAL INFORMATION PERMIT# (if any): AK002321-3								
Owner or Operator: Facility Name: City and Borough of Juneau Juneau Douglas Wastewater Treatment Facility					Facility Lo Juneau, Al			
					Reported Phone	How? (e.g. by phone):		
Date/Time Event was Noticed: 8/22/2017 @ 0730 am Date/Time Reported: 8/22/2017 @ 1515 pm Name of DEC Staff Contacted: Hotline/Email								
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)								
•		Fime (exact): 8/8/2017 @		_	`	exact): 8/9/2017 @ 0935 am		
If noncompliance has not bee N/A	n corrected,	provide a statement rega	rding the anticipat	ed time t	he noncom	pliance is expected to continue:		
Estimated Quantity involved 24 mg/l NH3	(volume or	weight):						
Description of the noncomplia	nce 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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin.								
increased waste removal from s	system. Pach	ity is currently under consti	detion and operating	g on one	acration bas	our.		
Permit Condition Deviation (Identify eac	h permit condition exceed	ed during the even	t.)				
Parameter (e.g. BOD pH	U I	Permit Limit	Exceedance (sample r	esult)	Sample Date		
NH3	21 1	mg/l average weekly limit	24 mg/l	daily max	ι	8/9/2017		
		94						
Corrective Actions (Attach a chances of recurrence.)	description	of corrective actions taker	to restore the syst	tem to no	ormal opera	tion and to minimize or eliminate		
Increased frequency of sampling from permit required once a month to four times a month.								
Environmental Damage: (if yes, provide details below)								
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:Jim Westcott	Title:	Senior Operator	Signature:	41	IN	Date: 8/22/2017		



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): AK002321-3									
Owner or Operator: City and Borough of Juneau	er or Operator: Facility Name: Fa				Facility Lo				
Person Reporting: Jim Westcott		Phone Numbers of Pers 907-586-0393		-,		How? (e.g. by phone):			
Date/Time Event was Notice 8/10/2017 @ 0730 am	ate/Time Event was Noticed: Date/Time Reported: 8/22/2017 @ 1515 pm				Name of D Hotline/Em	EC Staff Contacted:			
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE									
INCIDENT DETAILS							7		
Period of Noncompliance	Start Date/	Γime (exact): 8/9/2017 (@ 1545 am	End I	Date/Time (exact): 8/10/2017 @ 1550	pm		
If noncompliance has not be N/A	een corrected	, provide a statement rega	ording the anticipate	ed time t	he noncomp	pliance is expected to conti	nue:		
Estimated Quantity involved 90 mg/l BOD (.530 * 90 m 177 mg/l TSS (.530 * 177 m	g/l * 8.34) ~ 3 mg/l * 8.34) ~	97.82 782.38							
Description of the noncomp	liance and its	cause (be specific):							
Hydraulic surge resulted in a	loss of solids	from the clarifiers.							
Actions taken to reduce, elin (describe in detail) (e.g. Sup notice)									
Increased waste removal from	n system. Faci	lity is currently under const	truction and operating	g on one	aeration bas	in.			
Permit Condition Deviation	(Identify eac	h permit condition exceed	ded during the event	t.)					
Parameter (e.g. BOD pl	<u>H)</u>	Permit Limit	Exceedance (s	sample r	esult)	Sample Date			
BOD		60 mg/l daily limit	90 1	mg/l		8/10/2017			
TSS		60 mg/l daily limit	177	mg/l		8/10/2017			
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased frequency of waste removal from system.									
Environmental Damage: (if yes, provide details below)									
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: Iim Westcott	Title	Senior Operator	Signature	4-11	Was 1	Date: 8/22/20	117		

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



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NONCOMPLIANCE NOTIFICATION

	TOTTO OTHE ENTE	TOD III	11011				
GENERAL INFORMATION	PERMIT# (if any): AK	.002321-3					
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas Wastew	Facility Name: Juneau Douglas Wastewater Treatment Facility Facility Location: Juneau, AK					
Person Reporting: Jim Westcott	Phone Numbers of Pers 907-586-0393	Phone Numbers of Person Reporting: Reported How? (e.g. by phone): 907-586-0393 Phone/Email					
Date/Time Event was Noticed: 8/24/2017 @ 0956 am	Date/Time Reported: 8/24/2017 @ 1510 pm						
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITH	IN 24 HOURS OF Γ	DISCOVE	ERY OF N	ONCOMPLIANCE		
INCIDENT DETAILS (attac	h additional sheets, lab r	eports, and phot	tos as ne	ecessary)			
	Date/Time (exact): 8/14/2017				(exact): 8/15/2017 @ 0815 am		
If noncompliance has not been corr N/A		arding the anticipat	ed time tl	he noncom	pliance is expected to continue:		
Estimated Quantity involved (volume 68 mg/l BOD (1.118 * 68 mg/l * 8.3 80 mg/l TSS (1.118 * 80 mg/l * 8.3	34) ~ 634.04 lbs.						
Description of the noncompliance a							
N/A							
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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin.							
Permit Condition Deviation (Identif	fy each permit condition exceed	ded during the even	t.)				
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (s	sample re	esult)	Sample Date		
BOD	60 mg/l daily limit	68	mg/l		8/14/2017		
TSS	60 mg/l daily limit	80 mg/l 8/14/2017			8/14/2017		
		s	¥				
Corrective Actions (Attach a descri	ption of corrective actions take	n to restore the syst	tem to no	rmal opera	ation and to minimize or eliminate		
Increased frequency of waste removal from system.							
Environmental Damage: (if yes, pr	ovide details below)	☐ Yes	Г	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.							
	Citle: Senior Operator	Signature:	COMINIC	ANADA	Date: 8/24/2017		
FORMS MUST BE	E SENT TO ADEC WITHIN F	IVE DAYS OF BEC	COMING	AWARE	OF THE EVENT.		



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NONCOMDI LANCE NOTIFICATION

Owner or Operator: Facility Name:	NUNCOMPLIANCE NUTIFICATION								
City and Borough of Juneau Person Reporting: Phone Numbers of Person Reporting: Seported Hov? (e.g. by phone): Phone Numbers of Person Reporting: Phone Numbers of Person Reporting of Person Person Report Person Per	GENERAL INFORMATION PERMIT# (if any): AK002321-3								
Jam Westort 907-586-0393 Phone Phone Date/Time Event was Noticed: 8/24/2017 @ 0915 am Reported: Hotline/Email Hotline/Email Hotline/Email						1			
State Stat						w? (e.g. by phone):			
Period of Noncompliance Start Date/Time (exact): 8/14/2017 @ 0815 am End Date/Time (exact): 8/15/2017 @ 0815 am	The state of the s								
Period of Noncompliance Start Date/Time (exact): 8/14/2017 @ 0815 am End Date/Time (exact): 8/15/2017 @ 0815 am	VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE								
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): (1.239 mg * 120 mg/l * 8.34) ~ 1239.9 lbs. BOD (1.239 mg * 120 mg/l * 8.34) ~ 2200.9 ftSs lbs. 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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin. Permit Condition Deviation (Identify each permit condition exceeded during the event.) Parameter (e.g. BOD pH) BOD 60 mg/l daily max 120 mg/l 8/15/2017 TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS bas 1380 daily limit. 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence). Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Unknown Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence). Environmental Damage: (if yes, provide details below) Yes No Unknown 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 personary Persons who manage the system, or those persons directly responsible for gathering the information the information, including the possibility of fine and imprisonment for knowing violations.	INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)								
Estimated Quantity involved (volume or weight): (1.239 mg * 120 mg/l * 8.34) ~ 1239.9 lbs. BOD (1.239 mg * 213 mg/l * 8.34) ~ 2200.9 TSS lbs. 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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin. Permit Condition Deviation (Identify each permit condition exceeded during the event.) Parameter (e.g. BOD pH) Permit Limit Exceedance (sample result) Sample Date BOD 60 mg/l daily limit 213 mg/l 8/15/2017 TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS bis. 1380 daily limit. 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Vunknown Actual/Potential Impact on Environment/Public Health (describe in detail) Unknown Lecrify 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 ar persons who manage the system, or those persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowing violations.	Period of Noncompliance	Start Date/T	Fime (exact): 8/14/2017	' @ 0815 am	End E	Date/Time (exa	act): 8/15/2017 @ 0815 a	m	
(1.239 mg * 120 mg/1 * 8.34) ~ 1239 yl bs. BoD (1.239 mg * 120 mg/1 * 8.34) ~ 220.9 TSS lbs. 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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin. Permit Condition Deviation (Identify each permit condition exceeded during the event.) Parameter (e.g. BOD pH) Permit Limit Exceedance (sample result) Sample Date BOD 60 mg/l daily max 120 mg/l 8/15/2017 TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS bs. 1380 daily limit 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Vunknown Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown Increify 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 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.		en corrected,	provide a statement re	garding the anticipate	d time t	he noncomplia	ance is expected to contin	ue:	
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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin. Permit Condition Deviation (Identify each permit condition exceeded during the event.) Parameter (e.g. BOD pH) BOD 60 mg/l daily max 120 mg/l TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS lbs. 1380 daily limit 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Unknown Actual/Potential Impact on Environment/Public Health (describe in detail) Unknown or those personsel girectly responsible for 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.	(1.239 mg * 120 mg/l * 8.34) (1.239 mg * 213 mg/l * 8.34)	~ 1239.9 lbs. 1 ~ 2200.9 TSS	BOD lbs.						
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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin. Permit Condition Deviation (Identify each permit condition exceeded during the event.) Parameter (e.g. BOD pH) Permit Limit Exceedance (sample result) Sample Date BOD 60 mg/l daily max 120 mg/l 8/15/2017 TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS lbs. 1380 daily limit. 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Vunknown Actual/Potential Impact on Environment/Public Health (describe in detail) Unknown Tecrify 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.		iance and its	cause (be specific):						
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Environmental Damage: (if yes, provide details below) Yes No We Unknown	Unknown								
Parameter (e.g. BOD pH) BOD 60 mg/l daily max 120 mg/l 8/15/2017 TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS lbs. 1380 daily limit. 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Vunknown 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.	(describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)								
BOD 60 mg/l daily max 120 mg/l 8/15/2017 TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS lbs. 1380 daily limit. 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Winknown 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.									
TSS 60 mg/l daily limit 213 mg/l 8/15/2017 TSS lbs. 1380 daily limit. 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Winknown 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.	3-2	<u>n</u>	·			esult)	Sample Date		
TSS lbs. 1380 daily limit. 2201 lbs. 8/15/2017 Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system. Environmental Damage: (if yes, provide details below)					-		8/15/2017		
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Increased waste removal from system. Environmental Damage: (if yes, provide details below) Yes No Vunknown 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.	TSS lbs.		1380 daily limit.	2201	lbs.		8/15/2017		
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.	chances of recurrence.)								
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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.									
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N	ONCOMPLIAN	CE NOTIF	ICATION	1				
GENERAL INFORMATION	PERMIT# (if any): AK	002321-3						
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas Wastew		Facility L Juneau, A					
Person Reporting: Jim Westcott	Phone Numbers of Pers 907-586-0393	on Reporting:	Reported Phone	How? (e.g. by phone):				
Date/Time Event was Noticed: 8/29/2017 @ 1330 pm	Date/Time Reported: 8/29/2017 @ 1530 pm		Name of I Hotline/E	DEC Staff Contacted: mail				
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE								
INCIDENT DETAILS (attach	additional sheets, lab re	ports, and photos	as necessary					
	ate/Time (exact): 8/17/2017 @			(exact): 8/18/2017 @ 0815 am				
If noncompliance has not been correct N/A	cted, provide a statement rega	rding the anticipated	time the noncon	ipliance is expected to continue:				
Estimated Quantity involved (volume (1.502 mg * 63 mg/l * 8.34) ~ 789.2 lb (1.502 mg * 104 mg/l * 8.34 ~ 1303 lb	s. BOD							
Description of the noncompliance and 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) Increased waste removal from system. Facility is currently under construction and operating on one aeration basin.								
Permit Condition Deviation (Identify	each permit condition exceed	led during the event.)						
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sa	mple result)	Sample Date				
BOD	60 mg/l daily max	63 mg/l dai	ly max	8/18/2017				
TSS	60 mg/l daily max	104 mg/i da	ily max	8/18/2017				
	*							
Corrective Actions (Attach a descript chances of recurrence.)	tion of corrective actions take	n to restore the system	n to normal oper	ation and to minimize or eliminate				
Increased waste removal from system.								
Environmental Damage: (if yes, pro	vide 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: Jim Westcott Ti	tle: Senior Operator	Signature:	s/h/	Date: 8/29/2017				



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NONCOMPLIANCE NOTIFICATION								
GENERAL INFORMATION	N	PERMIT# (if any): AK	(002321-3					
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas Wastewater Treatment Facility Facility Location: Juneau, AK			ion:			
Person Reporting: Jim Westcott Phone Numbers of Person Reporting: 907-586-0393 Reported How? (e.g. by phone/Email					v? (e.g. by phone):			
Date/Time Event was Noticed: 8/30/2017 @ 0956 amDate/Time Reported: 8/24/2017 @ 1510 pmName of DEC Staff Contacted: Hotline/Email					Staff Contacted:			
VERBAL NOTIFICATION	VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE							
INCIDENT DETAILS	(attach ad	ditional sheets, lab r	eports, and pho	tos as n	ecessary)			
Period of Noncompliance	Start Date/	Fime (exact): 8/20/2017	@ 0825 am	End D	Date/Time (exac	ct): 8/21/2017 @ 0820 am		
If noncompliance has not be	en corrected	, provide a statement reg	arding the anticipa	ted time t	he noncomplia	nce is expected to continue:		
Estimated Quantity involved 110 mg/l BOD (1.995 * 110 290 mg/l TSS (1.995 * 290	mg/l * 8.34) mg/l * 8.34)	~ 1830.2 lbs. ~ 4825.1 lbs.				11		
Description of the noncompl N/A	iance and its	cause (be specific):						
Actions taken to reduce, elin (describe in detail) (e.g. Supportice)	ninate, and p plied drinkin	revent reoccurrence of n g water to nearby well o	oncompliance and wners and informe	Actual/Po	tential Impact ners not to drin	on Environmental Health ik from wells until further		
Increased waste removal from	system. Faci	lity is currently under cons	struction and operati	ng on one	aeration basin.			
Permit Condition Deviation	(Identify eac	h permit condition excee	ded during the eve	nt.)				
Parameter (e.g. BOD pl		Permit Limit	Exceedance		esult)	Sample Date		
BOD mg/l		60 mg/l daily limit	110) mg/l		8/21/2017		
BOD lbs.		1380 daily limit	1830 lbs. 8/			8/21/2017		
TSS mg/l		60 mg/l daily limit	29	290 mg/l		8/21/2017		
TSS lbs.		1380 daily limit	4825 lbs.			8/21/2017		
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)								
Increased frequency of waste removal from system.								
Environmental Damage: (i	f yes, provid	e 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: Jim Westcott	Title:	Senior Operator	Signature:	45 M	m	Date: 8/31/2017		
FORMS M	UST BE SE	NT TO ADEC WITHIN	FIVE DAYS OF B	COMING	G AWARE 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.

	NO	NCOMPLIAN	CE NOT	IFICA	TION		
GENERAL INFORMATIO	N	PERMIT# (if any): AK(002321-3				
Owner or Operator: Facility Name: Facility Location: City and Borough of Juneau Juneau Douglas Wastewater Treatment Facility Juneau, AK							
					Reported Phone/Em	How? (e.g. by phone): ail	
Date/Time Event was Noticed:Date/Time Reported:Name of DEC Staff Contacted:8/30/2017 @ 1615 pm8/31/2017 @ 1515 pmHotline/Email							
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE							
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and pho	otos as n	ecessary)		
Period of Noncompliance	Start Date/	Γime (exact): 8/21/2017	@ 0825 am	End I	Date/Time (exact): 8/22/2017 @ 0820 am	
If noncompliance has not be N/A	en corrected	, provide a statement rega	rding the anticipa	ated time t	the noncom	pliance is expected to continue:	
Estimated Quantity involved (2.030 * 88 mg/l * 8.34) ~ 14		weight):					
Description of the noncompl	iance and its	cause (be specific):					
N/A							
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)							
Increased waste removal from	system. Faci	lity is currently under const	ruction and operat	ing on one	aeration bas	sin.	
Permit Condition Deviation	(Identify eac	h permit condition exceed	ed during the eve	ent.)			
Parameter (e.g. BOD pl	Ð	Permit Limit	Exceedance	(sample r	esult)	Sample Date	
TSS mg/l		60 mg/l daily limit	88 mg/l			8/22/2017	
TSS lbs		1380 daily pounds	80 daily pounds 1490 lbs. 8/22/2017				
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)							
Increased frequency of waste removal from system.							
Environmental Damage: (if yes, provide details below) Yes No Vunknown							
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: Jim Westcott Title: Senior Operator Signature: Date: 8/31/2017							
FORMS M	UST BE SEN	NT TO ADEC WITHIN F	IVE DAYS OF B	ECOMING	GAWARE	OF THE EVENT.	