

Code	Name	Monitoring Location	Field	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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>
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: 1)	<input checked="" type="checkbox"/>

Comments

Attachments

Name	Type	Size
NC.pdf	pdf	1872103

Report Last Saved By

JUNEAU, CITY AND BOROUGH OF

User: CBIWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2017-09-12 13:06 (Time Zone: -08:00)

Juneau Douglas Wastewater Treatment Facility
Juneau, Alaska

August 2017

Date	DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D-TTL BOD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	R.O.D. mg/L	R.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	R.O.D. mg/L	R.O.D. LBS	Enteric Fecal	Channel Fecal	FECAL Coliform /100 ml	Weekly Effluent NH3	
SUN	30		56	0.12	0.729	14.1	7.3	2.4					15.8	7.2	4.4									
MON	31		58	0.02	0.469	15.4	7.4	2.9					16.1	7.2	5.0									
TUE	1		58	0.00	0.942	15.7	7.5	3.2	393	2914	490	3633	16.7	7.2	4.3	8	59	9	65				44	
WED	2		62	0.00	0.899	15.3	7.8	1.3					18.9	7.1	2.2									
THU	3		64	T	0.537	15.3	7.3	0.5					17.9	7.3	3.3									
FRI	4		64	0.00	0.643	15.4	7.3																	
SAT	5		64	0.00	0.787				232	1374	330	1954				54	320	29	172					
SUN	6		64	0.00	0.710								17.5	7.1	3.9									
MON	7		60	0.00	0.772	16.3	7.4	2.0	350	2140	540	3301	17.9	7.2	4.1	41	251	39	238					
TUE	8		63	0.00	0.733	15.9	7.3	2.3	380	2706	470	3348	17.6	7.2	3.8	17	121	16	114				24	
WED	9		64	0.00	0.884	16.7	7.4	2.8	340	1503	590	2608	18.6	7.1	4.2	177	782	90	398					
THU	10		63	0.00	0.530	16.5	7.2	2.3	435	2627	380	2285	18.1	7.2	3.6	18	109	14	85					
FRI	11		80	0.00	0.724	16.2	7.4	2.5	280	1424	310	1577				5	24	8	42					
SAT	12		58	0.04	0.610																			
SUN	13		57	0.06	1.229																			
MON	14		54	1.11	1.118	14.9	7.6	5.8	227	2117	200	1865	16.1	7.2	3.8	90	746	88	634					
TUE	15		53	0.32	1.239	16.1	7.7	4.6	344	3655	330	3410	16.7	7.2	3.6	213	2201	120	1240				5	
WED	16		54	1.05	1.704	14.3	7.5	6.0	188	2672	260	3695	16.3	7.2	4.0	10	136	11	156				10	
THU	17		55	1.07	2.572	14.2	7.4	6.1	50	1073	170	3647	15.8	7.1	2.9	38	815	24	515					
FRI	18		52	1.70	1.502	14.3	7.2	4.0	187	2342	220	2756	15.8	7.2	7.0	104	1303	63	789					
SAT	19		52	0.57	1.315																			
SUN	20		53	0.33	1.575																			
MON	21		56	0.77	1.995	13.2	7.4	4.8	50	832	98	1631	14.8	7.0	4.0	290	4825	110	1830					
TUE	22		56	1.20	2.030	13.3	7.2	7.0	84	1422	160	2709	14.7	6.9	2.7	88	1480	35	593					
WED	23		53	0.52	1.308	13.0	7.3	5.4	56	611	73	796	14.5	7.0	4.2	20	218	10	108				11	
THU	24		54	T	1.336	13.3	7.3	3.4	152	1694	390	4345	15.6	7.1	4.1	7	76	13	145				8	
FRI	25		53	0.94	1.445	15.4	7.7	4.7					14.6	7.1	5.2									
SAT	26		54	0.80	1.277																			
SUN	27		53	0.27	1.266																			
MON	28		53	0.24	0.966	14.2	7.3	4.6	148	1192	180	1450	14.9	7.0	4.4	1.0	8	5	37					
TUE	29		56	0.01	0.958	14.4	7.4	3.7	244	1949	330	2637	15.7	7.1	5.2	6	45	4	31				23	
WED	30		57	0.24	1.599	14.3	7.4	2.9	362	4828	420	5601	16.3	7.1	4.0	7	96	10	132				16	
THU	31		53	0.76	1.945	12.8	7.4	7.9	180	2920	270	4380	16.4	7.2	3.7	42	681	31	503					
FRI	1		54	1.22	2.015	14.3	7.3	7.9					15.4	6.9	5.2									
SAT	2		60	0.53	1.242																			
TOTAL					37.11																			
MAXIMUM			64	1.70	2.57	16.7	7.8	7.9	435	4828	590	5601	18.9	7.3	7.0	290	4825	120	1830				230	
MINIMUM			52	0.000	0.53	12.8	7.2	0.5	50	611	73	796	14.5	6.9	2.2	1	8	4	31				8	
AVERAGE			57	0.414	1.20	14.8	7.2	3.9	234	2095	311	2882	16.4	7.2	4.2	61	715	35	391				15	
Number Of Analyses			35	31	35	25	25	25	20	20	20	20	25	25	25	20	20	20	20	1	1	5	5	

BOD & NH3/100	89
TSS % Removal	74
Yield	

Change	up
	NA

Weekly TSS, BOD	TSS	BOD	Weekly Coliform	Weekly NH3
Aver. mg/L	lbs	mg/L	Geo Mean	averages
WEEK1	8	59	9	65
WEEK2	52	268	33	175
WEEK3	89	1040	57	667
WEEK4	101	1652	42	659
WEEK5	14	208	12	176
MAX	101	1652	57	659

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

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
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 8/1/2017

TO 8/31/2017

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C)	Sample meas.	*****	*****		*****	*****	18.9		0	5X Weekly	Grab
		*****	*****		*****	Report daily maximum					
Dissolved Oxygen	1 - Final Effluent 00010	Permit reqmt.									
		Sample meas.	*****	*****		2.2	*****	7.0	0		
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00300	Permit reqmt.			2.0	*****	17	mg/l		5X Weekly	Grab
		Sample meas.	391	1830		*****	35	120	mg/l	7	Monthly
Biochemical Oxygen Demand (BOD5)	G - Influent 00310	Permit reqmt.									
		Sample meas.	2882	*****	lbs/day	*****	311	*****	mg/l	0	Monthly
Biochemical Oxygen Demand (BOD5)	W - See Comments 00310	Permit reqmt.									
		Sample meas.	*****	669	lbs/day	*****	57	*****	mg/l	1	Monthly

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

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

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
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 8/1/2017

TO 8/31/2017

NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum				
pH	Sample meas.	*****	6.9	*****	6.5	7.3	0	5X Weekly Grab
	Permit reqmt.	*****	6.5 minimum	*****	8.5 maximum	S.U.		
Total Suspended Solids	Sample meas.	715	4825	*****	61	290	11	Monthly 24-Hr Composite
	Permit reqmt.	690 monthly average	1,380 daily maximum	*****	30 monthly average	60 daily maximum		
Total Suspended Solids	Sample meas.	2095	*****	*****	234	*****	0	Monthly 24-Hr Composite
	Permit reqmt.	report monthly average	*****	*****	report monthly average	*****		
Ammonia Nitrogen (as N)	Sample meas.	*****	1652	*****	101	*****	2	Monthly 24-Hr Composite
	Permit reqmt.	*****	1,035 weekly average	*****	45 weekly average	*****		
Ammonia Nitrogen (as N)	Sample meas.	*****	*****	*****	15	24	1	Monthly 24-Hr Composite
	Permit reqmt.	*****	*****	*****	14 monthly average	30 daily maximum		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
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.		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER
		Y M D

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

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
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 8/1/2017 TO 8/31/2017
 NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average				
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	*****		0		
		*****	*****		20	*****			Monthly	24-Hr Composite
W - See Comments 00610	Permit reqmt.	*****	*****		*****	*****				
		*****	*****		21	*****			weekly average	
Copper Total Recoverable	Sample meas.	*****	*****		*****	*****		0		
		*****	*****		*****	*****			Report daily maximum	24-Hr Composite
Flow	Sample meas.	1.20	2.6	MGD	*****	*****		0		
		2.76	6.0	daily maximum	*****	*****			Continuous	Recorded
Enterococci	Sample meas.	*****	*****		*****	*****		0		
		*****	*****		*****	*****			Report daily maximum	Grab
Fecal Coliform	Sample meas.	*****	*****		*****	*****		0		
		*****	*****		26	*****			200 monthly geometric mean	Weekly
1 - Final Effluent 74055	Permit reqmt.	*****	*****		*****	*****				
		*****	*****		230	*****			800 daily maximum	Grab

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

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

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
 OUTFALL / MONITORING POINT: 001

MONITORING PERIOD: 8/1/2017

TO 8/31/2017

NO DISCHARGE:

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

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.

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

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


CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213 MONITORING PERIOD: 8/1/2017 TO 8/31/2017
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	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 evaluated 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
Mark Mow/Wastewater Collections SR. Operator			907 586-0393	9/1/17
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER

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


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 TO 8/31/2017
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	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 evaluated 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
Mark Mow/Wastewater Collections SR. Operator			907 586-0393	8/1/17
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA/NUMBER	yy/mm/dd

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


CONTACT NAME: Mark Mow
 MAILING ADDRESS: 155 S. Seward Street
 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: 004 (N-15.1) (R) Douglas NO DISCHARGE: X

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

NAME/TITLE PRINCIPLE EXECUTIVE OFFICE	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 evaluated 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
Mark Mow/Wastewater Collections SR. Operator			907 586-0393	8/1/17
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA/NUMBER



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): 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 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): 8/6/2017		End Date/Time (exact): 8/12/2017
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): TSS 52 mg/l weekly average			
Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u> TSS mg/l	<u>Permit Limit</u> 45 mg/l weekly average	<u>Exceedance (sample result)</u> 52 mg/l	<u>Sample Date</u> 8/6/2017 – 8/12/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system.			
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			
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: 9/7/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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): AK002321-3	
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas 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): 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 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): 8/13/2017	End Date/Time (exact): 8/19/2017
--------------------------------	---	---

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):

TSS 89 mg/l weekly average
BOD 57 mg/l weekly average

Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
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	8/13/2017 – 8/19/2017

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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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:

Date: 9/7/2017



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): AK002321-3
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas 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): 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 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): 8/20/2017	End Date/Time (exact): 8/26/2017
--------------------------------	---	---

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):
TSS 101 mg/l weekly average
TSS lbs. 1652 mg/l weekly average

Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
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

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

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:** 9/7/2017



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): 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 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): 8/1/2017	End Date/Time (exact): 8/31/2017
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): NH3 15 mg/l monthly average		
Description of the noncompliance 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) Facility is currently under construction and operating on one aeration basin.		

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

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
NH3 mg/l	14 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: (if yes, provide details below) Yes No Unknown

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

Unknown

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jim Westcott

Title: Senior Operator

Signature:

Date: 9/7/2017

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



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): 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 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): 8/1/2017		End Date/Time (exact): 8/31/2017
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): TSS 30 mg/l monthly average			
Description of the noncompliance 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. 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) TSS mg/l	Permit Limit 30 mg/l monthly limit	Exceedance (sample result) 61 mg/l	Sample Date 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, 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			
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: 9/7/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): 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 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): 8/1/2017		End Date/Time (exact): 8/31/2017
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): TSS monthly removal % average			
Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
TSS % removal	85 % monthly average	74 %	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, 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			
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: 9/7/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): 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 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): 8/1/2017		End Date/Time (exact): 8/31/2017
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): BOD mg/l monthly average			
Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD mg/l	30 mg/l monthly average	35 mg/l monthly average	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, 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			
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: 9/7/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): 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 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): 8/1/2017		End Date/Time (exact): 8/31/2017
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): TSS mg/l monthly average			
Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u> TSS mg/l	<u>Permit Limit</u> 690 mg/l monthly average	<u>Exceedance (sample result)</u> 715 mg/l monthly average	<u>Sample Date</u> 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, 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			
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: 9/7/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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): AK002321-3
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas 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): 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)

Period of Noncompliance	Start Date/Time (exact): 8/8/2017 @ 0950 am	End Date/Time (exact): 8/9/2017 @ 0935 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):
24 mg/l NH3

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.)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
NH3	21 mg/l average weekly limit	24 mg/l daily max	8/9/2017

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 sampling from permit required once a month to four times a month.

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

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:** 8/22/2017



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): AK002321-3
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas 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): Phone/Email
Date/Time Event was Noticed: 8/10/2017 @ 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)

Period of Noncompliance	Start Date/Time (exact): 8/9/2017 @ 1545 am	End Date/Time (exact): 8/10/2017 @ 1550 pm
--------------------------------	--	---

If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
N/A

Estimated Quantity involved (volume or weight):

90 mg/l BOD (.530 * 90 mg/l * 8.34) ~ 397.82

177 mg/l TSS (.530 * 177 mg/l * 8.34) ~ 782.38

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

Hydraulic surge resulted in a loss of solids from the clarifiers.

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.)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD	60 mg/l daily limit	90 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) 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:**  **Date:** 8/22/2017

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



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): Phone/Email
Date/Time Event was Noticed: 8/24/2017 @ 0956 am		Date/Time Reported: 8/24/2017 @ 1510 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)			
Period of Noncompliance	Start Date/Time (exact): 8/14/2017 @ 0815 am	End Date/Time (exact): 8/15/2017 @ 0815 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): 68 mg/l BOD (1.118 * 68 mg/l * 8.34) ~ 634.04 lbs. 80 mg/l TSS (1.118 * 80 mg/l * 8.34) ~ 745.93 lbs.			
Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD	60 mg/l daily limit	68 mg/l	8/14/2017
TSS	60 mg/l daily limit	80 mg/l	8/14/2017
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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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:	Date: 8/24/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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): AK002321-3
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas 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): Phone
Date/Time Event was Noticed: 8/24/2017 @ 0956 am	Date/Time Reported: 8/24/2017 @ 1510 am	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)

Period of Noncompliance	Start Date/Time (exact): 8/14/2017 @ 0815 am	End Date/Time (exact): 8/15/2017 @ 0815 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):

(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.)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
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

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:

Date: 8/31/2017



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): AK002321-3
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas 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): Phone
Date/Time Event was Noticed: 8/29/2017 @ 1330 pm	Date/Time Reported: 8/29/2017 @ 1530 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)

Period of Noncompliance	Start Date/Time (exact): 8/17/2017 @ 0805 am	End Date/Time (exact): 8/18/2017 @ 0815 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):
(1.502 mg * 63 mg/l * 8.34) ~ 789.2 lbs. BOD
(1.502 mg * 104 mg/l * 8.34 ~ 1303 lbs. TSS

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.)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD	60 mg/l daily max	63 mg/l daily max	8/18/2017
TSS	60 mg/l daily max	104 mg/l daily max	8/18/2017

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

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: 8/29/2017



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

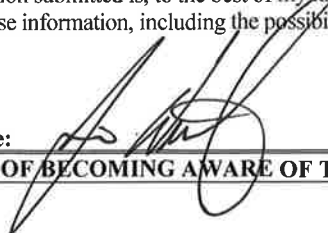
555 Cordova Street

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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): Phone/Email
Date/Time Event was Noticed: 8/30/2017 @ 0956 am		Date/Time Reported: 8/24/2017 @ 1510 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)			
Period of Noncompliance	Start Date/Time (exact): 8/20/2017 @ 0825 am	End Date/Time (exact): 8/21/2017 @ 0820 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): 110 mg/l BOD (1.995 * 110 mg/l * 8.34) ~ 1830.2 lbs. 290 mg/l TSS (1.995 * 290 mg/l * 8.34) ~ 4825.1 lbs.			
Description of the noncompliance 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. Facility is currently under construction and operating on one aeration basin.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD mg/l	60 mg/l daily limit	110 mg/l	8/21/2017
BOD lbs.	1380 daily limit	1830 lbs.	8/21/2017
TSS mg/l	60 mg/l daily limit	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: (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			
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 MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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): AK002321-3	
Owner or Operator: City and Borough of Juneau		Facility Name: Juneau Douglas 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): Phone/Email
Date/Time Event was Noticed: 8/30/2017 @ 1615 pm		Date/Time Reported: 8/31/2017 @ 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)			
Period of Noncompliance	Start Date/Time (exact): 8/21/2017 @ 0825 am	End Date/Time (exact): 8/22/2017 @ 0820 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): (2.030 * 88 mg/l * 8.34) ~ 1489.9 lbs.			
Description of the noncompliance 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. 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
TSS mg/l	60 mg/l daily limit	88 mg/l	8/22/2017
TSS lbs	1380 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)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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:	Date: 8/31/2017
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			