

Permit

Permit ID: AK0022951 **Major:**

Permittee: JUNEAU, CITY & BOROUGH OF **Permittee Address:** 2009 RADCLIFFE ROAD
JUNEAU , AK99801

Facility: JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF **Facility Location:** 2009 RADCLIFFE ROAD
JUNEAU , AK99801

Permitted Feature: 001 - External Outfall **Discharge:** 001-A - MENDENHALL RIVER DIFFUSER

Report Dates & Status

Monitoring Period: From 10/01/17 to 10/31/17 **DMR Due Date:** 11/15/17

Status: **NetDMR Validated**

Considerations for Form Completion

FC/Nov-April=1 Effluent & W-Wkly Ave FC/May-Oct=S Effluent & T- Wkly Avg Ammonia/May-Oct=S Effluent

Principal Executive Officer

First Name: Randall **Last Name:** Brown

Title: Wastewater Treatment Plant Supervisor **Telephone:** 907-586-0393

No Data Indicator (NODI)

Form NODI: -

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			

Parameter		NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units			
00010	Temperature, water deg. centigrade	Smpl.				=15.1	=16.2	04 - deg C	0	05/WK - Five Per Week	GR - GRAB	
1 - Effluent Gross												
Season: 0		Req.				Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB	
NODI: -		NODI										
00300	Oxygen, dissolved [DO]	Smpl.			=1.1		=7.4	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
1 - Effluent Gross												
Season: 0		Req.			Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
NODI: -		NODI										
X	BOD, 5-day, 20 deg. C	Smpl.	=901	=2172	26 - lb/d	=50	=120	19 - mg/L	4	02/30 - Twice Per Month	24 - COMP24	
1 - Effluent Gross												
Season: 0		Req.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d	<=30 MO AVG	<=60 DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.				=364		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24	
G - Raw Sewage Influent												
Season: 0		Req.				Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
X	BOD, 5-day, 20 deg. C	Smpl.	=1368		26 - lb/d	=76		19 - mg/L	2	02/30 - Twice Per Month	24 - COMP24	
W - See Comments												
Season: 0		Req.	<=1839 WKLY AVG		26 - lb/d	<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
00400	pH	Smpl.			=6.7		=7.5	12 - SU	0	05/07 - Weekdays	GR - GRAB	
1 - Effluent Gross												
Season: 2		Req.			>=6.3 INST MIN		<=8.5 INST MAX	12 - SU		05/07 - Weekdays	GR - GRAB	
NODI: -		NODI										
X	Solids, total suspended	Smpl.	=1274	=3692	26 - lb/d	=71	=204	19 - mg/L	12	02/30 - Twice Per Month	24 - COMP24	
1 - Effluent Gross												
Season: 0		Req.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d	<=30 MO AVG	<=60 DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
00530	Solids, total suspended	Smpl.				=347		19 - mg/L	0		24 - COMP24	

Parameter		NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3				
G - Raw Sewage Influent										02/30 - Twice Per Month		
Season: 0		Req.				Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
X 00530	Solids, total suspended	Smpl.	=2128		26 - lb/d	=118		19 - mg/L	3	02/30 - Twice Per Month	24 - COMP24	
W - See Comments												
Season: 0		Req.	<=1839 WKLY AVG		26 - lb/d	<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.				=13	=13	19 - mg/L	0	01/30 - Monthly	24 - COMP24	
1 - Effluent Gross												
Season: 2		Req.				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
NODI: -		NODI										
00900	Hardness, total [as CaCO3]	Smpl.				=73	=73	19 - mg/L	0	01/30 - Monthly	24 - COMP24	
1 - Effluent Gross												
Season: 0		Req.				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
NODI: -		NODI										
01119	Copper, total recoverable	Smpl.	=0.53	=0.53	26 - lb/d	=29	=29	28 - ug/L	0	01/30 - Monthly	24 - COMP24	
1 - Effluent Gross												
Season: 2		Req.	<=1.82 MO AVG	<=3.92 DAILY MX	26 - lb/d	<=44.5 MO AVG	<=95.8 DAILY MX	28 - ug/L		01/30 - Monthly	24 - COMP24	
NODI: -		NODI										
45613	Floating solids, waste or visible foam-visual	Smpl.					=0	9P - N=0;Y=1	0	01/30 - Monthly	VI - VISUAL	
1 - Effluent Gross												
Season: 0		Req.					<=Req Mon DAILY MX	9P - N=0;Y=1		01/30 - Monthly	VI - VISUAL	
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=2.3	=4.7	03 - MGD				0	99/99 - Continuous	RC - Recorder (auto)	
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD					99/99 - Continuous	RC - Recorder (auto)	
NODI: -		NODI										
74055	Coliform, fecal general	Smpl.				=74	=570	13 - #/100mL	0	01/07 - Weekly	GR - GRAB	

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3			
1 - Effluent Gross											
Season: 2		Req.				<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL		01/07 - Weekly	GR - GRAB
NODI: -		NODI									
74055	Coliform, fecal general	Smpl.				=282		13 - #/100mL	0	01/07 - Weekly	GR - GRAB
W - See Comments											
Season: 2		Req.				<=400 WK GEOMN		13 - #/100mL		01/07 - Weekly	GR - GRAB
NODI: -		NODI									
81010	BOD, 5-day, percent removal	Smpl.			=86			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0		Req.			>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI									
X 81011	Solids, suspended percent removal	Smpl.			=80			23 - %	1	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0		Req.			>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI									
TT000	Toxicity, Chronic	Smpl.				=9	=9	73 - toxic		09/99 - See Permit	24 - COMP24
1 - Effluent Gross											
Season: 6		Req.				Req Mon MO AVG	Req Mon DAILY MX	73 - toxic		09/99 - See Permit	24 - COMP24
NODI: -		NODI									

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
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"/>
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"/>
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"/>
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	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"/>

Comments

Attachments

Name	Type	Size
2331_001.pdf	pdf	1178070

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2017-11-09 13:44 (Time Zone:-09:00)

Report Last Signed By

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2017-11-09 13:45 (Time Zone:-09:00)

User: CBJWASTEWATER1, Permittee User



[View Certification](#) | [Download COR](#)

DMR Copy of Submission

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

October 2017

DAY	DATE	FLOWS				Influent										Effluent					
		SBR INFLUENT MGD	precip	SBR TTL EFFL MGD	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	IPS TSS mg/L	IPS TSS LBS	IPS BOD mg/L	IPS BOD LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/l	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Turbidity on FC Grab	FECAL COLIFORM /100 ml
SUN	1	O.O.S.	0.00	1.95	0.0790																
MON	2		0.14	2.31	0.0912	15.4	7.1	2.6				15.1	6.8	2.4						7.6	16
TUE	3		1.12	2.20	0.1202	15.2	6.9	2.0	610	11192	440	16.2	6.9	2.1	14	257	22	404	5.8	16	
WED	4		0.18	2.33	0.1679	16.2	6.9	2.2				16.1	6.8	1.8							
THU	5		0.65	2.20	0.1925	15.8	6.8	2.0				16.1	6.8	2.0							
FRI	6		0.12	2.44	0.2003	15.4	7.1	2.1				16.0	6.8	2.3							
SAT	7		T	2.05	0.0912																
SUN	8	O.O.S.	0.60	2.16	0.1247																
MON	9		0.02	2.34	0.1740	14.7	7.0	3.1				15.4	6.8	2.4	35	683			9.3	11	
TUE	10		0.00	2.17	0.1415	15.0	6.9	8.5	240	4343	330	15.1	6.7	2.8	70	1267	35	633	8.0	58	
WED	11		T	2.02	0.1871	15.0	6.9	2.6	307	5172	430	15.6	6.9	4.1	40	674	32	539			
THU	12		0.00	1.89	0.1752	15.4	6.9	2.0	347	5470	420	16.0	6.8	1.9	39	615	33	520			
FRI	13		0.19	1.86	0.1696	14.3	7.0	3.4	307	4762	400	15.2	6.8	2.0	23	357	28	434			
SAT	14		0.30	1.80	0.1073																
SUN	15	O.O.S.	0.34	1.94	0.1009																
MON	16		0.22	2.09	0.1160	14.7	7.0	2.6	267	4654	270	15.3	6.9	2.7	76	1325	51	889	14.8	140	
TUE	17		0.25	2.15	0.1253	14.2	6.7	1.8	320	5738	310	14.7	6.7	7.4	98	1757	55	986	22.0	570	
WED	18		0.01	2.18	0.1587	14.5	7.2	1.7	360	6545	380	15.5	6.7	2.1	102	1854	64	1164			
THU	19		0.30	2.02	0.1689	14.0	7.2	3.3	327	5509	380	15.3	6.7	2.1	106	1786	68	1146			
FRI	20		0.46	2.07	0.1866	13.8	9.4	5.2	293	5058	430	14.9	6.9	1.7	84	1450	59	1019			
SAT	21		0.01	1.98	0.1128																
SUN	22	O.O.S.	0.13	1.92	0.1152																
MON	23		0.66	2.17	0.0760	14.4	7.7	2.6	480	8687	420	14.8	6.8	2.3	204	3592	120	2172	13.4	530	
TUE	24		T	2.21	0.0842	13.5	7.0	2.4	287	5290	410	14.8	6.8	2.3	85	1567	59	1087		140	
WED	25		0.07	2.11	0.0864	7.5	10.5	7.2	393	6916	440	14.3	6.9	1.1	64	1126	48	845			
THU	26		1.36	2.24	0.0903	13.3	7.0	2.6				13.7	6.8	2.2							
FRI	27		2.01	4.65	0.0552	13.4	6.8	2.5				13.6	7.5	2.5							
SAT	28		0.00	3.76	0.0869																
SUN	29	O.O.S.	T	2.70	0.0756																
MON	30		0.18	2.59	0.0942	13.7	7.2	3.7	364	7863	160	13.7	6.8	6.0	54	1166	43	929		70	
TUE	31		0.01	2.57	0.0103	13.7	7.0	0.4	304	6516	240	13.9	6.9	3.5	38.0	814	35	750			
TOTAL		0.00	9.33	71.07	3.7654																
MAXIMUM		0.00	2.01	4.65	0.2003	16.2	10.5	8.5	610	11192	440	16.2	7.5	7.4	204.0	3692	120.0	2171.7	22.0	570	
MINIMUM		0.00	0.00	1.80	0.0103	7.5	6.7	0.4	240	4343	160	13.6	6.7	1.1	14.0	257	22.0	403.7	5.8	11	
AVERAGE *		#DIV/0!	0.35	2.29	0.12	14.23		3.0	347.1	6247.7	364.0	15.1			70.8	1274.4	50.1	901.1	11.6	74	
Number of Analyses		0	27	31	31	22	22	22	15	15	15	22	22	22	16	16	15	15	9	0	

2017	
Hrd. mg/l	73
Hrd. mg/l	
Alk. mg/l	NA
Toxicity	NA

2017 Metals		
	ua/L (ppm)	LBS
Copper	29.0	0.53
Copper	NA	
Lead	NA	
Silver	NA	
Zinc	NA	
Nh3 mg/L	13.0	235

10/10/17
10/10/17
10/10/17

% REMOVAL	
B O D	86
S. S.	80
Floating Solids Waste, or Foam	
Pass/Fail	P

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geoc Mean
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1	22	404	14	257	16
2	32	532	41	719	25
3	59	1041	93	1634	282
4	76	1368	118	2128	272
MAX	76	1368	118	2128	282



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002295-1
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 10/20/2017 @ 0901 am	Date/Time Reported: 10/24/2017	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): 10/09/2017 @ 0937 am	End Date/Time (exact): 10/10/2017 @ 0937 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): (2.17 mg * 70 mg/l * 8.34) ~ 1266.85 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.		

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	60 mg/l daily limit	70 mg/l	10/10/2017

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 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:** 10/10/2017



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): AK002295-1
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 10/27/2017 @ 0944 am	Date/Time Reported: 10/28/2017	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): 10/15/2017 @ 0833 am	End Date/Time (exact): 10/16/2017 @ 0833 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):
(2.09 mg * 76 mg/l * 8.34) ~ 1324.73 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.

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

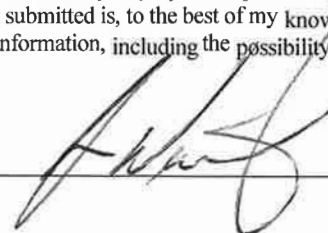
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
TSS	60 mg/l daily limit	76 mg/l	10/16/2017

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:** 10/28/2017



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): AK002295-1
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 10/27/2017 @ 0854 am	Date/Time Reported: 10/28/2017	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): 10/16/2017 @ 0833 am	End Date/Time (exact): 10/17/2017 @ 0833 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): (2.15 mg * 98 mg/l * 8.34) ~ 1757.24 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.		

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	60 mg/l daily limit	98 mg/l	10/17/2017

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:** 10/28/2017



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): AK002295-1
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 10/27/2017 @ 1000 am	Date/Time Reported: 10/28/2017	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): 10/17/2017 @ 0925 am	End Date/Time (exact): 10/18/2017 @ 0925 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):
 (2.18 mg * 64 mg/l * 8.34) ~ 1163.59 BOD lbs.
 (2.18 mg * 102 mg/l * 8.34) ~ 1854.48 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.

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	60 mg/l daily limit	102 mg/l	10/17/2017
BOD	60 mg/l daily limit	64 mg/l	10/17/2017

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:** 10/28/2017



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): AK002295-1
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Hotline/Email
Date/Time Event was Noticed: 10/31/2017 @ 0630 pm	Date/Time Reported: 10/31/2017	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): 10/18/2017 @ 0935 am	End Date/Time (exact): 10/19/2017 @ 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):
(2.18 mg * 102 mg/l * 8.34) ~ 1867.8
(2.18 mg * 64 mg/l * 8.34) ~ 1163.6

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.

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	30 mg/l	102 mg/l	10/18/2017 – 10/19/2017
BOD mg/l	30 mg/l	64 mg/l	10/81/2017 – 10/19/2017

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) Yes No Unknown

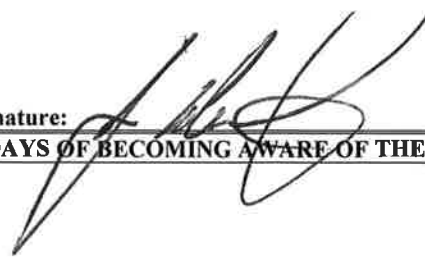
Actual /Potential Impact on Environment/Public Health (describe in detail)
Unknown

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: 10/31/2017

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): AK002295-1
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 10/31/2017 @ 0630 am	Date/Time Reported: 10/31/2017 @ 0830	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): 10/19/2017 @ 0950 am	End Date/Time (exact): 10/20/2017 @ 0950 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): (2.02 mg * 84 mg/l * 8.34) ~ 1415.13 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.		

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	60 mg/l daily limit	84 mg/l	10/19/2017

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 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:** 10/31/2017



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): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone/Email
Date/Time Event was Noticed: 11/3/2017 @ 0924 am		Date/Time Reported: 11/3/2017 @ 1148 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): 10/22/2017 @ 0924 am	End Date/Time (exact): 10/23/2017 @ 0942 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): (2.17 * 120 mg/l * 8.34) ~ 2172 lbs. (2.17 * 204 mg/l * 8.34) ~ 3692 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.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD mg/l	60 mg/l daily limit	120 mg/l	10/23/2017
TSS mg/l	60 mg/l daily limit	204 mg/l	10/23/2017
TSS lbs.	2452 daily pounds	3692 lbs.	10/23/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) 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: 11/7/2017



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): AK002295-1	
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK	
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Hotline/Email	
Date/Time Event was Noticed: 11/3/2017 @ 1152 am	Date/Time Reported: 11/3/2017 @ 1158 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): 10/23/2017 @ 0940 am	End Date/Time (exact): 10/24/2017 @ 0958 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):
(2.18 mg * 85 mg/l * 8.34) ~ 1566.7

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.

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	60 mg/l	85 mg/l	10/18/2017 – 10/19/2017

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) 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:** 11/7/2017



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): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone/Email
Date/Time Event was Noticed: 11/3/2017 @ 1155 am		Date/Time Reported: 11/3/2017 @ 1200 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): 10/24/2017 @ 0940 am	End Date/Time (exact): 10/25/2017 @ 0955 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): (2.11 * 64 mg/l * 8.34) ~ 1126 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.			
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> 60 mg/l daily limit	<u>Exceedance (sample result)</u> 64 mg/l	<u>Sample Date</u> 10/24/2017
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: 11/7/2017
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.

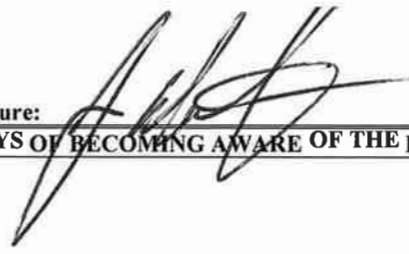
NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Email
Date/Time Event was Noticed: 11/7/2017 @ 1300 pm		Date/Time Reported: 11/7/2017 @ 1300 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): 10/1/2017		End Date/Time (exact): 10/31/2017
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): See permit condition deviation.			
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.			
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 % removal	80 % removal	10/1/2017 – 10/31/2017
TSS monthly lbs.	1226 mg/l monthly lbs.	1277 mg/l monthly lbs.	10/1/2017 – 10/31/2017
TSS monthly mg/l	30 mg/l monthly average	71 mg/l monthly average	10/1/2017 – 10/31/2017
BOD monthly average mg/l	30 mg/l monthly average	50 mg/l monthly average	10/1/2017 – 10/31/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) 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: 11/7/2017

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): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Email
Date/Time Event was Noticed: 11/7/2017 @ 1300 pm		Date/Time Reported: 11/7/2017 @ 1300 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): 10/1/2017	End Date/Time (exact): 10/31/2017	
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): See permit condition deviation.			
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.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
TSS weekly	45 mg/l	118 mg/l	10/1/2017 – 10/31/2017
TSS weekly	45 mg/l	93 mg/l	10/1/2017 – 10/31/2017
TSS weekly lbs.	1226 mg/l weekly lbs.	2128 mg/l weekly lbs.	10/1/2017 – 10/31/2017
BOD weekly average mg/l	45 mg/l weekly average	59 mg/l weekly average	10/1/2017 – 10/31/2017
BOD weekly average mg/l	45 mg/l weekly average	76 mg/l weekly average	10/1/2017 – 10/31/2017
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) 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: 11/7/2017

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