

Permit

Permit ID: AK0022951
Permittee: JUNEAU, CITY & BOROUGH OF
Facility: JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF

Major:
Permittee Address: 2009 RADCLIFFE ROAD
 JUNEAU , AK99801
Facility Location: 2009 RADCLIFFE ROAD
 MENDENHALL WWTF
 JUNEAU , AK99801
Discharge: 001-A - MENDENHALL RIVER DIFFUSER

Permitted Feature: 001 - External Outfall

Report Dates & Status

Monitoring Period: From 11/01/17 to 11/30/17
Status: **NetDMR Validated**

DMR Due Date: 12/15/17

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
Title: Wastewater Treatment Plant Supervisor

Last Name: Brown
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. | | | | =13.4 | =14.4 | | 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. | | | =1.7 | | =5.7 | | 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. | =852 | =1989 | 26 - lb/d | =60 | =150 | | 19 - mg/L | 10 | 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. | | | | =447 | | | 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. | =1517 | | 26 - lb/d | =102 | | | 19 - mg/L | 3 | 02/30 - Twice Per Month | 24 - COMP24 |
| W - See Comments | | | | | | | | | | | | |

| 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 |
| 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. | | | | =6.5 | | =7 | 12 - SU | 0 | 05/07 - Weekdays | GR - GRAB |
| 1 - Effluent Gross | | | | | | | | | | | | |
| Season: 0 | | Req. | | | | >=6.5 INST MIN | | <=8.5 INST MAX | 12 - SU | | 05/07 - Weekdays | GR - GRAB |
| NODI: - | | NODI | | | | | | | | | | |
| X 00530 | Solids, total suspended | Smpl. | =1288 | =3448 | 26 - lb/d | | =89 | =260 | 19 - mg/L | 17 | 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. | | | | | =546 | | 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 00530 | Solids, total suspended | Smpl. | =2460 | | 26 - lb/d | | =165 | | 19 - mg/L | 5 | 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 | | Smpl. | =147 | =147 | 26 - lb/d | | =10 | =10 | 19 - mg/L | 0 | 01/30 - Monthly | 24 - COMP24 |

| 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 |
| | Nitrogen, ammonia total [as N] | | | | | | | | | | | |
| 1 - Effluent Gross | | | | | | | | | | | | |
| Season: 0 | | Req. | <=1165 MO AVG | <=1655 DAILY MX | 26 - lb/d | | <=28.5 MO AVG | <=40.5 DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 | |
| NODI: - | | NODI | | | | | | | | | | |
| 00900 | Hardness, total [as CaCO3] | Smpl. | | | | =76 | =76 | | 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. | =1.06 | =1.06 | 26 - lb/d | =72 | =72 | | 28 - ug/L | 0 | 01/30 - Monthly | 24 - COMP24 |
| 1 - Effluent Gross | | | | | | | | | | | | |
| Season: 0 | | Req. | <=3.54 MO AVG | <=7.63 DAILY MX | 26 - lb/d | | <=86.7 MO AVG | <=187 DAILY MX | 28 - ug/L | | 01/30 - Monthly | 24 - COMP24 |
| NODI: - | | NODI | | | | | | | | | | |
| 45613 | Floating solids, waste or visible foam-visual | Smpl. | | | | | =1 | | 9P - N=0;Y=1 | 1 | 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. | =1.7 | =2.1 | 03 - MGD | | | | | 0 | 99/99 - Continuous | RC - Recorder (auto) |
| 1 - Effluent Gross | | | | | | | | | | | | |
| Season: 0 | | Req. | | | | | | | | | | |

| 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 | | | | |
| | | | Req Mon MO AVG | <=4.9 DAILY MX | 03 - MGD | | | | | 99/99 - Continuous | RC - Recorder (auto) | |
| NODI: - | | NODI | | | | | | | | | | |
| X | Coliform, fecal general | | | | | =51 | =4300 | 13 - #/100mL | 2 | 02/07 - Twice Every Week | GR - GRAB | |
| 74055 | | Smpl. | | | | | | | | | | |
| 1 - Effluent Gross | | | | | | | | | | | | |
| Season: 0 | | Req. | | | | <=112 MO GEOMN | <=224 DAILY MX | 13 - #/100mL | | 02/07 - Twice Every Week | GR - GRAB | |
| NODI: - | | NODI | | | | | | | | | | |
| X | Coliform, fecal general | | | | | =549 | | 13 - #/100mL | 2 | 02/07 - Twice Every Week | GR - GRAB | |
| 74055 | | Smpl. | | | | | | | | | | |
| W - See Comments | | | | | | | | | | | | |
| Season: 0 | | Req. | | | | <=168 WK GEOMN | | 13 - #/100mL | | 02/07 - Twice Every Week | GR - GRAB | |
| NODI: - | | NODI | | | | | | | | | | |
| 81010 | BOD, 5-day, percent removal | Smpl. | | | =87 | | | 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 | Solids, suspended percent removal | | | | =84 | | | 23 - % | 1 | 01/30 - Monthly | CA - CALCTD | |
| 81011 | | Smpl. | | | | | | | | | | |
| K - Percent Removal | | | | | | | | | | | | |
| Season: 0 | | Req. | | | >=85 MN % RMV | | | 23 - % | | 01/30 - Monthly | CA - CALCTD | |

| 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 | | | |
| NODI: - | | NODI | | | | | | | | | |
| TT000 | Toxicity, Chronic | Smpl. | | | | | | | | | |
| 1 - Effluent Gross | | | | | | | | | | | |
| Season: 0 | | Req. | | | | | <=5.1 MO AVG | Req Mon DAILY MX | 73 - toxic | 09/99 - See Permit | 24 - COMP24 |
| NODI: - | | NODI | | | | | 9 - Conditional Monitoring - Not Required This Period | 9 - Conditional Monitoring - Not Required This Period | | | |

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 | | | | | |
| 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"/> |
| 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"/> |
| 74055 | Coliform, fecal general | 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"/> |
| 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"/> |
| 74055 | Coliform, fecal general | 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 | 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"/> |

Comments

Attachments

| Name | Type | Size |
|--------------|------|---------|
| 2491_001.pdf | pdf | 1535852 |

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User: CBJWASTEWATER1
Name: James Westcott
E-Mail: jim.westcott@juneau.org
Date/Time: 2017-12-15 13:06 (Time Zone:-09:00)

Report Last Signed By

User: CBJWASTEWATER1
Name: James Westcott
E-Mail: jim.westcott@juneau.org
Date/Time: 2017-12-15 13:16 (Time Zone:-09:00)

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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: Karen Sewell | Phone Numbers of Person Reporting: 907-586-0393 | Reported How? (e.g. by phone): Hotline |
| Date/Time Event was Noticed: 11/30/2017 @ 1427 pm | Date/Time Reported: 12/1/2017 @ 1427 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|--|--|
| Period of Noncompliance | Start Date/Time (exact): 11/19/2017 @ 0920 am | End Date/Time (exact): 11/20/2017 @ 0920 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):
(1.61 mg * 58 mg/l * 8.34) ~ 789 lbs.
(1.61 mg * 82 mg/l * 8.34) ~ 1103 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. Currently operating at a 10 day SRT.

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 | 82 mg/l | 11/19/2017 |
| FC | 244 FC/100 ml | 3300 FC/100 ml | 11/19/2017 |

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. Currently operating at a 10 day SRT.

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: 12/1 /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): Hotline |
| Date/Time Event was Noticed: 11/28/2017 @ 1049 pm | Date/Time Reported: 11/28/2017 @ 1245 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|--|--|
| Period of Noncompliance | Start Date/Time (exact): 11/16/2017 @ 0940 am | End Date/Time (exact): 11/17/2017 @ 0940 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):
(1.58 mg * 73 mg/l * 8.34) ~ 962 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. Currently operating at a 10 SRT.

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 | 73 mg/l | 11/16/2017 |

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

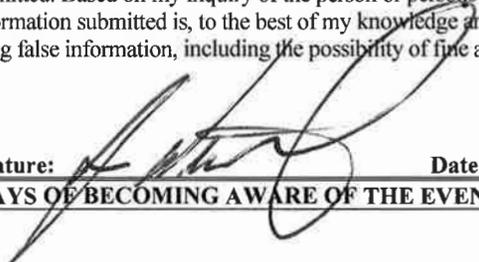
Increased waste removal from system. Currently operating at a 10 SRT.

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:** 11/28/2017

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



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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 |
| Date/Time Event was Noticed: 11/27/2017 @ 1656 pm | Date/Time Reported: 11/28/2017 @ 1245 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|--|--|
| Period of Noncompliance | Start Date/Time (exact): 11/15/2017 @ 0940 am | End Date/Time (exact): 11/16/2017 @ 0940 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):
(1.62 mg * 67 mg/l * 8.34) ~ 905 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. Currently operating at a 10 SRT.

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 | 67 mg/l | 11/15/2017 |

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. Currently operating at a 10 SRT.

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:** 11/28 /2017

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



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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 |
| Date/Time Event was Noticed: 11/21/2017 @ 1144 am | Date/Time Reported: 11/21/2017 @ 1224 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|---|--|
| Period of Noncompliance | Start Date/Time (exact): 11/9/2017 @ 0953 am | End Date/Time (exact): 11/10/2017 @ 0953 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):
(1.53 mg * 150 mg/l * 8.34) ~ 1989 lbs.
(1.53 mg * 260 mg/l * 8.34) ~ 3448 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. Currently operating at a 10 day SRT.

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 | 82 mg/l | 11/10/2017 |
| TSS | 2454 lbs. | 3448 lbs. | 11/10/2017 |
| BOD | 60 mg/l | 150 mg/l | 11/10/2017 |

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. Currently operating at a 10 day SRT.

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

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

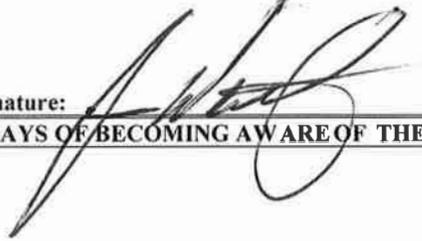
Unknown

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: 11/28 /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

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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 |
| Date/Time Event was Noticed: 11/20/2017 @ 1125 am | Date/Time Reported: 11/20/2017 @ 1226 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|---|---|---|
| Period of Noncompliance | Start Date/Time (exact): 11/8/2017 @ 0940 am | End Date/Time (exact): 11/9/2017 @ 0940 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): (1.77 mg * 110 mg/l * 8.34) ~ 1624 lbs. (1.77 mg * 180 mg/l * 8.34) ~ 2657 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. Currently operating at a 10 SRT. | | |

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 | 180 mg/l | 11/8/2017 |
| TSS | 2454 lbs. | 2657 lbs | 11/8/2017 |
| BOD | 60 mg/l | 110 mg/l | 11/8/2017 |

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. Currently operating at a 10 SRT.

| | | | |
|--|------------------------------|-----------------------------|---|
| Environmental Damage: (if yes, provide details below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Unknown |
|--|------------------------------|-----------------------------|---|

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

Unknown

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Name: Jim Westcott

Title: Senior Operator

Signature:

Date: 11/28 /2017



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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 |
| Date/Time Event was Noticed: 11/17/2017 @ 1325 am | Date/Time Reported: 11/20/2017 @ 1610 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|---|---|
| Period of Noncompliance | Start Date/Time (exact): 11/7/2017 @ 0940 am | End Date/Time (exact): 11/8/2017 @ 0940 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):

(1.78 mg * 80 mg/l * 8.34) ~ 1188 lbs.

(1.78 mg * 61 mg/l * 8.34) ~ 900 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. Currently operating at a 10 day SRT.

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 | 80 mg/l | 11/7/2017 |
| BOD | 60 mg/l | 61 mg/l | 11/7/2017 |

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. Currently operating at a 10 day SRT.

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

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

Unknown

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Name: Jim Westcott

Title: Senior Operator

Signature: 

Date: 11/28 /2017

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



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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 |
| Date/Time Event was Noticed: 11/17/2017 @ 1234 pm | Date/Time Reported: 11/20/2017 @ 1610 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|---|---|---|
| Period of Noncompliance | Start Date/Time (exact): 11/6/2017 @ 0940 am | End Date/Time (exact): 11/7/2017 @ 0940 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): (1.78 mg * 136 mg/l * 8.34) ~ 209 lbs. (1.78 mg * 90 mg/l * 8.34) ~ 1336 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. Currently operating at a 10 day SRT. | | |

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 | 136 mg/l | 11/6/2017 |
| BOD | 60 mg/l | 90 mg/l | 11/6/2017 |

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. Currently operating at a 10 day SRT.

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

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

Unknown

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Name: Jim Westcott

Title: Senior Operator

Signature:



Date: 11/28 /2017

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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 |
| Date/Time Event was Noticed: 11/17/2017 @ 1234 pm | | Date/Time Reported: 11/20/2017 @ 1610 pm | Name of DEC Staff Contacted: Hotline |
| VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE | | | |
| INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary) | | | |
| Period of Noncompliance | Start Date/Time (exact): 11/5/2017 @ 0940 am | End Date/Time (exact): 11/6/2017 @ 0940 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): (2.10 mg * 171 mg/l * 8.34) ~ 2995 lbs. (2.10 mg * 99 mg/l * 8.34) ~ 1734 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. Currently operating at a 10 day SRT. | | | |
| Permit Condition Deviation (Identify each permit condition exceeded during the event.) | | | |
| Parameter (e.g. BOD pH) | Permit Limit | Exceedance (sample result) | Sample Date |
| TSS | 60 mg/l | 171 mg/l | 11/6/2017 |
| TSS | 2452 lbs. | 2995 lbs. | 11/6/2017 |
| BOD | 60 mg/l | 99 mg/l | 11/6/2017 |
| 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. Currently operating at a 10 day SRT. | | | |
| 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: 11/28 /2017

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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 |
| Date/Time Event was Noticed: 11/14/2017 @ 1703 pm | Date/Time Reported: 11/15/2017 @ 1315 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|---|---|
| Period of Noncompliance | Start Date/Time (exact): 11/2/2017 @ 0940 am | End Date/Time (exact): 11/3/2017 @ 0940 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):
(1.83 mg * 66 mg/l * 8.34) ~ 1007 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. Currently operating at a 10 day SRT.

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 | 66 mg/l | 11/3/2017 |

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

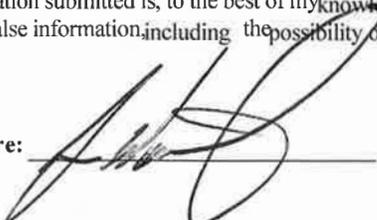
Increased waste removal from system. Currently operating at a 10 day SRT.

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

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

Unknown

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Name: Jim Westcott **Title:** Senior Operator **Signature:**  **Date:** 11/15/2017



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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 |
| Date/Time Event was Noticed: 11/14/2017 @ 1650 pm | Date/Time Reported: 11/15/2017 @ 1315 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|---|---|
| Period of Noncompliance | Start Date/Time (exact): 11/1/2017 @ 0935 am | End Date/Time (exact): 11/2/2017 @ 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):

(2.12 mg * 73 mg/l * 8.34) ~ 1291 lbs.

(2.12 mg * 99 mg/l * 8.34) ~ 1750 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. Currently operating at a 10 day SRT.

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 | 99 mg/l | 11/2/2017 |
| BOD | 60 mg/l | 73 mg/l | 11/2/2017 |

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. Currently operating at a 10 day SRT.

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,

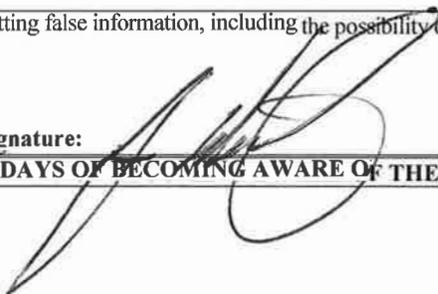
accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jim Westcott

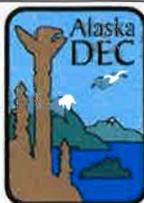
Title: Senior Operator

Signature:

Date: 11/28 /2017



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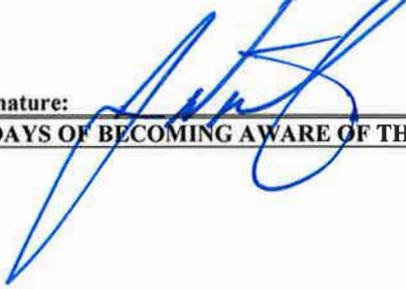
NONCOMPLIANCE NOTIFICATION

| | | | |
|---|--|---|------------------------|
| GENERAL INFORMATION | | PERMIT# (if any): AK002295-1 | |
| Owner or Operator: City and Borough of Juneau | | Facility Name: Mendenhall Wastewater Treatment Facility | |
| Person Reporting: Jim Westcott | | Facility Location: Juneau, AK | |
| Date/Time Event was Noticed: 11/10/2017 @ 1015 am | | Phone Numbers of Person Reporting: 907-586-0393 | |
| Date/Time Reported: 11/10/2017 @ 1610 pm | | Reported How? (e.g. by phone): Hotline | |
| Name of DEC Staff Contacted: Hotline | | | |
| VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE | | | |
| INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary) | | | |
| Period of Noncompliance | Start Date/Time (exact): 10/31/2017 @ 0935 am | End Date/Time (exact): 11/1/2017 @ 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): (1.99 mg * 77 mg/l * 8.34) ~ 1278 lbs. BOD (1.99 mg * 128 mg/l * 8.34) ~ 2124 lbs. TSS | | | |
| 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 mg/l | 60 mg/l | 77 mg/l | 10/31/2017 – 11/1/2017 |
| BOD mg/l | 60 mg/l | 128 mg/l | 10/31/2017 – 11/1/2017 |
| FC/100 ml | 224 fc/100 ml | 4300/100 ml | 11/1/2017 |
| 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:

A handwritten signature in blue ink, appearing to be 'J Westcott', is written over the signature line and extends upwards into the header area.

Date: 11/10/2017

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



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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 |
| Date/Time Event was Noticed: 11/14/2017 @ 1700 pm | Date/Time Reported: 11/15/2017 @ 1315 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|---|---|
| Period of Noncompliance | Start Date/Time (exact): 11/1/2017 @ 0935 am | End Date/Time (exact): 11/2/2017 @ 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):
(2.12 mg * 73 mg/l * 8.34) ~ 1291 lbs.
(2.12 mg * 99 mg/l * 8.34) ~ 1750 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. Currently operating at a 10 day SRT.

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 | 99 mg/l | 11/2/2017 |
| BOD | 60 mg/l | 73 mg/l | 11/2/2017 |

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. Currently operating at a 10 day SRT.

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

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

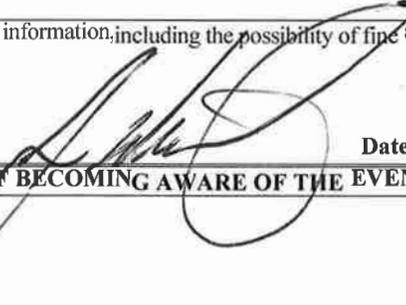
Unknown

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: 11/15 /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): Hotline |
| Date/Time Event was Noticed: 12/5/2017 @ 1511 pm | Date/Time Reported: 11/6/2017 @ 1300 pm | Name of DEC Staff Contacted: Hotline |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|--------------------------------|--|--|
| Period of Noncompliance | Start Date/Time (exact): 11/26/2017 @ 0920 am | End Date/Time (exact): 11/27/2017 @ 0920 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):
(1.58 mg * 80 mg/l * 8.34) ~ 1054 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. Currently operating at a 10 day SRT.

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 | 80 mg/l | 11/27/2017 |

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. Currently operating at a 10 day SRT.

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

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

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Name: JimWestcott

Title: Senior Operator

Signature: 

Date: 12/6 /2017

FORMSMUST BE SENT TO ADECWITHIN FIVE DAYSOF BECOMING AWARE OF THE EVENT



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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: Karen Sewell | Phone Numbers of Person Reporting: 907-586-0760 | Reported How? (e.g. by phone): Hotline | |
| Date/Time Event was Noticed: 12/11/2017 @ 1114 pm | Date/Time Reported: 12/11/2017 @ 1300 pm | Name of DEC Staff Contacted: Hotline | |

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

| | | |
|---|--|---|
| Period of Noncompliance | Start Date/Time (exact): 11/30/2017 @ 0930 am | End Date/Time (exact): 12/1/2017 @ 0930 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): (1.81 mg * 66 mg/l * 8.34) ~ 996 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. Currently operating at a 10 day SRT. | | |

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 | 66 mg/l | 12/1/2017 |

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. Currently operating at a 10 day SRT.

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

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

Unknown

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Name: Karen Sewell

Title: Operator

Signature:



Date: 12/11 /2017

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