Permit

Permit ID: AK0022951 Major: **Y** 

2009 RADCLIFFE ROAD

Permittee:

JUNEAU, CITY & BOROUGH OF

Permittee Address:

JUNEAU, AK99801 2009 RADCLIFFE ROAD

Facility:

JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF

Facility Location:

MENDENHALL WWTF JUNEAU, AK99801

Permitted Feature: 001 - External Outfall

Discharge:

001-A - MENDENHALL RIVER DIFFUSER

Report Dates & Status

Monitoring Period: From 12/01/17 to 12/31/17

**DMR Due Date:** 

01/15/18

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:

Randali

NODI

**Last Name:** Telephone:

Brown

Title: Wastewwater Treatment Plant Supervisor

No Data Indicator (NODI)

Form NODI:

Name

**Quantity or Loading** 

**Quality or Concentration** 

907-586-0393

Units

Parameter

Code

Value 1

Value 2

Value 1

Units

Value 2

Freq. of of Analysis Ex.

Smpl.

https://netdmr.epa.gov/netdmr/protected/search\_dmr.htm?\_flowId=permitadmin\_access\_re... 1/10/2018

	rameter	NODI	Quanti	ty or Loading			Quality or Cond	centration		# of	Freq. of	Smpl.
Code	Name		Value 1 Value 2 Units		Value 1	Value 2 Value 3 Unit			Ex.	Analysis	Туре	
00010	Temperature, water deg. centigrade	Smpl.					=12.1	=14.7	04 = deg C	0	05/WK - Five Per Week	GR - GRAB
1 - Efflu	ent Gross						Reg Mon MO	Req	04 - deg		05/WK -	GR -
Season:	0	Req.					AVG	Mon DAILY MX	C		Five Per Week	GRAB
NODI: -		NODI										
00300	Oxygen, dissolved [DO]	Smpl.				=2		=12.5	19 - mg/L	0	01/30 - Monthly	GR = GRAB
1 - Efflu	ent Gross											
Season:	0	Req.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
NODI: -		NODI										
	BOD, 5-day, 20 deg. C ent Gross	Smpl.	=417	=561	26 - lb/d		=26	=44	19 <del>-</del> mg/L	0	02/30 - Twice Per Month	24 - COMP24
1 - 51110	ent Gross										02/30 -	
Season		Req.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		Twice Per Month	24 - COMP24
NODI:		NODI										
	BOD, 5-day, 20 deg. C	Smpl.					=449		19 - mg/L	0	02/30 - Twice Per Month	24 = COMP24
Influent											00100	
Season	0	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI										
	BOD, 5-day, 20 deg. C	Smpl.	=453		26 - lb/d		=28		19 = mg/L	0	02/30 - Twice Per Month	24 - COMP24
W - See	Comments										02/30 -	
Season	: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		Twice Per Month	24 = COMP24
NODI: ·		NODI										
00400		Smpl.				=6.6		=6.9	12 - SU	0	05/07 - Weekdays	GR - GRAB
1 - Efflu Season	ent Gross	Req.				>=6.5 INST		<=8.5 INST	12 - SU		05/07 - Weekdays	GR =
NODI:		NODI				MIN		MAX			weekuays	GRAB
	Alkalinity,	NODI										
	total [as CaCO3]	Smpl.					=140	=140	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	ient Gross						Reg Mon MO	Req	19 -		01/90 -	24 -
Season		Req.					AVG	Mon DAILY MX			Quarterly	COMP24
NODI:		NODI										
<b>X</b> 00530	Solids, total suspended	Smpl.	=381	=842	26 - lb/d		=24	=66	19 - mg/L	1	02/30 - Twice Per Month	24 - COMP24
Season	ient Gross	Req.	<=1226 MO AVG	<=2452 DAILY	26 - lb/d		<=30 MO AVG	<=60 DAILY	19 • mg/L		02/30 - Twice Per	24 - COMP24
NOST		NOS-	,110	. 175	. <i>5</i> / G				31		Month	-0.112
NODI:		NODI										
00530	Solids, total suspended	Smpl.					=633		19 - mg/L	0	02/30 - Twice Per	24 - COMP24
G - Ray	v Sewage										Month	

Code Name		Quantity or Loading			Quality or Concentration				Freq. of	Smpl.	
		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
										02/30 - Twice Per Month	
NODI: -	NODI									Monen	
00530 Solids, total suspended	Smpl.	=381		26 -		=24		19 -	0	02/30 - Twice Per	24 -
W - See Comments				lb/d				mg/L		Month	COMP24
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.	=272	=272	26 - lb/d		=18	=18	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross				10/ 4				mg/ L		Monthly	COMFZ
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								9/ =		,	0011121
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -	NODI										
01079 Silver total recoverable 1 - Effluent Gross	Smpl.										
I - Emdent Gross										03/YR -	
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	28 - ug/L		Three Per Year	24 = COMP24
NODI: -	NODI					9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period				
21094 Zinc, total recoverable	Smpl										
1 - Effluent Gross										02 /VD	
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	28 - ug/L		03/YR - Three Per Year	24 - COMP24
NODI: -	NODI					9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period				
01114 Lead, total recoverable	Smpl.										
Season: 0	Req.					Reg Mon MO	Req	28 - ug/L		03/YR - Three Per	24 -
						AVG	Mon DAILY MX	EO UG/E		Year	COMP24
NODI: -	NODI					9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period				
01119 Copper, total recoverable	Smpl.	=0.33	=0.33	26 - lb/d		=22	=22	28 - ug/L	0	01/30 - Monthly	24 - COMP24
L - Effluent Gross											
Geason: 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
IODI: -	NODI										
Floating solids, waste or visible	Smpl.						=0	9P - N=0;Y=1	0	01/30 - Monthly	VI - VISUAL

Pa	rameter	NODI	Quantity or Loading				Quality or Concentration				Freq. of Analysis	Smpl.
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
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.	=2.11	=3.3	03 - MGD					0	99/99 - Continuous	RC - Recorde (auto)
1 - Efflu	ent Gross											
Season:	0	Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorde (auto)
NODI: -		NODI										
	Coliform, fecal general ent Gross	Smpl.					=10	=23	13 - #/100mL	0	02/07 - Twice Every Week	GR - GRAB
Season		Req.					<=112 MO GEOMN	<=224 DAILY MX	13 - #/100mL		02/07 - Twice Every Week	GR = GRAB
NODI: -		NODI										
	Coliform, fecal general	Smpl.					=18		13 - #/100mL	0	02/07 - Twice Every	GR - GRAB
W - See	Comments										Week 02/07 -	
Season	0	Req.					<=168 WK GEOMN		13 - #/100mL		Twice Every Week	GR - GRAB
NODI:	-	NODI										
81010	BOD, 5-day, percent removal	Smpl.				=94			23 - %	0	01/30 - Monthly	CA - CALCTI
K - Pero	ent Removal											
Season	: 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCT
NODI: -		NODI										
81011	Solids, suspended percent removal	Smpl.				=96			23 - %	0	01/30 - Monthly	CA - CALCTI
K - Per	ent Removal											
Season	: 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCT
NODI:		NODI										
TT000	Toxicity, Chronic	Smpl.					=1.4	=1.4	73 - toxic	0	09/99 - See Permit	24 - COMP2
1 - Efflo	uent Gross											
Season	: 0	Req.					<=5.1 MO AVG	Req Mon DAILY MX	73 - toxic		09/99 - See Permit	24 - COMP
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	Field	Туре	Description	Acknowledge
Code	Name	Location	Field	1,456	Description	Ackilowieuge
00530	Solids, total suspended			Soft	The provided sample value is outside the permit limit. (Error Code: 1 )	$\boxtimes$

#### Comments

# Name Type Size 2598\_001.pdf pdf 105511

#### Report Last Saved By

#### JUNEAU, CITY & BOROUGH OF

User: CBJWASTEWATER1
Name: James Westcott

E-Mail: jim.westcott@juneau.org

Date/Time: 2018-01-10 14:48 (Time Zone:-09:00)

Report Last Signed By

User: CBJWASTEWATER1
Name: James Westcott

E-Mail: jim.westcott@juneau.org

Date/Time: 2018-01-10 14:49 (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

<u> </u>	1101	TOOMI BIN	CETTOTII	101	11101				
GENERAL INFORMATIO	N	PERMIT# (if any): AK0022295-1							
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater	r Treatment Facility		Facility L Juneau, A				
Person Reporting:		Phone Numbers of Pers	son Reporting:	Reported	How? (e.g. by phone):				
Karen Sewell		907-586-0393		Hotline					
Date/Time Event was Notice 12/11/2017 @ 1114 am	ed:	Date/Time Reported: 12/11/2017 @ 1114 am		Name of I Hotline	DEC Staff Contacted:				
VERBAL NOTIFICATION									
INCIDENT DETAILS	(attach ad	ditional sheets, lab r	eports, and phot	tos as	necessary	<b>(</b> )			
Period of Noncompliance		Fime (exact): 12/1/2017	0			(exact): 12/1/2017 @ 0930 am			
N/A			arding the anticipat	ted time	the nonco	mpliance is expected to continue:			
Estimated Quantity involve (1.53 mg * 66 mg/l * 8.34 ) ~	842. lbs.								
Description of the noncomp	liance and its	cause (be specific):							
Unknown									
Actions taken to reduce, elin (describe in detail) (e.g. Sup notice)	ninate, and p plied drinkin	revent reoccurrence of n g water to nearby well o	oncompliance and A wners and informed	Actual/I well ov	Potential In vners not to	npact on Environmental Health o drink from wells until further			
Increased waste removal from	ı system.								
Permit Condition Deviation	(Identify eac	h permit condition excee	ded during the even	t.)					
Parameter (e.g. BOD pl		Permit Limit	Exceedance (sa		esult)	Sample Date			
TSS		60 mg/l	66 mg/l			12/1/2017			
Corrective Actions (Attach a eliminate chances of recurre	n description ( nce.)	of corrective actions take	en to restore the syst	tem to n	ormal ope	ration and to minimize or			
Increased waste removal from	n system.								
Environmental Damage: (if	yes, provide	details below)	☐ Yes	Γ	No	<b>▼</b> Unknown			
Actual /Potential Impact on	Environment	/Public Health (describe	in detail)						
Unknown									
manage the system, or those per	personnel prop sons directly re ete. I am aware	perly gather and evaluate the esponsible for gathering the	e information submitte information, the inform	ed. Based mation s	d on my inqu ubmitted is,	n in accordance with a system uiry of the person or persons who to the best of my knowledge and acluding the possibility of fine and			
Name: Karen Sewell	Title:	Treatment Operator	Signature:	un to	Send	Date: 12/11/2017			
			100	00000	0000				

Updated May 2010