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 MENDENHALL WWTF

JUNEAU , AK99801

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

Report Dates & Status

Monitoring Period: From 05/01/18 to 05/31/18 **DMR Due Date:** 06/15/18

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:
 Randall
 Last Name:
 Brown

 Title:
 Wastewwater Treatment Plant Supervisor
 Telephone:
 907-586-0393

No Data Indicator (NODI)

Form NODI:

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

Pa	rameter	NODI	Quanti	ty or Loading			Quality or Con-	centration		#	Freq. of	Smpl.
Code Name			Value 1 Value 2 Uni		Units Value 1	Value 2 Value 3 Units			of Ex.	Analysis	Type	
00010	Temperature, water deg. centigrade	Smpl.					=13.5	=14.6	04 - deg C	0	05/WK - Five Per	GR =
1 - Efflu	ent Gross										Week	
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.				=2.1		=4.8	19 - mg/L	0	01/30 - Monthly	GR - GRAB
1 - Efflo	ient 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 Jent Gross	Smpl.	=372	=861	26 - lb/d		=25	=60	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
Season		Req.	<=1226 MO AVG	<=2452 DAILY	26 - lb/d		<=30 MO AVG	<=60 DAILY	19 - mg/L		02/30 - Twice Per	24 - COMP24
NODI.		NODI	AVG	PIA	10/4			, in	mg/ L		Month	0011121
NODI: 00310	BOD, 5-day,	NODI										
G - Rav Influen	20 deg. C v Sewage	Smpl.					=422		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
Season		Req.					Req Mon MO AVG		19 =: mg/L		02/30 - Twice Per Month	24 = COMP24
NODI:		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=511		26 - lb/d		=36		19 - mg/L	0	02/30 - Twice Per	24 = COMP24
W - Se	e Comments				,-				-		Month	
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 1 - Effl	pH uent Gross	Smpl.				=6.6		=7.1	12 - SU	0	05/07 - Weekdays	GR - GRAB
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.	=337	=1035	26 - lb/d		=22	=66	19 - mg/L	1	02/30 - Twice Per Month	24 - COMP24
1 - Effl	uent Gross										02/30 -	
Seasor	: 0	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										
	Solids, total suspended w Sewage	Smpl.					=573		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
Influen												
Seasor	ı: O	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 = COMP24
NODI:	-	NODI										
	Solids, total suspended e Comments	Smpl.	=255		26 - lb/d		=17		19 = mg/L	0	02/30 - Twice Per Month	24 - COMP24
w - Se Seasor		Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L			24 - COMP24
			AVG		וט/מו		AVO		9/ -			55111 27

Pa	rameter	NODI	Quan	tity or Loading			Quality or Co	ncentration		# of	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Allalysis	туре
											02/30 - Twice Per Month	
NODI: -		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.					=20	=20	19 - mg/L	0	01/30 - Monthly	24 - COMP24
L - Efflu	ent Gross								nig/L		Monthly	COMP24
Season:	2	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
IODI: -		NODI										
0900	Hardness, total [as CaCO3]	Smpl.					=81	=81	19 - mg/L	0	01/30 - Monthly	24 - COMP24
Efflu	ent Gross											
Season:	0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 ≾ COMP24
IODI: -		NODI										
1119	Copper, total recoverable	Smpl.	=0.44	=0.44	26 - lb/d		=30	=30	28 - ug/L	0	01/30 - Monthly	24 - COMP24
- Efflu	ent Gross				·						,	
Geason:	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
IODI: -		NODI										
	Floating solids, waste or visible foam-visual	Smpl.						=0	9P - N=0;Y=1	0	01/30 - Monthly	VI - VISUAL
- Efflu	ent Gross											
Season:	0	Req.						<=Req Mon DAILY MX	9P = N=0;Y=1		01/30 - Monthly	VI - VISUAL
IODI: -		NODI										
	Flow, in conduit or											
	thru treatment plant	Smpl.	=1.81	=2.02	03 - MGD					0	99/99 - Continuous	RC - Recorder (auto)
Efflu	ent Gross											
Geason:	0	Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorder (auto)
IODI: =		NODI										(4410)
	Coliform, fecal general	Smpl.					=4	=11	13 - #/100mL	0	01/07 - Weekly	GR -
- Efflu	ent Gross								#/100IIIL		Weekly	GRAB
ieason:	2	Req.					<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL		01/07 - Weekly	GR - GRAB
IODI: -		NODI										
	Coliform, fecal general	Smpl.					= 9		13 = #/100mL	0	01/07 - Weekly	GR - GRAB
	Comments						<=400 WK		13 =		01/07 -	GR =
eason:	2	Req.					GEOMN		#/100mL		Weekly	GRAB
ODI: -		NODI										
	BOD, 5-day, percent removal	Smpl.				=94			23 - %	0	01/30 - Monthly	CA - CALCTD
- Perce	ent Removal					- OF 1411 01					04 (0.0	
eason:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CALCTD
ODI: -		NODI										
1011	Solids, suspended	Smpl.				=96			23 - %		01/30 - Monthly	CA = CALCTD

Parameter		NODI	Quantity or Loading					# of		Smpl.		
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units		Analysis	Type
	percent removal											
K - Per	cent Removal											
Season	; 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI:	-	NODI										
TT000	Toxicity, Chronic	Smpl.										
1 - Efflu	uent Gross	-										
Season	: 6	Req.					Req Mon MO AVG	Req Mon DAILY MX	73 - toxic		09/99 - See Permit	24 - COMP24
NODI:	-	NODI					9 - Conditional Monitoring - Not Required This Perlod	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

Code	Parameter Name	Monitoring Location	Field	Туре	Description	Acknowledge
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)	abla

Comments

Attachments

Name	Туре	Size
3391 001.pdf	pdf	101832

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User: CBJWASTEWATER1
Name: James Westcott

E-Mail: jlm.westcott@juneau.org

Date/Time: 2018-06-13 13:38 (Time Zone:-08:00)

Report Last Signed By

User: CBJWASTEWATER1
Name: James Westcott

E-Mail: jim.westcott@juneau.orq

Date/Time: 2018-06-13 13:38 (Time Zone:-08:00)

©2008 NetDMR



Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

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): AK	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 Pers 907-586-0393	on Reporting:		Reported How? (e.g. by phone): Email							
Date/Time Event was Noticed: 5/24/2018 @ 1130 am	Date/Time Reported: 5/24/2018 @ 1625 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)											
	t Date/Time (exact): 5/13/2018 (exact)				(exact): 5/14/2018 @ 0950 am						
If noncompliance has not been cor N/A	rected, provide a statement rega	ording the anticipat	ted time t	he noncom	pliance is expected to continue:						
Estimated Quantity involved (volu (1.88 mg)*(1590 mg/l)*(8.34) ~ 23											
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 (Ident											
Parameter (e.g. BOD pH)	Permit Limit	Permit Limit Exceedance (sa		esult)	Sample Date						
TSS	60 mg/l monthly limit	66 mg/l			5/13/2018 – 5/14/2018						
Corrective Actions (Attach a descr chances of recurrence.)	iption of corrective actions take	n to restore the sys	tem to no	rmal opera	ntion and to minimize or eliminate						
Increased waste removal from system.											
Environmental Damage: (if yes, p	provide details below)	T Yes	ſ	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:											