Permit

Permit ID:

AK0022951

Major:

 \checkmark

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 10/01/18 to 10/31/18

Value 1

DMR Due Date:

11/15/18

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:

Supervisor

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

Parameter NODI Code

Quantity or Loading

Value 2 Units

Value 1

Value 2

Quality or Concentration

Value 3

Units

of Freq. of **Analysis**

Smpl. Type

Pa	rameter	NODI	Quanti	ity or Loading			Quality or Cond	entration		# of	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Allalysis	Турс
00010	Temperature, water deg. centigrade	Smpl.					=15.7	=17.1	04 - deg C	0	05/WK - Five Per Week	GR - GRAB
1 - Efflu	ent Gross											
Season	: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		05/WK - Flve Per Week	GR - GRAB
NODI:	-	NODI										
00300	Oxygen, dissolved [DO]	Smpl.				=1.8		=4.1	19 - mg/L	0	01/30 - Monthly	GR - GRAB
1 - Efflo	uent Gross											
Season	: 0	Req.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
NODI:	-	NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=407	=40	26 - lb/d		=22	=40	19 = mg/L	0	02/30 - Twice Per Month	24 - COMP2
1 - Effi	uent 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 - COMP2
NODI:	-	NODI										
	BOD, 5-day, 20 deg. C	Smpl.					=438		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP2
G - Ra	w Sewage it						Dec Man MO		19 -		02/30 -	24 -
Seasor		Req.					Req Mon MO AVG		mg/L		Twice Per Month	COMP2
NODI:		NODI										
	BOD, 5-day, 20 deg. C	Smpl.	=746		26 - lb/d		=34		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP2
Seasor		Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 = COMP2
NODI:	_	NODI										
00400		NODI									05/07 -	GR -
	luent Gross	Smpl.				=6.5		=7.1	12 - SU	0	Weekdays	GRAB
Seaso	n: 2	Req.				>=6.3 INST MIN		<=8.5 INST MAX	12 - SU		05/07 - Weekdays	GRAB
NODI:	-	NODI										
X 00530	Solids, total suspended	Smpl.	=561	=1703	26 - 1b/d		=29	=74	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP2
1 - Eff	luent Gross											
Seaso	n: 0	Req.	<=1226 MO AVG	<=2452 DAILY	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP2
NODI:	-	NODI										
00530	Solids, total suspended	Smpl.					=687		19 - mg/L	0	02/30 - Twice Per	24 + COMP2
G - Ra Influe	w Sewage nt								mg/L		Month	COMP
Seaso	n: 0	Req.					Req Mon MO AVG		19 = mg/L		02/30 - Twice Per Month	24 - COMP2
NODI:	-	NODI										
X 00530	Solids, total suspended	Smpl.	=1228		26 - lb/d		=55		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP
W - S	ee Comments											
Seaso	n: 0	Req.										

Parameter		NODI	Quant	Quantity or Loading			Quality or Concentration				Freq. of	Smpl.
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
			<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI									_	
	Nitrogen, ammonia total [as N]	Smpl.					=13	=13	19 -	0	01/30 -	24 -
	ent Gross						-+3	-13	mg/L	0	Monthly	COMP24
Season:	2	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
	Hardness, total [as CaCO3]	Smpl.					=78	=78	19 - mg/L	0	01/30 - Monthly	24 = COMP24
1 - Efflu	ent Gross											
Season:	0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
	Copper, total recoverable	Smpl.	=0.26	=0.26	26 - lb/d		=15	=15	28 - ug/L	0	01/30 - Monthly	24 - COMP24
1 - Efflue Season:	ent Gross	Pos	<=1.82 MO	<=3.92 DAILY	26 -		<=44.5 MO	<=95.8 DAILY	20		01/30 -	24 -
	2	Req.	AVG	MX	lb/d		AVG	MX	28 - ug/L		Monthly	COMP24
NODI: -		NODI										
	Floating solids, waste or visible foam-visual	Smpl.						=0	9P = N=0;Y=1	0	01/30 - Monthly	VI - VISUAL
1 - Efflue	ent Gross											
Season:	0	Req.						<=Req Mon DAILY MX	9P== N=0;Y=1		01/30 - Monthly	VI= VISUAL
NODI: -		NODI										
	Flow, in conduit or thru treatment plant	Smpl.	=2.1	=3.2	03 - MGD					0	99/99 - Continuous	RC - Recorder (auto)
	ent Gross											(adio)
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.					=5	=2200	13 - #/100mL	0	01/07 - Weekiy	GR - GRAB
	ent Gross						<=200 MO	<=800 DAILY	13 -		01/07 -	GR =
Season:	2	Req.					GEOMN	MX	#/100mL		Weekly	GRAB
NODI: -	California	NODI										
	Coliform, fecal general Comments	Smpl.					=81		13 - #/100mL	0	01/07 - Weekly	GR - GRAB
Season:		Req.					<=400 WK		13 -		01/07 -	GR -
NODI: -		NODI					GEOMN		#/100mL		Weekly	GRAB
31010	BOD, 5-day, percent removal	Smpl.				=95			22 0/	0	01/30 -	CA -
	ent Removal	Jinpii				-33			23 - %	0	Monthly	CALCTD
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA:= CALCTD
NODI: -		NODI									•	
31011	Solids, suspended	Smpl.				=96			23 - %	0	01/30 -	CA -

Parameter		NODI	Quantity or Loading		Quality or Concentration					# of	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Allulysis	Type
	percent removal											
K - Perce	ent Removal											
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI										
	Toxicity, Chronic	Smpl.					=5	=5	73 - toxic	0	09/99 - See Permit	24 - COMP24
1 - Efflue	ent 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.

	Parameter	Monitoring	Field	Туре	Description	Acknowledge	
Code Name		Location	Tield Type		Description		
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)	\square	
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)	lacksquare	
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: ${\bf 1}$)	\square	

Comments

Attachments

Name	Туре	Size
3878_001.pdf	pdf	209904
3879_001.pdf	pdf	104891

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2018-11-14 11:29 (Time Zone:-09:00)

Report Last Signed By

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2018-11-14 11:31 (Time Zone:-09:00)

©2008 NetDMR



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): AK	002295-1					
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater	Treatment Facility	,	Facility Location: Juneau, AK			
Person Reporting:	Phone Numbers of Pers	Phone Numbers of Person Reporting:			g. by phone):		
Jim Westcott	907-586-0393	907-586-0393			,		
Date/Time Event was Noticed: 10/29/2018 @ 1353 pm	Date/Time Reported: 10/30/18 @ 1351 pm				Name of DEC Staff Contacted: ADEC Hotline		
VERBAL NOTIFICATION MUS	T BE MADE TO ADEC WITH	IIN 24 HOURS O	F DISCOV	VERY OF NONCOM	MPLIANCE		
INCIDENT DETAILS (atta	ch additional sheets, lab	reports, and pl	otos as	necessary)			
Period of Noncompliance Start	Date/Time (exact): 10/16/2013	8 @ 0954 am	End I	Date/Time (exact): 10	0/17/2018 @ 0954 am		
If noncompliance has not been con N/A		garding the antici	pated time	the noncompliance	is expected to continue:		
Estimated Quantity involved (volu (2.76 mg)(74 mg/l)(8.34) ~ 1703 lb							
Description of the noncompliance	and its cause (be specific):						
Unknown							
Actions taken to reduce, eliminate (describe in detail) (e.g. Supplied onotice)	and prevent reoccurrence of n rinking water to nearby well o	noncompliance and wners and inform	d Actual/P	otential Impact on E vners not to drink fro	Environmental Health om wells until further		
Increased waste removal from system	n						
Permit Condition Deviation (Ident	ify each permit condition excee	eded during the ev	ent.)				
Parameter (e.g. BOD pH)	Permit Limit	Exceedance		esult)	Sample Date		
TSS mg/l	60 mg/l daily max.		mg/l.		10/17/2018		
	,				10/1//2010		
Corrective Actions (Attach a descr eliminate chances of recurrence.)	iption of corrective actions take	en to restore the s	ystem to n	ormal operation and	to minimize or		
Increased waste removal from system	1.						
Environmental Damage: (if yes, p	rovide details below)	Г Yes	г	No	▼ Unknown		
Actual /Potential Impact on Enviro				110	IV CHRIDWII		
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 test 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:	- NIL	1	Date: 10/30 /2018		
FORMS MUST BE	SENT TO ADEC WITHIN FI	VE DAYS OF BE	COMING	AWARE OF THE			

4			
			í
		.0	



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>				
GENERAL INFORMATION	PERMIT# (if any): AK	(002295-1						
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):				
Jim Westcott	907-586-0393		Phone					
Date/Time Event was Noticed:	Date/Time Reported:		Name of I	DEC Staff Contacted:				
11/11/2018 @ 1110 am	11/11/18 @ 1115 am		ADEC Ho	otline				
VERBAL NOTIFICATION MUS	T BE MADE TO ADEC WITH	HIN 24 HOURS OF	DISCOVERY OF	NONCOMPLIANCE				
INCIDENT DETAILS (atta	ch additional sheets, lab	reports, and pho	tos as necessar	y)				
	t Date/Time (exact): 10/1/2018			(exact): 10/31/2018				
If noncompliance has not been co N/A	rrected, provide a statement re	garding the anticipa	ted time the nonco	mpliance is expected to continue:				
Estimated Quantity involved (vol 1228 lbs.	ıme or weight):							
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 (Iden	tify each permit condition exce	eded during the ever	nt.)					
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (s	sample result)	Sample Date				
TSS mg/l	45 mg/l weekly	55 n	mg/l	10/1/2018 — 10/31/2018				
Connective Actions (Attach a dece	vintion of acquestive actions tol	40	.41					
Corrective Actions (Attach a desceliminate chances of recurrence.)	ription of corrective actions tak	ken to restore the sys	stem to normal ope	ration and to minimize or				
Increased waste removal from syste	m.							
Environmental Damage: (if yes,	provide details below)	☐ Yes	□ No	✓ Unknown				
Actual /Potential Impact on Envir	onment/Public Health (describ-	e 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 person 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:	Ma	Date: 11/14/2018				
FORMS MUST B	E SENT TO ADEC WITHIN F	IVE DAYS OF BEC	OMING AWARE	OF THE EVENT.				

Updated May 2010



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): AK0	02295-1					
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater	Treatment Facility		Facility Lo			
Person Reporting:		Phone Numbers of Person	on Reporting:	Reported How? (e.g. by phone):				
Jim Westcott		907-586-0393		Phone				
Date/Time Event was Noticed:		Date/Time Reported:			Name of D	EC Staff Contacted:		
10/25/2018 @ 1131 am		10/26/18 @ 1105am			ADEC Hot			
VERBAL NOTIFICATION MU	IST BE	MADE TO ADEC WITH	IN 24 HOURS OF I	DISCO	VERV OF N	ONCOMPLIANCE		
INCIDENT DETAILS (at								
				T				
Period of Noncompliance Sta	rt Date/	Time (exact): 10/16/2018	@ 0938 am	End l	Date/Time (exact): 10/16/2018 @ 0938 am		
If noncompliance has not been on N/A	orrected	l, provide a statement reg	arding the anticipat	ted time	the noncon	npliance is expected to continue:		
Estimated Quantity involved (vo 2200 FC/100 mL	lume or	weight):						
Description of the noncompliance	e and it	s 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 UV bank cleaning frequ	ency.							
Permit Condition Deviation (Ide	ntify ea	ch permit condition excee	ded during the even	nt.)				
Parameter (e.g. BOD pH)	Ť	Permit Limit	Exceedance (s		esult)	Sample Date		
FC/100 mL	8	300 FC/ mL daily max.	2200 FC/ mL	daily n	nax	10/16/2018		
			2200 T Or 1112			10/10/2010		
					- 1			
Corrective Actions (Attach a des eliminate chances of recurrence.		of corrective actions take	n to restore the sys	tem to r	normal oper	ation and to minimize or		
Increased UV bank cleaning frequ	ency.							
Environmental Damage: (if yes	provid	e details below)	T Yes		No	∇ Unknown		
Actual /Potential Impact on Env	ironmer	nt/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	Signatura:	1/11	7>	Deter 10/16 /2019		
		T TO ADEC WITHIN FI	Signature:	OMUNI	WADE	Date: 10/16 /2018 OF THE EVENT.		
1011110111001	JE DEIT	1 10 RDEC WITHIN FI	TE DATE OF DEC	CHILIT	TUAKE	AL THE EARING		