

Permit

Permit ID: AK0022951
Permittee: JUNEAU, CITY & BOROUGH OF
Facility: JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF
Permitted Feature: 001 - External Outfall
Report Dates & Status
Monitoring Period: From 10/01/18 to 10/31/18
Status: NetDMR Validated
Major:
Permittee Address: 2009 RADCLIFFE ROAD
 JUNEAU , AK99801
Facility Location: 2009 RADCLIFFE ROAD
 MENDENHALL WWTF
 JUNEAU , AK99801
Discharge: 001-A - MENDENHALL RIVER DIFFUSER
DMR Due Date: 11/15/18

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: 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 Code	Parameter Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type	
			Value 1	Value 2	Units	Value 1	Value 2	Value 3				Units
00010	Temperature, water deg. centigrade	Smpl.					=15.7	=17.1	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: -												
00300	Oxygen, dissolved [DO]	Smpl.			=1.8			=4.1	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: -												
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 - 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: -												
00310	BOD, 5-day, 20 deg. C	Smpl.						=438	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: -												
00310	BOD, 5-day, 20 deg. C	Smpl.	=746		26 - lb/d		=34		19 - mg/L	0	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: -												
00400	pH	Smpl.			=6.5			=7.1	12 - SU	0	05/07 - Weekdays	GR - GRAB
1 - Effluent Gross												
Season: 2		Req.			>=6.3 INST MIN			<=8.5 INST MAX	12 - SU		05/07 - Weekdays	GR - GRAB
NODI: -												
X 00530	Solids, total suspended	Smpl.	=561	=1703	26 - lb/d		=29	=74	19 - mg/L	0	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: -												
00530	Solids, total suspended	Smpl.						=687	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: -												
X 00530	Solids, total suspended	Smpl.	=1228		26 - lb/d		=55		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
W - See Comments												
Season: 0		Req.										

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			
			<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.				=13	=13		19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 2		Req.				Req Mon MO AVG	Req Mon DAILY MX		19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
00900	Hardness, total [as CaCO3]	Smpl.				=78	=78		19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		Req.				Req Mon MO AVG	Req Mon DAILY MX		19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
01119	Copper, total recoverable	Smpl.	=0.26	=0.26	26 - lb/d	=15	=15		28 - ug/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 2		Req.	<=1.82 MO AVG	<=3.92 DAILY MX	26 - lb/d	<=44.5 MO AVG	<=95.8 DAILY MX		28 - ug/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
45613	Floating solids, waste or visible foam-visual	Smpl.					=0		9P - N=0;Y=1	0	01/30 - Monthly	VI - VISUAL
1 - Effluent Gross												
Season: 0		Req.					<=Req Mon DAILY MX		9P - N=0;Y=1		01/30 - Monthly	VI - VISUAL
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=2.1	=3.2	03 - MGD					0	99/99 - Continuous	RC - Recorder (auto)
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorder (auto)
NODI: -		NODI										
X 74055	Coliform, fecal general	Smpl.				=5	=2200		13 - #/100mL	0	01/07 - Weekly	GR - GRAB
1 - Effluent Gross												
Season: 2		Req.				<=200 MO GEOMN	<=800 DAILY MX		13 - #/100mL		01/07 - Weekly	GR - GRAB
NODI: -		NODI										
74055	Coliform, fecal general	Smpl.				=81			13 - #/100mL	0	01/07 - Weekly	GR - GRAB
W - See Comments												
Season: 2		Req.				<=400 WK GEOMN			13 - #/100mL		01/07 - Weekly	GR - GRAB
NODI: -		NODI										
81010	BOD, 5-day, percent removal	Smpl.			=95				23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		Req.			>=85 MN % RMV				23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI										
81011	Solids, suspended	Smpl.			=96				23 - %	0	01/30 - Monthly	CA - CALCTD

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				
	percent removal											
K - Percent Removal												
Season:	0	Req.				>=85 MN % RMV			23 - %	01/30 - Monthly	CA - CALCTD	
NODI:	-	NODI										
TT000	Toxicity, Chronic	Smpl.				=5	=5		73 - toxic	0	09/99 - See Permit	24 - COMP24
1 - Effluent Gross												
Season:	6	Req.				Req Mon MO AVG	Req Mon DAILY MX		73 - toxic	09/99 - See Permit	24 - COMP24	
NODI:	-	NODI										

Submission Note

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

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
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	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00530	Solids, total suspended	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"/>

Comments

Attachments

Name	Type	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)



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): Phone
Date/Time Event was Noticed: 10/29/2018 @ 1353 pm		Date/Time Reported: 10/30/18 @ 1351 pm	Name of DEC Staff Contacted: ADEC 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): 10/16/2018 @ 0954 am	End Date/Time (exact): 10/17/2018 @ 0954 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): (2.76 mg)(74 mg/l)(8.34) ~ 1703 lbs.			
Description of the noncompliance and its cause (be specific): Unknown			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste removal from system..			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
TSS mg/l	60 mg/l daily max.	74 mg/l.	10/17/2018
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system.			
Environmental Damage: (if yes, provide details below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 10/30/2018
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): Phone
Date/Time Event was Noticed: 11/11/2018 @ 1110 am		Date/Time Reported: 11/11/18 @ 1115 am	Name of DEC Staff Contacted: ADEC 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): 10/1/2018		End Date/Time (exact): 10/31/2018
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): 1228 lbs.			
Description of the noncompliance and its cause (be specific): Unknown			
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste removal from system..			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
TSS mg/l	45 mg/l weekly	55 mg/l	10/1/2018 – 10/31/2018
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Increased waste removal from system.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 11/14 /2018
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): Phone
Date/Time Event was Noticed: 10/25/2018 @ 1131 am		Date/Time Reported: 10/26/18 @ 1105am	Name of DEC Staff Contacted: ADEC 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): 10/16/2018 @ 0938 am	End Date/Time (exact): 10/16/2018 @ 0938 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): 2200 FC/100 mL			
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 UV bank cleaning frequency.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
FC/100 mL	800 FC/ mL daily max.	2200 FC/ mL daily max.	10/16/2018
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 UV bank cleaning frequency.			
Environmental Damage: (if yes, provide details below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Unknown	
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 10/16/2018
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			

