

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 12/01/18 to 12/31/18

DMR Due Date: 01/15/19

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 Code	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				

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			
00010	Temperature, water deg. centigrade	Smpl.				=13.4	=15.1	04 - deg C	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.			=2		=3.6	19 - mg/L	01/30 - Monthly	GR - GRAB
1 - Effluent Gross										
Season: 0		Req.			Req Mon MN DAILY		Req Mon DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB
NODI: -		NODI								
00310	BOD, 5-day, 20 deg. C	Smpl.	=380	=518	26 - lb/d	=26	=30	19 - mg/L	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.				=605		19 - mg/L	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								
00310	BOD, 5-day, 20 deg. C	Smpl.	=417		26 - lb/d	=27		19 - mg/L	02/30 - Twice Per Month	24 - COMP24
W - See Comments										
Season: 0		Req.								

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
			<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L	02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
00400	pH											
	1 - Effluent Gross	Smpl.			=6.6				12 - SU	0	05/07 - Weekdays	GR - GRAB
Season: 0		Req.										
NODI: -		NODI										
00410	Alkalinity, total [as CaCO3]											
	1 - Effluent Gross	Smpl.							19 - mg/L	0	01/90 - Quarterly	24 - COMP24
Season: 0		Req.										
NODI: -		NODI										
00530	Solids, total suspended											
	1 - Effluent Gross	Smpl.	=323	=470	26 - lb/d		=22	=32	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
Season: 0		Req.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L			
NODI: -		NODI										
00530	Solids, total suspended											
	G - Raw Sewage Influent	Smpl.					=888		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
Season: 0		Req.							19 - mg/L			
NODI: -		NODI										
00530	Solids, total suspended											
	W - See Comments	Smpl.	=344		26 - lb/d		=24		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI										

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
Season: 0		Req.	<=1839 WKLY AVG		26 - lb/d			19 - mg/L	02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI								
00610	Nitrogen, amononia total [as N]	Smpl.	=217	=217	26 - lb/d			19 - mg/L	01/30 - Monthly	24 - COMP24
1 - Effluent Gross										
Season: 0		Req.	<=1165 MO AVG	<=1655 DAILY MX	26 - lb/d			19 - mg/L	01/30 - Monthly	24 - COMP24
NODI: -		NODI								
00900	Hardness, total [as CaCO3]	Smpl.						19 - mg/L	01/30 - Monthly	24 - COMP24
1 - Effluent Gross										
Season: 0		Req.						Req Mon MO AVG	01/30 - Monthly	24 - COMP24
NODI: -		NODI								
01079	Silver total recoverable	Smpl.						28 - ug/L	03/YR - Three Per Year	24 - COMP24
1 - Effluent Gross										
Season: 0		Req.						Req Mon DAILY MX	03/YR - Three Per Year	24 - COMP24
NODI: -		NODI								
01094	Zinc, total recoverable	Smpl.						28 - ug/L	03/YR - Three Per Year	24 - COMP24
1 - Effluent Gross										
Season: 0		Req.						Req Mon MO AVG	03/YR - Three Per Year	24 - COMP24
NODI: -		NODI								
01114	Lead, total recoverable	Smpl.						28 - ug/L	03/YR - Three Per Year	24 - COMP24
1 - Effluent Gross										
Season: 0		Req.						Req Mon DAILY MX	03/YR - Three Per Year	24 - COMP24
NODI: -		NODI								
01114	Lead, total recoverable	Smpl.						28 - ug/L	03/YR - Three Per Year	24 - COMP24

Parameter Code 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			
1 - Effluent Gross										
Season: 0	Req.				Req Mon MO AVG	Req Mon DAILY MX	28 - ug/L	03/YR - Three Per Year	24 - COMP24	
NODI: -	NODI									
01119 Copper, total recoverable	Smpl.	=0.32	=0.32	26 - lb/d	=22	=22	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	0	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.	=1.7	=2.2	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.				=10	=35000	13 - #/100mL	1	02/07 - Twice Every Week	GR - GRAB
1 - Effluent Gross										
Season: 0	Req.									

Parameter Code	Parameter Name	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Value 1	Value 2	Value 3			
NODI: -		NODI								
74055	Coliform, fecal general	Smpl.					13 - #/100mL	02/07 - Twice Every Week	GR - GRAB	
	W - See Comments									
Season: 0		Req.						02/07 - Twice Every Week	GR - GRAB	
NODI: -		NODI								
81010	BOD, 5-day, percent removal	Smpl.					13 - #/100mL	02/07 - Twice Every Week	GR - GRAB	
	K - Percent Removal									
Season: 0		Req.						02/07 - Twice Every Week	GR - GRAB	
NODI: -		NODI								
81011	Solids, suspended percent removal	Smpl.					23 - %	01/30 - Monthly	CA - CALCTD	
	K - Percent Removal									
Season: 0		Req.						01/30 - Monthly	CA - CALCTD	
NODI: -		NODI								
TT000	Toxicity, Chronic	Smpl.					73 - toxic	09/99 - See Permit	24 - COMP24	
	1 - Effluent Gross									
Season: 0		Req.						09/99 - See Permit	24 - COMP24	
NODI: -		NODI								
81010	BOD, 5-day, percent removal	Smpl.					13 - #/100mL	02/07 - Twice Every Week	GR - GRAB	
	K - Percent Removal									
Season: 0		Req.						02/07 - Twice Every Week	GR - GRAB	
NODI: -		NODI								
81011	Solids, suspended percent removal	Smpl.					23 - %	01/30 - Monthly	CA - CALCTD	
	K - Percent Removal									
Season: 0		Req.						01/30 - Monthly	CA - CALCTD	
NODI: -		NODI								
TT000	Toxicity, Chronic	Smpl.					73 - toxic	09/99 - See Permit	24 - COMP24	
	1 - Effluent Gross									
Season: 0		Req.						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

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
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"/>

Comments**Attachments**

Name	Type	Size
4148_001.pdf	pdf	216900


Report Last Saved By**JUNEAU, CITY & BOROUGH OF**


User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-01-15 11:29 (Time Zone:-09:00)

Report Last Signed By

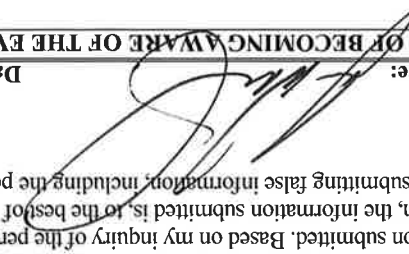
User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-01-15 11:29 (Time Zone:-09:00)

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	Phone Numbers of Person Reporting:	907-586-0393
Date/Time Event was Noticed:	12/28/2018 @ 1307 pm	Date/Time Reported:	1/15/2018 @ 0930 am
Name of DEC Staff Contacted:	NETDMR	Reported How? (e.g. by phone):	NETDMR
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): 12/19/2018 @ 0805	End Date/Time (exact): 12/20/2018 @ 0901	
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): Unknown			
Description of the noncompliance and its cause (be specific): The laboratory BOD QC parameters failed due to dilution water contamination, the results are not reported.			
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)			
QA/QC control parameters have been verified by lab personnel.			
Permit Condition Deviation (Identify each permit condition exceeded during the event):			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD, TSS mg/l, pounds	45 mg/l BOD	N/A	12/19/2018 - 12/20/2018
Weekly average(s)	1839 lbs.		
	45 mg/l BOD		
	1839 lbs.		
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
QA/QC control parameters have been verified by lab personnel.			
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: 1/11/2018

	<p style="text-align: center;">Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program 555 Cordova Street Anchorage, Alaska 99501 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov</p>
NONCOMPLIANCE NOTIFICATION	



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

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	Reported How? (e.g. by phone): Phone
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393
Date/Time Event was Noticed: 12/28/2018 @ 1314 pm	Date/Time Reported: 1/8/19 @ 1040 am
Name of DEC Staff Contacted: ADEC Hotline	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): 12/20/2018 @ 0930 End Date/Time (exact): 12/20/2018 @ 0930	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): 35,000 FC/100ml	Description of the noncompliance and its cause (be specific): Unknown
Actions taken to reduce, eliminate, and prevent recurrence 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.) None
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: 1/8/2019	FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

