

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 11/01/18 to 11/30/18

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

Title: Supervisor

No Data Indicator (NODI)

Form NODI: -

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: 12/15/18

Last Name: Brown

Telephone: 907-586-0393

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			

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			
00010	Temperature, water deg. centigrade	Smpl.				=14.1	=15.2	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: -		NODI									
00300	Oxygen, dissolved [DO]	Smpl.			=2		=4.5	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: -		NODI									
00310	BOD, 5-day, 20 deg. C	Smpl.	=428	=623	26 - lb/d	=25	=39	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: -		NODI									
00310	BOD, 5-day, 20 deg. C	Smpl.				=507		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: -		NODI									
00310	BOD, 5-day, 20 deg. C	Smpl.	=497		26 - lb/d	=32		19 - mg/L	0	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			
			<=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	05/07 - Weekdays	GR - GRAB
Season: 0		Req.									
NODI: -		NODI			>=6.5 INST MIN				12 - SU	05/07 - Weekdays	GR - GRAB
X	Solids, total suspended										
00530		Smpl.	=468	=930	26 - lb/d	=28	=66	1	19 - mg/L	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	02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI									
00530	Solids, total suspended										
	G - Raw Sewage Influent	Smpl.				=604		0	19 - mg/L	02/30 - Twice Per Month	24 - COMP24
Season: 0		Req.				Req Mon MO AVG			19 - mg/L	02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI									
00530	Solids, total suspended										
	W - See Comments	Smpl.	=648		26 - lb/d	=44		0	19 - mg/L	02/30 - Twice Per Month	24 - 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.	=234	=234	26 - lb/d	=14	=14	0	19 - mg/L	01/30 - Monthly	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.	<=1165 MO AVG	<=1555 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.				=80	=80	19 - mg/L	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.	=0.4	=0.4	26 - lb/d	=24	=24	28 - ug/L	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	01/30 - Monthly	24 - COMP24	
NODI: -		NODI									
45613	Floating solids, waste or visible foam-visual	Smpl.						9P - N=0;Y=1	01/30 - Monthly	VI - VISUAL	
1 - Effluent Gross											
Season: 0		Req.				<=Req Mon DAILY MX	<=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	=2.5	03 - MGD				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									

Parameter Code	Name	NODI	Quantity or Loading		Units	Quality or Concentration			Units	# of Ex.	Freq. of Analysis	Smpl. Type	
			Value 1	Value 2		Value 1	Value 2	Value 3					
74055	Coliform, fecal general	Smpl.				=2		=5		13 - #/100mL	0	02/07 - Twice Every Week	GR - GRAB
	1 - Effluent Gross												
Season: 0		Req.				<=112 MO GEOMN		<=224 DAILY MX		13 - #/100mL		02/07 - Twice Every Week	GR - GRAB
NODI: -		NODI											
74055	Coliform, fecal general	Smpl.				=2				13 - #/100mL	0	02/07 - Twice Every Week	GR - GRAB
	W - See Comments												
Season: 0		Req.				<=168 WK GEOMN				13 - #/100mL		02/07 - Twice Every Week	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 - %	0	01/30 - Monthly	CA - CALCTD
NODI: -		NODI											
81011	Solids, suspended 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											
TT000	Toxicity, Chronic	Smpl.			=0			=0		73 - toxic	0	09/99 - See Permit	24 - COMP24
	1 - Effluent Gross												

Parameter Code	Name	NODI	Quantity or Loading			Quality or Concentration			# of Analysis	Smpl. Type
Code	Name	NODI	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Ex.	Units
Season: 0		Req.						Req Mon DAILY MX		73 - toxic
NODI: -		NODI								24 - COMP24

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

Comments

Attachments

Name	Type	Size
4010_001.pdf	pdf	105621

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2018-12-11 13:40 (Time Zone: -09:00)

Report Last Signed By

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2018-12-11 13:40 (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: 11/16/2018 @ 0820 am	Date/Time Reported: 11/16/18 @ 1630 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): 11/7/2018 @ 0820	End Date/Time (exact): 11/8/2018 @ 0820
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): (1.93 mg) (66 mg/l)(78.34) ~ 1062 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	60 mg/l daily	66 mg/l	11/7/2018 – 11/8/2018

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) Yes 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:** 11/16/2018

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

