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 DIFFÜSER

Report Dates & Status

Monitoring Period: From 01/01/19 to 01/31/19

DMR Due Date:

02/15/19

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:

Last Name:

Brown

Supervisor

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

	Parameter	NODI	Quanti	ty or Loading			Quality or Conc	entration		#	Freq. of	Smpl.	
Cod	de Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Of Ex.	Analysis	Туре	

Pa	rameter	NODI	Quanti	ty or Loading			Quality or Cond	entration		# of	Freq. of Analysis	Smp Typ
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Allalysis	i yp
00010	Temperature, water deg. centigrade	Smpl.					=11.8	=12.6	04 - deg C	0	05/WK - Five Per Week	GR - GRAB
Efflu	ent Gross											
eason	0	Req.					Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB
IODI: -		NODI										
0300	Oxygen, dissolved [DO]	Smpl.				=1.7		=5.3	19 - mg/L	0	01/30 - Monthly	GR - GRAB
Efflu	ient Gross					Dog						
Season	: 0	Req.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR + GRAB
IODI: -		NODI										
X)0310 - Effli	BOD, 5-day, 20 deg. C	Smpl.	=409	=1277	26 - lb/d		=23	=63	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP
Season		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 - COMF
NODI:	Ę.	NODI										
00310	BOD, 5-day, 20 deg. C	Count					=513		19 -	0	02/30 - Twice Per	24 -
5 - Rav	s Sewage	Smpl.					-313		mg/L	Ů	Month	COMI
Season	: 0	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMI
NODI:	-	NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.	=706		26 - lb/d		=35		19 - mg/L	0	02/30 - Twice Per Month	24 - COMI
W - See	e Comments										02/30 -	
Season	: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		Twice Per Month	COMI
NODI:	-	NODI										
00400 1 - Effli	pH Jent Gross	Smpl.				=6.6		=7.6	12 - SU	0	05/07 - Weekdays	GR - GRAI
Season		Req.				>=6.5 INST MIN		<=8.5 INST	12 - SU		05/07 - Weekdays	GR - GRAI
NODI:	-	NODI									·	
X 00530	Solids, total suspended	Smpl.	=427	=2594	26 - lb/d		=23	=128	19 - mg/L	0	02/30 - Twice Per Month	24 - COM
1 - Effl	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 - COM
NODI:	-	NODI										
00530	Solids, total suspended	Smpl.					=620		19 -	0	02/30 - Twice Per	24 = COM
G - Rav Influen	v Sewage t								mg/L		Month	COM
Season	ı: O	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COM
NODI:	-	NODI										
	Solids, total								19 -		02/30 -	24 -

Pa	rameter	NODI	Quant	ity or Loading			Quality or Co	ncentration		# of	Freq. of Analysis	Smpl.
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season	: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP2
NODI:		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.	=333	=333	26 - lb/d		=19	≃19	19 - mg/L	0	01/30 - Monthly	24 - COMP2
1 - Efflu	ent Gross											
Season		Req.	<=1165 MO AVG	<=1655 DAILY MX	26 - lb/d		<=28.5 MO AVG	<=40.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP2
NODI: -		NODI										
00900	Hardness, total [as CaCO3]	Smpl.					=70	=70	19 - mg/L	0	01/30 - Monthly	24 - COMP2
1 - Efflu	ent Gross											
Season	: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP2
NODI: -		NODI										
	Copper, total recoverable sent Gross	Smpl.	=0.4	=0.4	26 - lb/d		=23	=23	28 - ug/L	0	01/30 - Monthly	24 - COMP2
Season		Req.	<=3.54 MO AVG	<=7.63 DAILY	26 - lb/d		<=86.7 MO AVG	<=187 DAILY	28 - ug/L		01/30 - Monthly	24 - COMP2
NODI: +		NODI	AVG	FIX	10/0		AVG	1111			монину	COMPZ
15613	Floating solids, waste or visible foam-visual	Smpl.						=0	9P - N=0;Y=1	0	01/30 - Monthly	VI = VISUAL
l - Efflu	ent Gross								11-0/1-1		rionally	VISON
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	Smpl.	=2	=2.6	03 -					0	99/99 -	RC - Recorde
- F49	plant				MGD						Continuous	(auto)
Επιυ	ent Gross											RC -
Season:	0	Req.	Req Mon MO AVG	<=4.9 DAJLY MX	03≔ MGD						99/99 - Continuous	Recorde (auto)
IODI: -		NODI						16				
	Coliform, fecal general ent Gross	Smpl.					=1	=3	13 - #/100mL	0	02/07 - Twice Every Week	GR - GRAB
eason:	0	Req.					<=112 MO GEOMN	<=224 DAILY MX	13 - #/100mL		02/07 - Twice Every	GR - GRAB
IODI: -		NODI									Week	
4055	Coliform, fecal general	Smpl.					=3		13 -	0	02/07 - Twice	GR -
/ - See	Comments								#/100mL		Every Week	GRAB
eason:	0	Req.					<=168 WK GEOMN		13 = #/100mL		02/07 - Twice Every Week	GR - GRAB
ODI		NODI										
iodi: -	BOD, 5-day,										01/30 -	CA -
	percent removal	Smpl.				=95			23 - %	0		
1010		Smpl.				=95 >=85 MN %			23 - %	0	Monthly	CALCTE

Parameter		NODI	Quantity or Loading			Quality or Co		# of	Freq. of Analysis	Smpl.		
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Allalysis	Type
NODI: -		NODI										
81011	Solids, suspended percent removal	Smpl.				=96			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Perc	ent Removal											
Season	: 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI										
тт000	Toxicity, Chronic	Smpl.					=1	=1	73 - toxic	0	09/99 - See Permit	24 - COMP24
1 - Efflu	ent Gross								COXIC		See remie	COINT
Season	: 0	Req.					<=5.1 MO AVG	Req Mon DAILY MX	73 - toxic		09/99 - See Permit	24 - COMP24
NODI: -	20	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	Field	Type	Description	Acknowledge	
Code	Name	Location	rieid iy		Description	Ackilowiedge	
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Ø	
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)	Ø	
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)	V	
00310	BOD, 5-day, 20 deg. C	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
4286 001.pdf	pdf	111757

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

CBJWASTEWATER1 User: Name: James Westcott

E-Mail: jim.westcott@juneau.org

Date/Time: 2019-02-14 10:20 (Time Zone:-09:00)

Report Last Signed By

CBJWASTEWATER1 User: James Westcott Name: E-Mail: jim.westcott@juneau.org

2019-02-14 10:22 (Time Zone:-09:00) Date/Time:

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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

NONCOMI EIANCE NOTIFICATION											
GENERAL INFORMATIO	N	PERMIT# (if any): AK002295-1									
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewat	er Treatment Facility		Facility Location: Juneau, AK						
Person Reporting: Jim Westcott		Phone Numbers of Pe 907-586-0393	rson Reporting:		Reported How? (e.g. by phone): ADEC hotline						
Date/Time Event was Notice 1/11/2019 @ 1440 pm	ed:	Date/Time Reported: 1/1419 @ 1030 am			Name of I ADEC Ho	DEC Staff Contacted: tline					
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE											
INCIDENT DETAILS	(attach ad	lditional sheets, lab	reports, and phot	os as i	necessary	()					
Period of Noncompliance		Fime (exact): 1//2019				(exact): 1/2/2019 @ 0803					
If noncompliance has not be N/A	en corrected	l, provide a statement r	regarding the anticipat	ed time	the nonco	mpliance is expected to continue:					
Estimated Quantity involved (2.43 mg)(63 mg/l)(8.34) ~ 12 (2.43 mg)(128 mg/l)(8.34) ~ 2	277 lbs.	weight):									
Description of the noncompl Unknown	Description of the noncompliance and its cause (be specific):										
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 eac	ch permit condition exc	ceeded during the even	t.)							
Parameter (e.g. BOD pl	<u>I)</u>	Permit Limit	Exceedance (sa	ımple r	esult)	Sample Date					
BOD mg/l		60 mg/l daily max.	63 m	g/l		1/1/2019 – 1/2/2019					
TSS mg/l		60 mg/l daily max.	128 n	ng/l		1/1/2019 – 1/2/2019					
TSS mg/l		45 mg/l weekly max.	59 m	59 mg/l		1/7/2019 – 1/13/2019					
TSS lbs.		2452 lbs. daily max.	2594 dai	2594 daily lbs. 1/1/2019 1/2/2019							
Corrective Actions (Attach a eliminate chances of recurre		of corrective actions t	aken to restore the syst	tem to r	ormal ope	ration and to minimize or					
Increased waste removal from	system.										
Environmental Damage: (if	f yes, provide	e details below)	☐ Yes	İ	No	▼ Unknown					
Actual /Potential Impact on	Environmen	nt/Public Health (descri	ibe 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:	H	K	Date: 1/15 /2019					
		T TO ADEC WITHIN		OMINO	CANADE	OF THE EVENT					

Updated May 2010

