

Permit

Permit ID: AK0022951
Permittee: JUNEAU, CITY & BOROUGH OF

Major:

Permittee Address: 2009 RADCLIFFE ROAD
JUNEAU , AK99801

Facility: JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF

Facility Location: 2009 RADCLIFFE ROAD
JUNEAU , AK99801

Permitted Feature: 001 - External Outfall

Discharge: 001-A - MENDENHALL RIVER DIFFUSER

Report Dates & Status

Monitoring Period: From 10/01/19 to 10/31/19

DMR Due Date: 11/15/19

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
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	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										
00610	Nitrogen, ammonia total [as N]	Smpl.				=16	=16		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.				=80	=80		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										
X 01119	Copper, total recoverable	Smpl.	=1.13	=1.13	26 - lb/d	=54	=54		28 - ug/L	1	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.	=2.7	=3.7	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										
74055	Coliform, fecal general	Smpl.				=21	=730		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.				=39			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										
X 81010	BOD, 5-day, percent removal	Smpl.				=83			23 - %	1	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI										
	Solids, suspended	Smpl.				=77			23 - %	1	01/30 - Monthly	CA - CALCTD

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
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>
00310	BOD, 5-day, 20 deg. C	W - See Comments	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00310	BOD, 5-day, 20 deg. C	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"/>
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"/>
00530	Solids, total suspended	W - See Comments	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
81010	BOD, 5-day, percent removal	K - Percent Removal	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
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"/>
81011	Solids, suspended percent removal	K - Percent Removal	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	<input checked="" type="checkbox"/>
01119	Copper, total recoverable	1 - Effluent Gross	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
0422_001.pdf	pdf	1353690

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

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-11-15 13:05 (Time Zone:-09:00)

Report Last Signed By

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-11-15 13:07 (Time Zone:-09:00)

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

October 2019

		FLOWS				INFLUENT						EFFLUENT										
DAY	DATE	SBR INFLUENT MGD	precip	SBR Ttl EFFL MGD	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	SS. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	SS. LBS	B.O.D. mg/L	B.O.D. LBS	Turbidity On FC Grab	FECAL COLIFORM /100 ml	
SUN	29	1.80	0.00	1.78	0.088																	
MON	30	2.00	0.62	1.94	0.111	17.0	7.0	2.7					17.6	7.0	3.4							
TUE	1	3.00	1.30	2.90	0.145	15.5	6.9	2.0	332	8030	350	8465	17.0	6.8	3.6	12	290	16	387		7	
WED	2	3.10	T	3.33	0.148	16.5	7.0	2.0	272	7554	310	8609	17.3	6.7	3.1	49	1361	37	1028		2	
THU	3	3.00	T	2.92	0.184	17.0	7.0	2.7	396	9644	460	11202	17.5	6.8	3.0	47	1145	47	1145			
FRI	4	2.60	0.06	2.49	0.166	17.0	6.6	3.5					18.4	6.6	3.6							
SAT	5	2.80	0.58	2.51	0.104																	
SUN	6	3.70	1.10	3.53	0.076																	
MON	7	3.10	0.00	3.06	0.103	14.5	6.8	2.9					15.9	6.8	3.0							
TUE	8	2.80	0.00	2.77	0.143	15.7	7.0	2.1	260	6006	310	7162	15.9	6.9	3.7	36	832	31	716		7	
WED	9	2.80	0.03	2.45	0.217	16.9	7.8	0.1	460	9399	430	8786	16.6	6.9	7.1	55	1124	43	879			
THU	10	3.10	0.21	2.48	0.222	15.8	7.8	2.6	990	20476	540	11169	17.8	6.9	3.8	66	1365	44	910			
FRI	11	3.60	0.73	3.32	0.184	16.9	7.0	2.2	313	8667	250	6922	16.9	6.8	2.6	41	1135	32	886		730	
SAT	12	3.10	0.20	2.76	0.238																	
SUN	13	2.70	0.00	2.29	0.078																	
MON	14	2.80	0.04	2.13	0.1490	16.0	7.1	2.0					17.2	7.1	2.9							
TUE	15	3.40	0.40	2.50	0.217	16.2	6.8	4.4					17.2	7.0	3.0							20
WED	16	3.10	0.21	2.74	0.197	15.5	6.8	4.4					17.0	6.6	3.2							26
THU	17	2.80	0.10	2.36	0.186	15.1	7.2	1.8	393	7735	360	7086	17.3	6.7	2.6	92	1811	54	1063		110	
FRI	18	2.80	0.30	2.36	0.186	15.1	7.1	3.2	400	7873	420	8267	15.6	6.8	2.1	79	1555	68	1338			
SAT	19	2.75	0.07	2.55	0.1540																	
SUN	20	2.41	T	2.23	0.087																	
MON	21	2.60	0.00	2.24	0.028	13.4	7.6	2.1	455	8500	320	5978	15.8	6.8	3.8	122	2279	68	1270			
TUE	22	2.61	0.06	2.35	0.076	16.1	6.7	3.8	833	12406	610	11955	16.6	6.8	2.6	240	4704	140	2744			
WED	23	2.49	1.18	2.24	0.159	15.6	6.9	2.6	215	4017	400	7473	16.2	6.8	2.6	200	3736	140	2615		26	
THU	24	2.42		2.53	0.0483	15.4	7.0	3.3	520	10972	560	11816	15.7	6.6	2.7	220	4842	160	3376			
FRI	25	2.17		2.19	0.0813	14.1	7.6	2.6					14.8	6.6	2.3							
SAT	26	1.99		1.83	0.0948																	
SUN	27	1.95		1.83	0.0828																	
MON	28	2.07		1.88	0.0352	14.4	7.4	4.3					14.5	6.9	2.7							
TUE	29	2.45		2.27	0.0437	13.6	7.4	2.3	556	10526	470	8898	15.3	6.9	5.1	142	2686	90	1704			
WED	30	2.34		2.15	0.1021	14.0	6.8	0.2	700	12552	950	17034	15.6	6.6	3.1	214	3837	160	2869		7	
THU	31	2.26		2.13	0.1185	15.9	6.7	1.6	332	5898	410	7283	15.5	6.6	2.1	68	1208	55	977			
FRI	1	2.44		2.25	0.0909	14.1	7.1	4.9					14.3	6.8	3.5							
SAT	2	2.13		1.99	0.097																	
TOTAL		84.61	6.57	77.42	4.0517																	
MAXIMUM		3.70	1.30	3.63	0.2360	17.0	7.8	4.4	990	20476	950	17034	18.4	7.1	7.1	240	4704	160	3376	0.00	730	
MINIMUM		1.95	0.00	1.83	0.0280	13.4	6.6	0.1	215	4017	250	5978	14.5	6.6	2.1	12	290	16	387	0.00	2.0	
AVERAGE *		2.73	0.33	2.50	0.1307	15.5			452	9391	447	9257	16.4			105	2107	74	1494	#DIV/0!	20.9	
ber of Analyses		31	20	31	31	23	23	23	16	16	16	16	23	23	23	16	16	16	16	0	9	

- Daily Max
- Monthly max
- Monthly average
- Weekly average
- Weekly lbs

2019	
Hrd. mg/l	80
Hrd. mg/l	
Alk. mg/l	

2019 Metals		
	ug/L	LBS
Copper	54	1.126
Copper	0.000	
Lead	0.000	
Silver	0.000	
Zinc	0.000	

***NH3 mg/L 16 333

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM	% REMOVAL
	BOD		TSS			
	mg/l	lbs	mg/l	lbs	Geo Mean	B.O.D. S.S.
1	33	853	36	932	4	83
2	38	848	50	1036	16	77
3	61	1201	86	1683	39	
4	127	1201	196	3840	26	
5	102	1850	141	2578	7	
MAX.	127	1850	196	3840	39	

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME:
MAILING ADDRESS: 2009 Radcliffe Rd.
Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY
LOCATION: 2009 RADCLIFFE RD
Juneau, AK 99801

PERMIT NUMBER: AK0022951
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 10/1/19 TO 10/31/19
NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	16.4	18.4		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		2.1	*****	7.1		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	1494	3376		*****	74	160		13		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) G - Influent 00310	Sample meas.	*****	*****		*****	447	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	1850	*****		*****	127	*****		4		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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TO 10/31/19

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.6	*****	7.1		0		
	Permit reqmt.	*****	*****		6.5 instantaneous minimum	*****	8.5 instantaneous maximum	S.U.		5X Weekly	Grab
Alkalinity, Total (as CaCO3) 1 - Final Effluent 00410	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	2107	4704		*****	105	240		17		
	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids G - Influent 00530	Sample meas.	*****	*****		*****	452	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	3840	*****		*****	196	*****		5		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

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 NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	16	16		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3) 1 - Final Effluent 00900	Sample meas.	*****	*****		*****	80	80		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable 1 - Final Effluent 01079	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable 1 - Final Effluent 01094	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Lead Total Recoverable 1 - Final Effluent 01114	Sample meas.	*****	*****		*****	NA	NA		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	1.13	1.13		*****	54	54		1		
	Permit reqmt.	1.82 monthly average	3.92 daily maximum	lbs/day	*****	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity 1 - Final Effluent TTOOO	Sample meas.	*****	*****		*****	0	0		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual 1 - Final Effluent 45613	Sample meas.	*****	*****		*****	*****	P		0		
	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow 1 - Final Effluent 50050	Sample meas.	2.7	3.7		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	21	730		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	39	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		83	*****	*****		1		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		77	*****	*****		1		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation

COMMENTS:
W = Weekly Limits;

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA NUMBER	Y M D



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): ADEC hotline
Date/Time Event was Noticed: 11/22/2019 @ 0820 am		Date/Time Reported: 11/21/19 @ 1130 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): 10/09/2019 @ 1020	End Date/Time (exact): 10/10/2019 @ 1020	
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): (2.48 mg)(66 mg/l)(8.34) ~ 1365 lbs.			
Description of the noncompliance and its cause (be specific): Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header. .			
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. Reduced system SRT from 10 to 8 days.			
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.	66 mg/l	10/09/2019 – 10/10/2019
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: 11/22/2019
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): AK0022951	
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater treatment facility	Facility Location: Juneau, AK	
Person Reporting: Rico Tempel	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): NETDMR	
Date/Time Event was Noticed: 11/6/2019 @ 1130 am	Date/Time Reported: 11/6/2019 @ 1145 am	Name of DEC Staff Contacted: 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): 11/16/2019 @ 0738 am	End Date/Time (exact): 11/17/2019 @ 0738 am
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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):
(2.36 mg)*(92 mg/l)*(8.34) ~ 1811 lbs.

Description of the noncompliance and its cause (be specific):

Basins covered in excess amount of foam. Began a process 11/5 of draining each active basin to the head works to screen out excess foam and floatable materials.

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)

System SRT has been reduced from 10 to 8 days.

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	93 mg/l	11/16/2019 - 11/17/2019

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Increasing waste removal from system to lower system SRT.

Environmental Damage: (if yes, provide details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown
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Actual /Potential Impact on Environment/Public Health (describe in detail)

Unknown

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Name: Jim Westcott **Title:** Senior operator **Signature:**  **Date:** 11/6/2019

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): ADEC hotline
Date/Time Event was Noticed: 10/30/2019 @ 0645 am		Date/Time Reported: 10/30/19 @ 0800 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): 10/17/2019 @ 0845	End Date/Time (exact): 10/18/2019 @ 0845
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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):
(2.36 mg)(68 mg/l)(8.34) ~ 1338 lbs.
(2.36 mg)(79 mg/l)(8.34) ~ 1555 lbs.

Description of the noncompliance and its cause (be specific):

Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header. .

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. Reduced system SRT from 10 to 8 days.

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 max.	68 mg/l	10/17/2019 – 10/18/2019
BOD mg/l	60 mg/l daily max..	79 mg/l	10/17/2019 – 10/18/2019

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

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Name: Jim Westcott **Title:** Senior Operator **Signature:** **Date:** 11/30/2019

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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): ADEC hotline	
Date/Time Event was Noticed: 10/31/2019 @ 0630 am	Date/Time Reported: 10/31/19 @ 0840 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): 10/20/2019 @ 0800	End Date/Time (exact): 10/21/2019 @ 0800
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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):

(2.24 mg)(68 mg/l)(8.34) ~ 1270 lbs.

(2.24 mg)(122 mg/l)(8.34) ~ 2279 lbs.

Description of the noncompliance and its cause (be specific):

Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header.

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. Reduced system SRT from 10 to 8 days.

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 max.	122 mg/l	10/20/2019 – 10/21/2019
BOD mg/l	60 mg/l daily max..	68 mg/l	10/20/2019 – 10/21/2019

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

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Name: Jim Westcott **Title:** Senior Operator **Signature:**  **Date:** 10/31/2019

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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK0022951	
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): ADEC hotline	
Date/Time Event was Noticed: 11/1/2019 @ 1245 pm	Date/Time Reported: 11/1/19 @ 1320 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): 11/21/2019 @ 0800 am	End Date/Time (exact): 11/22/2019 @ 0800 am
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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):
(2.35 mg)(240 mg/l)(8.34) ~ 4740 lbs.
(2.35 mg)(140 mg/l)(8.34) ~ 2744 lbs.

Description of the noncompliance and its cause (be specific):
Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header.

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. Reduced system SRT from 10 to 8 days.

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	240 mg/l	11/21/2019 – 11/22/2019
TSS lbs.	2452 lbs.	4740 lbs.	11/21/2019 – 11/22/2019
BOD mg/l	60 mg/l daily	140 mg/l	11/21/2019 – 11/22/2019
BOD lbs.	2452 lbs.	2744 lbs.	11/21/2019 – 11/22/2019

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

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Name: Jim Westcott **Title:** Senior Operator **Signature:** **Date:** 11/1/2019

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): AK0022951	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Rico tempel		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): ADEC hotline
Date/Time Event was Noticed: 11/5/2019 @ 0745 am		Date/Time Reported: 11/5/19 @ 1400 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): 11/22/2019 @ 0800 am	End Date/Time (exact): 11/23/2019 @ 0800 am
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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):
(2.24 mg)(200 mg/l)(8.34) ~ 3736 lbs.
(2.24 mg)(140 mg/l)(8.34) ~ 2615 lbs.

Description of the noncompliance and its cause (be specific):
Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header.

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. Reduced system SRT from 10 to 8 days.

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	200 mg/l	11/22/2019 – 11/23/2019
TSS lbs.	2452 lbs.	3736 lbs.	11/22/2019 – 11/23/2019
BOD mg/l	60 mg/l daily	140 mg/l	11/22/2019 – 11/23/2019
BOD lbs.	2452 lbs.	2615 lbs.	11/22/2019 – 11/23/2019

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

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Name: Jim Westcott **Title:** Senior Operator **Signature:** **Date:** 11/5/2019

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): AK0022951	
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater treatment facility	Facility Location: Juneau, AK	
Person Reporting: Rico Tempel	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): NETDMR	
Date/Time Event was Noticed: 11/6/2019 @ 1130 am	Date/Time Reported: 11/6/2019 @ 1145 am	Name of DEC Staff Contacted: 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): 11/23/2019 @ 0738 am	End Date/Time (exact): 11/24/2019 @ 0738 am
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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):
(2.53 mg)*(160 mg/l)*(8.34) ~ 3376 lbs.
(2.53 mg)*(200 mg/l)*(8.34) ~ 4220 lbs.

Description of the noncompliance and its cause (be specific):

Basins covered in excess amount of foam. Began a process 11/5 of draining each active basin to the head works to screen out excess foam and floatable materials.

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)

System SRT has been reduced from 10 to 8 days.

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>
BOD mg/l	60 mg/l	160 mg/l	11/23/2019 - 11/24/2019
BOD lbs.	2452 lbs.	3376 lbs.	11/23/2019 - 11/24/2019
TSS mg/l	60 mg/l	200 mg/l	11/23/2019 - 11/24/2019

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Increasing waste removal from system to lower system SRT.

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:** 11/6/2019

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): AK0022951	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Rico Tempel		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): ADEC hotline
Date/Time Event was Noticed: 11/6/2019 @ 1130 am		Date/Time Reported: 11/6/2019 @ 1145 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): 11/28/2019 @ 0738 am	End Date/Time (exact): 11/29/2019 @ 0738 am
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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):

(2.27 mg)(142 mg/l)(8.34) ~ 2688 lbs.

(2.27 mg)(90 mg/l)(8.34) ~ 1704 lbs.

Description of the noncompliance and its cause (be specific):

Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header.

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. Reduced system SRT from 10 to 8 days.

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	142 mg/l	11/28/2019 – 11/29/2019
TSS lbs.	2452 lbs.	2688 lbs.	11/28/2019 – 11/29/2019
BOD mg/l	60 mg/l daily	90 mg/l	11/28/2019 – 11/29/2019

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:** 11/29/2019

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): AK0022951	
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): ADEC hotline
Date/Time Event was Noticed: 11/7/2019 @ 1424 pm		Date/Time Reported: 11/7/19 @ 1500 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): 11/29/2019 @ 0722	End Date/Time (exact): 11/30/2019 @ 0722
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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):
 (2.15 mg)(160 mg/l)(8.34) ~ 2869 lbs.
 (2.15 mg)(214 mg/l)(8.34) ~ 3837 lbs.

Description of the noncompliance and its cause (be specific):
 Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header. .

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. Reduced system SRT from 10 to 8 days.

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.	214 mg/l	11/29/2019 – 11/30/2019
TSS lbs.	2453 lbs. daily max.	3837 mg/l	10/29/2019 – 10/30/2019
BOD mg/l	60 mg/l daily max.	160 mg/l	10/29/2019 – 10/30/2019
BOD lbs.	2452 lbs. daily max	2869 lbs.	10/29/2019 – 10/30/2019

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:** 11/7/2019

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



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): AK0022951	
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): ADEC hotline
Date/Time Event was Noticed: 11/8/2019 @ 1249 pm		Date/Time Reported: 11/8/19 @ 1430 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): 11/30/2019 @ 0800 am	End Date/Time (exact): 11/31/2019 @ 1430 am
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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):
(2.13 mg)(68 mg/l)(8.34) ~ 1208 lbs.

Description of the noncompliance and its cause (be specific):

Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header..

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. Reduced system SRT from 10 to 8 days.

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 max.	68 mg/l	11/30/2019 – 11/31/2019

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

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Name: Jim Westcott **Title:** Senior Operator **Signature:** **Date:** 11/8/2019

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): AK0022951	
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): ADEC hotline
Date/Time Event was Noticed: 11/6/2019 @ 1130 am		Date/Time Reported: 11/6/2019 @ 1145 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): 11/28/2019 @ 0738 am	End Date/Time (exact): 11/29/2019 @ 0738 am
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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):
1.126 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)

Monthly composite sample collection as required in the permit.

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>
Cu mg/l ug/l 49	44.5 ug/l	54 ug/l	10/28/2019 – 10/29/2019

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Monthly composite sample collection as required in the permit.

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:** 11/15/2019

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): AK0022951	
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): NETDMR	
Date/Time Event was Noticed: 11/14/2019 @ 0900 am	Date/Time Reported: 11/15/2019 @ 0800 am	Name of DEC Staff Contacted: 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): 11/1/2019	End Date/Time (exact): 11/31/2019
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
Unknown

Estimated Quantity involved (volume or weight):
Noted below.

Description of the noncompliance and its cause (be specific):

Basins covered in excessive amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header. An abundance of filamentous bacteria have been evident in the system causing poor settling.

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. Reduced system SRT from 10 to 8 days.

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>
Monthly daily max. BOD mg/l	60 mg/l	160 mg/l	10/1/2019 – 10/31/2019
Monthly daily max. BOD lbs.	2452 lbs.	3376 lbs.	10/1/2019 – 10/31/2019
Monthly daily max. TSS mg/l	60 mg/l	240 mg/l	10/1/2019 – 10/31/2019
Monthly daily max. TSS lbs.	2452 lbs.	4704 lbs.	10/1/2019 – 10/31/2019
Monthly ave. BOD mg/l	30 mg/l	74 mg/l	10/1/2019 – 10/31/2019
Monthly ave. BOD lbs.	1226 lbs.	1494 lbs.	10/1/2019 – 10/31/2019
Monthly ave. TSS mg/l	30 mg/l	105 mg/l	10/1/2019 – 10/31/2019
Monthly ave. TSS lbs.	1226 lbs.	2108lbs.	10/1/2019 – 10/31/2019
Weekly ave. max BOD lbs.	1839 lbs.	1850 lbs.	10/1/2019 – 10/31/2019
Weekly avg. BOD mg/l	45mg/l	61mg/l	10/13/2019 - 10/20/2019
Weekly avg. BOD mg/l	45mg/l	127 mg/l	10/20/2019 - 10-26/2019
Weekly avg. BOD mg/l	45mg/l	102mg/l	10/27/2019 - 11/2/2019
Weekly avg. TSS mg/l	45mg/l	50 mg/l	9/29/2019 - 10/5/2019
Weekly avg. TSS mg/l	45 mg/l	85 mg/l	10/6/2019 - 10/12/2019
Weekly avg. TSS mg/l	1839 lbs.	196 mg/l	10/20/2019 - 10/26/2019
Weekly avg. TSS mg/l	45 mg/l	141 mg/l	10/27/2019 – 11/2/2019
Weekly avg. TSS lbs.	1839 lbs.	3640 lbs.	10/20/2019 - 10-26/2019
Weekly avg. TSS lbs.	1839 lbs	2578 lbs.	10/27/2019 – 11/2/2019

Monthly Percent Removal BOD	85 percent	84 percent	10/1/2019 – 10/31/2019
Monthly Percent Removal TSS	85 percent	77 percent	10/1/2019 – 10/31/2019
Monthly avg. copper TR	44.5 ug/l	54 ug/l	10/1/2019 – 10/31/2019

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. Reduced system SRT from 10 to 8 days.

Environmental Damage: (if yes, provide details below) Yes No Unknown

Actual /Potential Impact on Environment/Public Health (describe in detail)

Unknown

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Name: Jim Westcott **Title:** Senior Operator **Signature:**  **Date:** 11/14/2019

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