

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska May 2012

DAY	DATE	FLOWS										INFLUENT										EFFLUENT									
		SBR Influent MGD	SBR Receiving Water Dilution	SBR Ttl Effl MGD	Receiving Water MGD	SBR WASTE MGD	Wind River CFS	precip	TEMP °C	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. mg/L	F.O.G. mg/L	TEMP °C	pH	D.O. mg/L	TURBID NTU	S.S. LBS	B.O.D. LBS	F.O.G. mg/L	FECAL COLIFORM /100 ml	S.S. LBS	B.O.D. LBS	F.O.G. mg/L	FECAL COLIFORM /100 ml				
SUN	28	2.12	4.3	0.67	1.56	1.00	0.0578	12.4	8.2	5.8																					
MON	30	2.19	4.5	0.18	1.75	57.85	0.0752	12.4	8.2	5.8																					
TUE	1	2.18	4.4	0.44	1.75	64.86	0.0744	11.9	7.8	5.9																					
WED	2	2.22	4.5	0.03	1.77	61.22	0.0827	12.6	7.2	7.2																					
THU	3	2.19	4.9	0.09	1.71	67.49	0.0683	12.2	7.2	7.4																					
FRI	4	2.13	4.5	0.36	1.70	72.08	0.0280	12.0	7.7	5.8																					
SAT	5	2.22	4.5	0.21	1.81	68.81	0.0167																								
SUN	6	2.34	4.4	0.44	1.81	80.95	0.0447																								
MON	7	2.44	5.0	0.50	1.93	86.23	0.1137	11.8	8.0	6.7																					
TUE	8	2.80	4.2	0.42	2.14	78.88	0.1689	12.3	8.1	6.5																					
WED	9	2.64	4.3	0.12	1.99	61.93	0.1157	11.8	7.7	6.5																					
THU	10	2.41	4.3	0.19	2.18	68.71	0.0791	11.8	7.3	6.3																					
FRI	11	2.56	4.4	0.73	2.41	73.41	0.1165	12.2	7.6	7.0																					
SAT	12	2.66	4.4	0.59	2.05	57.84	0.0353																								
SUN	13	2.51	4.5	0.06	2.18	65.60	0.0581																								
MON	14	2.49	4.7	0.28	2.18	183.54	0.1213	11.6	7.7	6.4																					
TUE	15	2.37	4.5	0.02	1.78	2.04	57.37	0.1099	12.6	7.5	7.8																				
WED	16	2.23	4.5	0.11	1.82	2.04	52.30	0.1010	11.7	7.5	6.6																				
THU	17	2.21	5.3	0.00	1.57	2.03	50.96	0.0911	11.9	7.6	6.8																				
FRI	18	2.17	4.8	0.12	1.49	1.97	49.86	0.0564	11.7	7.3	6.3																				
SAT	19	2.14	5.1	0.01	1.73	1.94	58.61	0.0907																							
SUN	20	2.03	5.7	0.00	1.59	1.83	57.13	0.0835																							
MON	21	2.16	5.7	0.00	2.77	1.93	93.72	0.1014	11.8	7.7	6.0																				
TUE	22	2.13	5.6	0.09	2.84	1.92	96.55	0.1309	12.0	7.8	5.4																				
WED	23	2.13	5.8	0.21	3.48	1.93	117.48	0.1089	11.5	7.6	7.6																				
THU	24	2.11	4.9	0.00	3.36	1.89	116.84	0.1041	12.3	7.6	7.7																				
FRI	25	2.05	5.6	0.00	3.84	1.89	132.25	0.0879	12.8	7.3	2.5																				
SAT	26	2.06	4.9	0.30	3.53	1.85	124.26	0.0826																							
TOTAL		63.89		6.17	54.22		2.3869																								
MAXIMUM		2.80	5.8	0.73	6.16	2.33	183.5	0.1689	12.6	8.2	7.8																				
MINIMUM		2.03	4.2	0.00	1.49	1.56	1.0	0.0187	11.5	7.2	2.5																				
AVERAGE		2.28	4.8	0.22	2.35	1.94	76.0	0.0852	12.0	7.6	6.4																				
Number of Analyses		28	28	28	28	28	28	28	20	20	20																				

WEEK	WEEKLY AVERAGE					WEEKLY AVERAGE					WEEKLY		% REMOVAL	
	BOD mg/l	TSS lbs	FECAL COLIFORM	F.O.G. lbs	Geo. Mean	BOD mg/l	TSS lbs	FECAL COLIFORM	F.O.G. lbs	Geo. Mean	B.O.D.	FECAL COLIFORM	B.O.D.	FECAL COLIFORM
1	13.2	50	50	727	105	14.2	58	58	799	25	446	110	446	110
2	11.9	44	44	660	10	11.9	33	33	561	19	323	2	323	2
3	13.2	34	34	587	5	13.2	40	40	669	22.3	380	35	380	35
4	14.0	37	37	563	3	14.0	14	14	11	3	3	8	3	8
5														
AVG	22	390	40	639	35	22	390	40	639	35	22	390	40	639
MAX	25	446	50	727	105	25	446	50	727	105	25	446	50	727

2012		2012		2012	
up/L	LBS	mg/L	mg/L	mg/L	LBS
33.0	0.53	8/22/2012	Copper	1.2	0.02
		8/22/2012	Lead	ND	ND
		8/22/2012	Silver	40.0	0.64
		8/22/2012	Zinc	17.0	272
			NHS mg/L		

COMMENTS:
 • GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
 5/22/2012 River Samples pulled, down river fecal 6 per 100ml, up river fecal count 13 per 100ml

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2012	4	29	2012	5	26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Turbidity	*****	*****	*****	*****	*****	*****	0	28	
00070 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****	0		
00300 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	380	446	(26)	*****	*****	*****	0		
00310 1 0 Effluent Gross	1226	2452	lb/d	*****	*****	*****	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	380	*****	(26)	*****	*****	*****	0		
00310 W 0 See Comments	1829	*****	lb/d	*****	*****	*****	0	Twice Per Month	COMP24
pH	*****	*****	*****	*****	*****	*****	0		
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	*****	*****	*****	*****	0		
00410 1 7 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Quarterly	COMP24
Solids, total suspended	669	799	(26)	*****	*****	*****	1		
00530 1 0 Effluent Gross	1226	2452	lb/d	*****	*****	*****		Twice Per Month	COMP24

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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.

Tom Trego
Wastewater Utilities Superintendent
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

907 AREA CODE
586-0393 TELEPHONE
2011 YEAR
6 MO
10 DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/29/2012 through 05/26/2012.

EPA Form 3320-1 (03-99) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 1 OF 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2012	4	29	2012	5	26

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE			
Solids, total suspended	SAMPLE MEASUREMENT	799	(26)	50.3	1		
00530 W 0	PERMIT REQUIREMENT	1829	lb/d	45			
See Comments	SAMPLE MEASUREMENT	272.2	(26)	17.0	0	Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164	lb/d	28.5			
00610 1 0	SAMPLE MEASUREMENT	1963	lb/d	98	0	Once Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	****	Req. Mon. MO AVG			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	****	98	0		
00900 1 6	PERMIT REQUIREMENT	*****	****	Req. Mon. MO AVG			
Effluent Gross	SAMPLE MEASUREMENT	ND	(26)	ND	0		
Silver, total recoverable	PERMIT REQUIREMENT	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX			
01079 1 0	SAMPLE MEASUREMENT	0.641	(26)	40.0	0	Three Per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	0.019	(26)	1.200			
Zinc, total recoverable	SAMPLE MEASUREMENT	0.019	(26)	1.200	0	Three Per Year	COMP24
01094 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX			
Effluent Gross	SAMPLE MEASUREMENT	0.529	(26)	33.0	0		
Lead, total recoverable	PERMIT REQUIREMENT	0.529	(26)	33.0	0	Three Per Year	COMP24
01114 1 0	SAMPLE MEASUREMENT	3.54	lb/d	86.7			
Effluent Gross	PERMIT REQUIREMENT	7.63	lb/d	187			
Copper, total recoverable	SAMPLE MEASUREMENT	0.529	(26)	33.0	0	Once Per Month	COMP24
01119 1 0	PERMIT REQUIREMENT	3.54	lb/d	86.7			
Effluent Gross	PERMIT REQUIREMENT	7.63	lb/d	187			

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Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	907	TELEPHONE
Tom Trego Wastewater Utilities Superintendent	AREA CODE	586-0393
TYPED OR PRINTED	PHONE NUMBER	
	DATE	
	YEAR	2012
	MO	6
	DAY	10

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/29/2012 through 05/26/2012.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS/Include Facility name/Location if different)

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JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

*** NO DISCHARGE


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AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2012	4	29	2012	5	26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Coliform, fecal - % sample exceeds limit	*****	*****	*****	*****	0	(23)	0		
30500 O 0	*****	*****	*****	*****	10	DAILY MX		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	N/A	N/A	0		
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	161	MO GEO	0	Twice Every Week	GRAB
31615 O 0	*****	*****	*****	*****	N/A	N/A	0		
See Comments	*****	*****	*****	*****	13	Req. Mon. DAILY MX	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	N/A	N/A	0		
31615 P 0	*****	*****	*****	*****	200	MO GEO	0	Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	N/A	N/A	0		
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	400	WKLY GEO	0	Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	N/A	N/A	0		
See Comments	*****	*****	*****	*****	400	MO GEO	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	105	WKLY GEO	0	Twice Every Week	GRAB
31615 R 0	*****	*****	*****	*****	35	MO GEO	0	Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	400	MO GEO	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****	*****	0	DAILY MX	0		
45613 1 0	*****	*****	*****	*****	1200	DAILY MX	0	Twice Every Week	GRAB
Effluent Gross	*****	*****	*****	*****	0	DAILY MX	0		
Flow, in conduit or thru treatment plan	*****	*****	*****	*****	Req. Mon. DAILY MX	f=1; N=0	0	Once Per Month	VISUAL
50050 1 0	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	*****	*****	*****	*****	*****	*****	0		
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 the system designed to assure that the 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.								
Tom Trego Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 								
TYPED OR PRINTED	907 AREA CODE 586-0393 TELEPHONE 2012 YEAR 6 MO 10 DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/29/2012 through 05/26/2012.

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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 3 OF 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

AK-002295-1
PERMIT NUMBER

001-A
DISCHARGE NUMBER

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2012	4	29		2012	5	26

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Chlorine, total residual	N/A	(26)	N/A	(28)		0		
50060 S 0	4.09	lb/d	100	ug/l		0	QUARTERLY	COMP24
See Comments	MO AVG		DAILY MX					
Dilution factor	*****	****	76.0	ug/L				
80093 1 0	*****	*****	*****	1U		0	DAILY	MEASRD
Effluent Gross	*****	*****	*****	(23)		0		
BOD, 5-day, percent removal	*****	*****	*****	23			Once Per Month	CALCTD
81010 K 0	*****	*****	*****	%		1		
Percent Removal	*****	*****	*****	(23)				
Solids, suspended percent removal	*****	*****	*****	23			Once Per Month	CALCTD
81011 K 0 0	*****	*****	*****	%				
Percent Removal	*****	*****	*****	(23)		0		
Chlorine usage	N/A	(26)	*****	23			Once Per Month	CALCTD
81400 X 0	*****	*****	*****	%				
End of Chlorine Contact Chamber	*****	*****	*****	(93)		0	DAILY	MEASRD
Oil and grease visual	*****	*****	*****	occur/mo				
84066 1 0	*****	*****	*****	(2G)		0		
Effluent Gross	*****	*****	*****	23			Once Per Month	VISUAL
Toxicity, Chronic	*****	*****	*****	%				
TT000 1 8	*****	*****	*****	23			Once Per Month	COMP24
Effluent Gross	*****	*****	*****	(23)			Semiannual	COMP24

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
Tom Trego
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

TELEPHONE AREA CODE: 907
PHONE NUMBER: 586-0393

DATE: 2012
YEAR: 2012
MO: 6
DAY: 10

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/29/2012 through 05/26/2012.



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):	
Owner or Operator: CBJ		Facility Name: Mendenhall WWTP	Facility Location: Radcliffe RD, Juneau
Person Reporting: Nathan McCombs		Phone Numbers of Person Reporting: 586-0393	Reported How? (e.g. by phone): phone
Date/Time Event was Noticed: 5/29/2012 1300		Date/Time Reported: 5/29/2012 1330	Name of DEC Staff Contacted: Chris Foley
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): 4/29/2012		End Date/Time (exact): 5/26/2012
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:			
Estimated Quantity involved (volume or weight):			
Description of the noncompliance and its cause (be specific): Monthly TSS and % Removal out due to high FOG in the influent.			
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) Stopped the use of detergents and surfactants in the collection system and starting a FOG/Source Control program.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
TSS	30 mg/L monthly	40.4 mg/L	4/29 - 5/26 2012
% Removal	avg. 85%	80%	4/29 - 5/26 2012
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
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)			
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: Nathan McCombs	Title: WWTP Supervisor	Signature: <i>Nathan D. McCombs</i>	Date: 5/29/2012

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

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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):	
Owner or Operator: CBJ	Facility Name: Mendenhall WWTP	Facility Location: Radcliffe Rd	
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 586-0393	Reported How? (e.g. by phone): phone	
Date/Time Event was Noticed: 5/4/2012 1400	Date/Time Reported: 5/4/2012 1500	Name of DEC Staff Contacted: Chris Foley	
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): 4/30/2012 0800	End Date/Time (exact): 5/4/2012 1300	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: Effluent TSS still high, but improving. The filamentous foam is diminishing and the Effluent NTU's are much better.			
Estimated Quantity involved (volume or weight):			
Description of the noncompliance and its cause (be specific):			
The incoming FOG causes the filamentous growth and foam production, which puts colloids in the decants.			
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)			
CBJ is working with TetraTech to develop a FOG and Source Control program.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Effluent TSS	45 mg/L/week	50 mg/L/week	4/30 - 5/4/2012
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)			
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)			
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: Nathan McCombs	Title: WWTP Supervisor	Signature:	Date: 5/7/2012

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