MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau Alaska

December 2015

| DAY SUN MON TUE WED THU FRI SAT SUN MON TUE | DATE 29 30 | FLOWS SBR INFLUENT | piecip | SBR | SBR | 151111511 | Estate 1 | | | | INFLUE | NT | | | | | | | | | EFFLUE | NT | | | |
|---|------------|--------------------|----------|---------|--------|-----------|--|-------|-----------|--------|-----------|---------------|--|---|---|---------|------------|--------------|-------|----------|-----------|------------|----------|---------------|-------|
| SUN MON TUE WED THU FRI SAT SUN MON TUE | 29 | INFLUENT | Diecin | SBR | SBR | | 10.00 | | | | | | | EFFLUENT | | | | | | | | | | | |
| SUN MON TUE WED THU FRI SAT SUN MON TUE | 29 | | precip | | | 1000 | 1000000 | -D.D. | S.S. | S.S | B.O.D | BOD | · · IPS | IPS :: | IP\$ | IPS | | | DO | SS | SS | BOD | BOD | · Turbidity · | FECA |
| MON TUE WED THU FRI SAT SUN MON TUE | 200 | MGD | - piccip | TILEFFL | WASTE | TEMP | . pH | | | | | | TSS | TSS | BOD | B0D | TEMP | pH. | | | | | | On FC | COLIF |
| MON TUE WED THU FRI SAT SUN MON TUE | 200 | | | MGD | MGD | °C ··· | | mg/L: | mg/L: | LBS | mg/L | LBS | mg/L | LBS | mg/L | LBS | °C . | | mg/L | mg/L | LBS | mg/L | LBS | Grab | /100 |
| TUE VED THU FRI SAT SUN MON TUE | 30 | 3.04 | 1.10 | 3.10 | 0.0733 | | | | | | | | | | | | | | | | | | | | |
| WED THU FRI SAT SUN MON TUE | | 3.07 | 0.42 | 3.03 | 0.1303 | 12.3 | 7.2 | 8.0 | 132.0 | 3379.7 | 140.0 | 3584.5 | | | | | 12.8 | 6.8 | 3.3 | 18.0 | 454.9 | 24.0 | 606.5 | 4.6 | 110. |
| THU FRI SAT SUN MON TUE | 1 | 2.80 | 0.19 | 2.83 | 0.1424 | 12.6 | 7.1 | 7.3 | 158.0 | 3689.6 | 200.0 | 4670.4 | | | | | 12.9 | 6.8 | 2.8 | 16.0 | 377.6 | 15.0 | 354.0 | 5.0 | 160. |
| SAT SUN MON TUE | 2 | 2.60 | 0.14 | 2.61 | 0.1309 | 12.7 | 7.1 | 7.1 | 158.0 | 3426.1 | 270.0 | 5854.7 | | | | | 12.6 | 6.8 | 2.6 | 15.0 | 326.5 | 15.0 | 326.5 | | |
| SAT SUN MON TUE | 3 | 2.35 | Т | 2.39 | 0.1346 | 13.2 | 7.5 | 6.9 | 172.0 | 3371.0 | 280.0 | 5487.7 | | | | | 13.5 | 6.9 | 2.8 | 16.0 | 318.9 | 18.0 | 358.8 | | |
| SUN MON TUE | 4 | 2.26 | 0.00 | 2.22 | 0.0862 | 13.2 | 7.3 | 8.0 | 156.0 | 2940.4 | 320.0 | 6031.5 | | | | | 12.9 | 6.9 | 3.1 | 14.0 | 259.2 | 21.0 | 388.8 | | |
| MON TUE | 5 | 2.19 | Т | 2.15 | 0.0925 | | | | | | | | | | | | | | | | | | | | |
| TUE | 6 | 1.96 | т | 1.99 | 0.0775 | | | | | | | | | | | | | | | | | | | | |
| TUE | 7 | 2.09 | 0.34 | 2.12 | 0.1213 | 12.8 | 7.3 | 6.3 | 166.0 | 2893.5 | 220.0 | 3834.7 | | | | | 12.7 | 6.9 | 2.7 | 18.0 | 318.3 | 19.0 | 335.9 | 9.9 | 570 |
| | 8 | 2 15 | 0.10 | 2.00 | 0.1335 | 13.0 | 7.4 | 3.2 | 200.0 | 3586.2 | 370.0 | 6634.5 | | | | | 12.5 | 7.0 | 3.3 | 18.0 | 300.2 | 22.0 | 367.0 | 9.5 | 4000 |
| | 9 | 2.52 | 0.21 | 2.02 | 0.1634 | 14.3 | 7.2 | 7.5 | 200.0 | 3300.2 | 370.0 | 0004.0 | | | | | 13.3 | 6.8 | 2.9 | 10.0 | 500.Z | 22.0 | 001.0 | 19.7 | 560 |
| THU | 10 | 2.32 | T | 2.06 | 0.1142 | 12.0 | 7.2 | 6.4 | | | | | | | | | 13.5 | 6.9 | 4.5 | | | | | 11.0 | 360 |
| FRI | 11 | 2.14 | 0.00 | | | | 1 | | | | | | | | | | | | | | | | | 11.0 | June |
| | - | | | 1.98 | 0.0991 | 12.3 | 7.6 | 7.4 | | | | | | | | | 13.0 | 6.8 | 2.8 | | | | | | - |
| SAT | 12 | 2.10 | 0.10 | 1.90 | 0.0545 | | | | | | | | | | | | | | | | | | | | - |
| SUN | 13 | 2.08 | Т | 1.75 | 0.0608 | | | | | | | | | | | | | | | | | | | | - |
| MON | 14 | 2.16 | 0.20 | 1.91 | 0.0843 | 11.6 | 7.7 | 5.5 | 164.0 | 2954.4 | 200.0 | 3602.9 | 840.0 | 15132.1 | 340.0 | 6124.9 | 12.4 | 6.9 | 2.4 | 16.0 | 254.9 | 19.0 | 302.7 | 8.6 | 44.0 |
| TUE | 15 | 2.18 | 0.01 | 1.89 | 0.0782 | 13.2 | 7.7 | 7.3 | | | | | | | | | 13.0 | 6.9 | 2.9 | | | | | 11.7 | 65.0 |
| WED | 16 | 2.13 | Т | 1.82 | 0.0912 | 11.6 | 7.3 | 2.8 | 236.0 | 4192.4 | 330.0 | 5862.2 | 2600.0 | 46186.9 | 490.0 | 8704.5 | 13.4 | 6.7 | 3.0 | 16.0 | 242.9 | 23.0 | 349.1 | 12.6 | 81.0 |
| THU | 17 | 2.07 | Т | 1.80 | 0.0979 | 12.8 | 7.5 | 6.3 | | | | | | | | | 13.3 | 6.8 | 3.7 | | | | | | |
| FRI | 18 | 2.12 | Т | 1.85 | 0.0983 | 12.1 | 7.5 | 5.2 | | | | | | | | | 12.8 | 6.7 | 3.2 | | | | | | |
| SAT | 19 | 2.05 | 0.00 | 1.74 | 0.0784 | | | | | | | | | | | | | | | | | | | | |
| SUN | 26 | 1.87 | 0.14 | 1.59 | 0.0762 | | | | | | | | | | | | | | | | | | | | |
| MON | 21 | 1.95 | 0.04 | 1.57 | 0.1112 | 12.5 | 7.5 | 5.4 | | | | | | | | | 13.4 | 7.0 | 3.6 | | | | | 11.9 | 3.0 |
| TUE | 22 | 1.98 | 0.06 | 1.69 | 0.0814 | 12.3 | 7.3 | 3.1 | | | | | | | | | 14.1 | 6.9 | 2.0 | | | | | 10.4 | 16.0 |
| WED | 23 | 2.02 | Т | 1.72 | 0.0987 | 12.2 | 7.3 | 8.3 | | | | | | | | | 12.8 | 6.8 | 3.8 | | | | | 12.5 | 31.0 |
| THU | 24 | 1.93 | 0.00 | 1.66 | 0.1043 | 12.0 | 7.4 | 6.4 | | | | | | | | | 12.2 | 6.8 | 2.6 | | | | | | |
| FRI | 25 | 1.90 | 0.01 | 1.61 | 0.1375 | 12.3 | 7.5 | 7.5 | | | | | | | | | 12.5 | 6.8 | 2.9 | | | | | | |
| SAT | 26 | 1.95 | 0.40 | 1.58 | 0.1018 | | | | | | | | | | | | | | | | | | | | |
| SUN | 27 | 1.83 | 0.04 | 1.50 | 0.0567 | | | | | | | | | | | | | | | | | | | | |
| MON | 28 | 1.96 | 0.08 | 1.69 | 0.0923 | 11.1 | 7.9 | 7.2 | 210.0 | 3432.7 | 250.0 | 4086.6 | 5140.0 | 84020.5 | 510.0 | 8336.7 | 13.6 | 6.9 | 4.5 | 15.0 | 211.4 | 23.0 | 324.2 | 8.6 | 15.0 |
| TUE | 29 | 1.92 | 0.16 | 1.65 | 0.0899 | 13.3 | 7.3 | 7.6 | 266.0 | 4259.4 | 360.0 | 5764.6 | 3340.0 | 53482.8 | 710.0 | 11369.1 | 13.5 | 6.8 | 2.8 | 14.0 | 192.7 | 22.0 | 302.7 | 9.9 | 360 |
| WED | 30 | 1.95 | Т | 1.64 | 0.1033 | 13.2 | 7.4 | 7.4 | 226.0 | 3675.4 | 460.0 | 7481.0 | 1510.0 | 24557.1 | 900.0 | 14636.7 | 13.1 | 6.8 | 2.8 | 22.0 | 300.9 | 22.0 | 300.9 | | |
| THU | 31 | 2.07 | 0.20 | 1.76 | 0.1298 | 13.5 | 7.2 | 7.8 | 305.0 | 5265.5 | 510.0 | 8804.5 | 1320.0 | 22788.2 | 720.0 | 12429.9 | 14.4 | 6.8 | 5.0 | 19.0 | 278.9 | 24.0 | 352.3 | | 1 |
| FRI | 1 | 2.01 | 0.15 | 1.69 | 0.1147 | 12.9 | 7.5 | 6.5 | | | | | | | | | 13,5 | 6.7 | 3.1 | | | | † | | |
| SAT | 2 | 2.19 | 0.55 | 1.87 | 0.0935 | | | | | | | | | | | | | | | | | | | | |
| OTAL | 1 | 75.91 | 4.64 | 58.69 | 3.5338 | 200000 | | 77777 | HEALTH. | | 5555 | 115555 | | | | | eterior. | and the same | | | 5655E | 2222161 | 100000 | CONTRACT. | 2000 |
| XIMUN | | 3.07 | 1.10 | 3.10 | 0.1634 | 14.3 | 7.9 | 8.3 | 305.0 | 5265.5 | 510.0 | 8804.5 | 5140.0 | 84020.5 | 900.0 | 14636.7 | 14.4 | 7.0 | 5.0 | 22.0 | 454.9 | 24.0 | 606.5 | 19.7 | 4000 |
| NIMUN | | 1.83 | 0.00 | 1.50 | 0.0545 | 11.1 | 7.1 | 2.8 | 132.0 | 2893.5 | 140.0 | 3584.5 | 840.0 | 15132.1 | 340.0 | 6124.9 | 12.2 | 6.7 | 2.0 | 14.0 | 192.7 | 15.0 | 300.9 | 4.6 | 3.0 |
| | - | | 2000000 | | | | DESCRIPTION OF THE PERSON OF T | | | | | | | 0.0000000000000000000000000000000000000 | 200000000000000000000000000000000000000 | | | 6.7 | | | | | | | + |
| RAGE | | 2.12 | 0.12 | 1.89 | 0.10 | 12.6 | | 6.4 | 201.4 | 3640.5 | | 5676.3 | ACCRECATE OF THE PERSON OF THE | 41027.9 | 611.7 | 10267.0 | 13.1 | | 3.2 | 16.6 | 281.9 | 20.3 | 338.6 | 10.9 | 102 |
| imper (| of Analys | es 35 | 25 | 35 | 35 | 25 | 25 | 25 | 13 | 13 | 13 | 13 | 6 | 6 | 6 | 6 | 25 | 25 | 25 | 13 | 13 | 13 | 13 | 14 | 14 |
| | | | | | | | 20 | | | | 2015 Meta | F 8 2 2 2 2 3 | | | | | WEEKLY AVE | | | WEEKLY | | MOVAL | | | |
| | | | | | | | Hrd. mg/l | 71.0 | 12/1/2015 | 400000 | ug/L | LBS | | | WEEK | BC | - | بعيدين را | S\$ | COLIFORM | B.O.D. | 93.6 | | | |
| | | | | | | | Hrd. mg/l | | | Copper | 15.0 | 0.388 | 12/1/2015 | | | mg/l | tbs | mg/l | Ibs | Geo Mean | S.S. | 91.8 | | | |
| | | | | | | | Alk, mg/l | | | Copper | | | | | 1 | 18.6 | 406.9 | 15.8 | 347.4 | 132.7 | Float | ing Solids | | | |
| | | | | | | | D.O.mg/l | 2.8 | | Lead | | | | | 2 | 20.5 | 351.4 | 18.0 | 309.2 | 823.4 | Waste | e, or Foam | J | | |
| | | | | | | | | | | Silver | | | | | 3 | 21.0 | 325.9 | 16.0 | 248.9 | 61.4 | Pass/Fail | P | | | |
| | | | | | | | Tox. Tuc | | | Zinc | | | | | 4 | | | | | 11.4 | | | | | |
| | | | | | | | | | | | | | | | 5 | 22.8 | 320.0 | 17.5 | 246.0 | 73.5 | | | | | |

---NH3 mg/L 12.0 310.025 12/1/2015

MAX

22.8

406.9

18.0 347.4

823.4

CONTACT NAME: Samantha Stoughtenger

FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd.

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 12/1/2015

TO

12/31/2015

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

| Parameter | | Quantity o | or Loading | Units | Qua | lity or Concentra | ation | Units | No. | Frequency of | Sample Type |
|----------------------------------|------------------|-------------------------|-----------------------|---------|-------------------------|---------------------------|-------------------------|-------|-----|--------------|-----------------|
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | Analysis | |
| Temperature (C) | Sample meas. | ***** | ***** | | ***** | 13.1 | 14.4 | | 0 | | |
| 1 - Final Effluent 00010 | reimit | ***** | ***** | | ***** | Report monthly average | Report daily maximum | DEG.C | | 5X Weekly | Grab |
| Dissolved Oxygen | Sample meas. | ***** | ***** | | 2.0 | ***** | 5.0 | | 0 | | |
| 1 - Final Effluent 00300 | Permit reqmt. | **** | ***** | | Report daily minimum | ***** | Report daily maximum | mg/l | | Monthly | Grab |
| Biochemical Oxygen Demand (BOD5) | Sample meas. | 338.6 | 606.5 | | ***** | 20.3 | 24.0 | | 0 | | |
| 1 - Final Effluent 00310 | Lermin | 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) | Sample meas. | ***** | ***** | | ***** | 314.2 | ***** | | Ö | | |
| G - Influent 00310 | reimit | ***** | ***** | | ***** | Report monthly average | ***** | mg/l | | 2X Monthly | 24-Hr Composite |
| Biochemical Oxygen Demand (BOD5) | Sample meas. | 406.9 | ***** | | ***** | 22.8 | ***** | | 0 | | |
| W - See Comments 00310 | 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 | | TELEPHONE | DATE |
|--|---|----------------------------------|---------------|-------|
| | 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 | SIGNATURE OF PRINCIPAL EXECUTIVE | | |
| TYPED OR PRINTED | are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | OFFICER OR AUTHORIZED AGENT | AREA NUMBER | YIMID |

CONTACT NAME: Samantha Stoughtenger

FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd.

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 12/1/2015

TO

12/31/2015

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

| Parameter | | Quantity of | or Loading | Units | Qua | lity or Concentra | ation | Units | No. | Frequency of | Sample Type |
|------------------------------|------------------|-------------------------|-----------------------|---------|---------------------------------|---------------------------|---------------------------------|-------|-----|--------------|-----------------|
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | Analysis | |
| рН | Sample meas. | ***** | ***** | | 6.7 | ***** | 7.0 | | 0 | | |
| 1 - Final Effluent 00400 | 1 CI IIII | ***** | ***** | | 6.5 instantaneous minimum | ***** | 8.5 instantaneous maximum | S.U. | | 5X Weekly | Grab |
| Alkalinity, Total (as CaCO3) | Sample meas. | ***** | ***** | | ***** | | | | NA | | |
| 1 - Final Effluent 00410 | Permit reqmt. | **** | **** | | ***** | Report monthly average | Report daily maximum | mg/l | | Quarterly | 24-Hr Composite |
| Total Suspended Solids | Sample meas. | 281.9 | 454.9 | | ***** | 16.6 | 22.0 | | 0 | | |
| 1 - Final Effluent 00530 | I CI IIII | 1226 monthly average | 2452 daily maximum | lbs/day | ***** | 30 monthly average | 60 daily maximum | mg/l | | 2X Monthly | 24-Hr Composite |
| Total Suspended Solids | Sample meas. | ***** | ***** | | ***** | 201.4 | ***** | | 0 | | |
| G - Influent 00530 | I CI IIII | ***** | ***** | | ***** | Report monthly average | ***** | mg/l | | 2X Monthly | 24-Hr Composite |
| Total Suspended Solids | Sample meas. | 347.4 | ***** | | ***** | 18.0 | ***** | | 0 | | |
| W - See Comments 00530 | I CI IIII | 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 | | TELEPHONE | DATE |
|--|---|----------------------------------|---------------|-------|
| | 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 | SIGNATURE OF PRINCIPAL EXECUTIVE | | |
| TYPED OR PRINTED | are significant pentles for submitting false information, including the possibility of fine and imprisonment for knowing violations. | OFFICER OR AUTHORIZED AGENT | AREA NUMBER | YIMID |

CONTACT NAME: Samantha Stoughtenger

FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd.

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 12/1/2015

TO

12/31/2015

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

| Parameter | | Quantity o | or Loading | Units | Qua | lity or Concentra | ation | Units | No. | Frequency of | Sample Type |
|-----------------------------|-----------------|-------------------------|-----------------------|---------|---------|---------------------------|-------------------------|-------|-----|----------------------------|-----------------|
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | Analysis | |
| Ammonia Nitrogen (as N) | Sample meas. | 310.0 | 310.0 | | ***** | 12.0 | 12.0 | | 0 | | |
| 1 - Final Effluent 00610 | Permit | 1165 monthly average | 1655 daily maximum | lbs/day | ***** | 28.5 monthly average | 40.5 daily maximum | mg/l | | Monthly | 24-Hr Composite |
| Hardness, Total (as CaCO3) | Sample meas. | ***** | ***** | | ***** | 71.0 | 71.0 | | 0 | | |
| 1 - Final Effluent 00900 | rennit | **** | ***** | | ***** | Report monthly average | Report daily maximum | mg/l | | Monthly | 24-Hr Composite |
| Silver Total Recoverable | Sample meas. | ***** | ***** | | ***** | | | | NA | | |
| 1 - Final Effluent 01079 | rermit | ***** | ***** | | ***** | Report monthly average | Report daily maximum | ug/l | | See Permit Requirements | 24-Hr Composite |
| Zinc Total Recoverable | Sample meas. | ***** | ***** | | ***** | | | | NA | | |
| 1 - Final Effluent 01094 | rermit | ***** | ***** | | ***** | Report monthly average | Report daily maximum | ug/l | | See Permit Requirements | 24-Hr Composite |
| Lead Total Recoverable | Sample meas. | ***** | ***** | | ***** | | | | NA | | |
| 1 - Final Effluent 01114 | Permit | ***** | **** | | ***** | Report monthly average | Report daily maximum | ug/l | | See Permit Requirements | 24-Hr Composite |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were | | TELEPHONE | DATE |
|--|--|----------------------------------|---------------|-------|
| | 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 | SIGNATURE OF PRINCIPAL EXECUTIVE | | |
| TYPED OR PRINTED | are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | OFFICER OR AUTHORIZED AGENT | AREA NUMBER | YIMID |

CONTACT NAME: Samantha Stoughtenger

FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd.

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 12/1/2015

.5

TO

12/31/2015

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

| Parameter | | Quantity o | or Loading | Units | Qua | lity or Concentra | ation | Units | No. | Frequency of | Sample Type |
|---|------------------|---------------------------|-----------------------|---------|---------|----------------------------------|-------------------------|------------|-----|----------------------------|-----------------|
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | Analysis | 220 |
| Copper Total Recoverable | Sample meas. | 0.388 | 0.388 | | ***** | 15.0 | 15.0 | | 0 | | |
| 1 - Final Effluent 01119 | Permit reqmt. | 3.54 monthly average | 7.63 daily maximum | lbs/day | ***** | 86.7 monthly average | 187.0 daily maximum | ug/l | | Monthly | 24-Hr Composite |
| Chronic Toxicity | Sample meas. | ***** | ***** | | ***** | | | | NA | | |
| 1 - Final Effluent TTOOO | Permit reqmt. | ***** | ***** | | ***** | 5.1 monthly average | Report daily maximum | TUC | | See Permit Requirements | 24-Hr Composite |
| Floating solids, waste or visible foam-visual | Sample meas. | ***** | ***** | | ***** | ***** | Р | | 0 | | |
| 1 - Final Effluent 45613 | Permit reqmt. | ***** | ***** | | ***** | ***** | Report value | pass/fail | | Monthly | Visual |
| Flow | Sample meas. | 1.89 | 3.10 | | ***** | ***** | ***** | | 0 | | |
| 1 - Final Effluent 50050 | Permit reqmt. | Report monthly average | 4.9 daily maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample meas. | ***** | ***** | | ***** | 102.4 | 4000.0 | | 5 | | |
| 1 - Final Effluent 74055 | Permit reqmt. | ***** | ***** | | **** | 112 monthly geometric mean | 224 daily maximum | cts/100 ml | | 2X Weekly | Grab |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were | | TELEPHONE | DATE |
|--|---|----------------------------------|---------------|-------|
| | 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 | SIGNATURE OF PRINCIPAL EXECUTIVE | | |
| TYPED OR PRINTED | are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | OFFICER OR AUTHORIZED AGENT | AREA NUMBER | YIMID |

CONTACT NAME: Samantha Stoughtenger

FACILITY: MENDENHALL WW TREATMENT FACILITY

MAILING ADDRESS: 2009 Radcliffe Rd.

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 12/1/2015

2015

12/31/2015

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

NO DISCHARGE:

TO

| Parameter | | Ougatitus | | 11-24- | | | | | | | |
|---|-----------------|------------|------------|--------|---------------|---------------------------------|---------|------------|-----|--------------|-------------|
| rarameter | | Quantity (| or Loading | Units | Qua | lity or Concentra | ation | Units | No. | Frequency of | Sample Type |
| | | Average | Maximum | | Minimum | Average | Maximum | | Ex. | Analysis | |
| Fecal Coliform | Sample meas. | ***** | ***** | | ***** | 823.4 | ***** | | 1 | | |
| W - See Comments 74055 | Lermin | ***** | ***** | | ***** | 168 weekly geometric mean | ***** | cts/100 ml | | 2X Weekly | Grab |
| BOD5 Minimum % Removal | Sample meas. | ***** | ***** | | 93.6 | ***** | ***** | | 0 | | |
| K - Percent Removal 81010 | I CI IIII | **** | ***** | | 85 minimum | ***** | ***** | % | | Monthly | Calculation |
| Total Suspended Solids Minimum % Removal | Sample meas. | ***** | ***** | | 91.8 | ***** | ***** | | 0 | | |
| K - Percent Removal 81011 | reimit | ***** | ***** | | 85 minimum | ***** | ***** | % | | Monthly | Calculation |

| CO | M. | M) | ΕN | IT | S: |
|----|----|----|----|----|----|
| | | | | | |

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 | | TELEPHONE | DATE |
|--|---|----------------------------------|---------------|-------|
| | 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 | SIGNATURE OF PRINCIPAL EXECUTIVE | | 10.38 |
| TYPED OR PRINTED | are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | OFFICER OR AUTHORIZED AGENT | AREA NUMBER | YIMID |



City and Borough of Juneau Wastewater Utility 2009 Radcliffe Rd. Juneau, AK 99801 Phone (907) 586-0393 Fax (907-789-1681

31 December 2015

Alaska Department of Environmental Conservation Division of Water 555 Cordova Street Anchorage, AK 99501-2617

Reference: permit # AK-0022951

Please find enclosed with the December 2015 the following information:

- Copies of Noncompliance Notifications for the following dates: 07 December, 08
 December, 09 December, 10 December
- Noncompliance Notification for the week of 06 December through 12 December (exceedance of weekly coliform limit).

If you have any questions, please do not hesitate to contact me or Karen Sewell at 907-586-0393.

Sincerely,

Grieko Tempel Senior Wastewater Treatment Operator CBJ Wastewater Utility 2009 Radcliffe Road Juneau, AK 99801 Rico.Tempel@Juneau.org



555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

| | | | | | | ` | |
|---|--|--|---|---|---|---|--|
| GENERAL INFORMATION | | | | any): AK-0022951 | | | |
| Owner or Operator: City and Borough of Juneau | | | | | Facility Location: 2009 Radcliffe Road, Juneau AK 99801 | | |
| Person Reporting: Grieko Tempel | P 90 | Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203 | | | Reported How? (e.g. by phone): Called DEC Hot-line 907-269-114 | | |
| Date/Time Event was Noticed: 21 December 2015 at 0740 AM | D 21 | Date/Time Reported: 21 December 2015 at 0126 PM | | | Name of DEC Staff Contacted: Called DEC Hot-line 907-269-114 | | ted: 9-114 |
| VERBAL NOTIFICATION MU | ST BE MAI | DE TO ADEC WITHI | N 24 HOURS OF D | ISCOVI | ERY OF N | ONCOMPLIANC | F |
| 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 State | rt Date/Tim | Fime (exact): 07 December at 0900AM End Date/Ti | | | Date/Time | Time (exact): 07 December at 0900AM | |
| If noncompliance has not been co N/A | rrected, pr | ovide a statement rega | arding the anticipate | d time t | he noncon | ipliance is expecte | d to continue: |
| Estimated Quantity involved (vol 100 ml (sample volume. | ume or wei | ght): | | | • | | |
| Description of the noncompliance | and its cau | ise (be specific): | | | | | |
| Exceedance of the daily fecal colife Actions taken to reduce, eliminate | | | | | | | |
| notice). All UV-lamps (3 UV bank normal range. We started to measur coliform results. The effluent chant the geometry of the gate, allowing i decants, and so fouling up the sleev during the decant phase the water leflowing through the UV channel (direplaced the UV channel recirculati | re the effluer nel Automat t to leak too es which rec evel in the U istance betwon on pumps (a | th transmissivity on 26 cic Level Gate (ALG) we much water by between duces UVC rays transmive channel was too high een the top layer of the tiding in keeping the top | October 2015 to furth as repaired on 9 Dece on decants. This result ittance of the sleeves at this resulted in inact water flow and the to UV-lamps submerger | er investember 20 ed in the (sleeves dequate of p UV land ed between | igate the po 115. The fra top UV-lar were gettin disinfection | ossible cause of the ame of the ALG wa mps/sleeves to be end too hot). We also not the top layer of the top layer of the top layer. | erratic high fecal is bent, changing xposed between o discovered that |
| Permit Condition Deviation (Iden | | | | | | | ut . |
| Parameter (e.g. BOD pH) | Permit I | <u>Limit</u> | Exceedance (samp | le result |) | Sample Date | |
| Fecal coliform | 224 col/ | 100ml | 570 col/100ml | | | 07 December 201 | 5 |
| | | | | | | * | |
| Corrective Actions (Attach a desc chances of recurrence.) Changed a recirculation pumps. Preliminary fee | II U V lamps | and top sleeves. Repai | red Automatic Level | Gate, Re | naired and | replaced the LIV of | lize or eliminate |
| Environmental Damage: (if yes, provide details below) Yes No Unknown | | | | | aknown | | |
| Actual /Potential Impact on Envir | | | | | | | |
| 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: Grieko Tempel | Title: Se | enior Operator | Signature | | *** | Date: | 21 Dec. 2015 |



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.

| | | | | | 11101 | | | | |
|--|---|--|--|---|---|--|-----------------------------------|--|--|
| GENERAL INFORMATION | | | PERMIT# (if any): AK-0022951 | | | | | | |
| Owner or Operator: City and Borough of Juneau | | Facility Name: Mendenhall Wastewater Treatment Plant | | Facility Location: 2009 Radcliffe Road, Juneau AK 99801 | | u AK 99801 | | | |
| Person Reporting: Grieko Tempel | | Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203 | | Reported How? (e.g. by phone): Called DEC Hot-line 907-269-114 | | i one): 59-114 | | | |
| Date/Time Event was Noticed 21 December 2015 at 0742 AM | | Date/Time Reported: 21 December 2015 at 0126 PM | | Name of DEC Staff Contacted: Called DEC Hot-line 907-269-114 | | eted: 59-114 | | | |
| 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/T | Fime (exact): 08 December at 1003 AM End Date/ | | | ate/Time (e | e/Time (exact): 08 December at 1003 AM | | | |
| If noncompliance has not been N/A | | | arding the anticipa | ited time tl | he noncomp | oliance is expecte | ed to continue: | | |
| Estimated Quantity involved 100 ml (sample volume. | (volume or v | veight): | | ² | | | | | |
| Description of the noncomplia | nce and its | cause (be specific): | | | | | | | |
| Exceedance of the daily fecal co | | | | | | | | | |
| coliform results. The effluent of the geometry of the gate, allowing decants, and so fouling up the sliduring the decant phase the water flowing through the UV channel replaced the UV channel recircular than the condition Deviation (I). | eeves which er level in the l (distance be llation pumps | reduces UVC rays transme to UV channel was too high tween the top layer of the s (aiding in keeping the top | ittance of the sleeven. This resulted in it water flow and the UV-lamps submer | of the in the est (sleeves and equate ditop UV langed between | top UV-lam were getting lisinfection of | ps/sleeves to be e too hot). We also of the top layer of | exposed between o discovered that | | |
| Permit Condition Deviation (In Parameter (e.g. BOD pH) | Down | it Limit | | | | | | | |
| Fecal coliform | | 1 | Exceedance (sam | iple result) | 2 | Sample Date | | | |
| | 1 | ol/100ml | 4000 col/100ml | | | 08 December 201 | | | |
| Corrective Actions (Attach a d chances of recurrence.) Change recirculation pumps. Preliminary | u all U v lall | ins and fon sieeves, Renai | red Alliamatic Leve | I linta Day | animad and a | | nize or eliminate hannel | | |
| Environmental Damage: (if y | | | T Yes | | No | | nknown | | |
| Actual /Potential Impact on En | vironment/l | Public Health (describe i | n detail): Unknowr | 1 | | - 17 01 | IKIIOWII | | |
| I certify under penalty of law that to assure that qualified personnel p system, or those persons directly reaccurate, and complete. I am aware knowing violations. | sponsible for | gathering the information | on submitted. Based | on my inqu | ury of the pe | rson or persons wh | no manage the | | |
| Name: Grieko Tempel | Title: | Senior Operator | Signature | 4 | | Date: | 21 Dec. 2015 | | |



555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

| GENERAL INFORMATION | PERMIT# (if any): | AK-0022951 | | | |
|--|--|---|--|--|--|
| Owner or Operator: | Facility Name: | acility Name: | | Facility Location: | |
| City and Borough of Juneau | The state of the s | | | dcliffe Road, Juneau AK 99801 | |
| Person Reporting: Grieko Tempel | Phone Numbers of 907-586-0393 or 907 | Person Reporting: 7-723-2203 | Reporte Called D | Reported How? (e.g. by phone): Called DEC Hot-line 907-269-114 | |
| Date/Time Event was Noticed: | Date/Time Reported | d: | Nama of | DEC Staff Contacted: | |
| 21 December 2015 at 0744 AM | 21 December 2015 a | 5 at 0126 PM Called I | | EC Hot-line 907-269-114 | |
| VERBAL NOTIFICATION MUS | ST BE MADE TO ADEC WI | THIN 24 HOURS OF DIS | SCOVERY OF | NONCOMPLIANCE | |
| INCIDENT DETAILS (atta | ach additional sheets, la | b reports, and photos | as necessary | 7) | |
| Period of Noncompliance Star | rt Date/Time (exact): 09 Decer | ime (exact): 09 December at 1233 PM End Date/Time (exact): 09 December at 12 | | | |
| If noncompliance has not been co N/A | rrected, provide a statement | regarding the anticipated | time the noncor | mpliance is expected to continue: | |
| Estimated Quantity involved (volume). | ume or weight): | | | | |
| Description of the noncompliance | and its cause (be specific): | | | | |
| Exceedance of the daily fecal colifo | orm limit, caused by inadequate | disinfection. | | | |
| the geometry of the gate, allowing it | t to leak too much water hy hen | was repaired on 9 Decen | ober 2015. The fr | rame of the ALG was bent, changing | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeve during the decant phase the water le flowing through the UV channel (direplaced the UV channel recirculation) | to leak too much water by better which reduces UVC rays transvel in the UV channel was too stance between the top layer of on pumps (aiding in keeping the | was repaired on 9 Decen ween decants. This resulted insmittance of the sleeves (shigh. This resulted in inade the water flow and the top top UV-lamps submerged | the first the fi | ame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that n of the top layer of the effluent | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeved during the decant phase the water less flowing through the UV channel (directly channel the UV channel recirculation). Permit Condition Deviation (Identification) | to leak too much water by better which reduces UVC rays transvel in the UV channel was too stance between the top layer of on pumps (aiding in keeping the | ween decants. This resulted meen decants. This resulted in smittance of the sleeves (shigh. This resulted in inade the water flow and the top to top UV-lamps submerged etected during the event.) | nber 2015. The fr d in the top UV-lasteeves were getti equate disinfection UV lamps was to d between decants | rame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that in of the top layer of the effluent too large). We also repaired and is). | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeve during the decant phase the water le flowing through the UV channel (direplaced the UV channel recirculation). Permit Condition Deviation (Identification). | to leak too much water by bete es which reduces UVC rays trai vel in the UV channel was too is stance between the top layer of on pumps (aiding in keeping the | was repaired on 9 Decen ween decants. This resulted insmittance of the sleeves (shigh. This resulted in inade the water flow and the top top UV-lamps submerged | nber 2015. The fr d in the top UV-lasteeves were getti equate disinfection UV lamps was to d between decants | ame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that n of the top layer of the effluent | |
| the geometry of the gate, allowing it | to leak too much water by bete to leak too much water by bete es which reduces UVC rays trait vel in the UV channel was too stance between the top layer of on pumps (aiding in keeping the tify each permit condition exc | was repaired on 9 December of the sleeves (shigh. This resulted in inade the water flow and the top to top UV-lamps submerged eeeded during the event.) Exceedance (sample) | nber 2015. The fr d in the top UV-lasteeves were getti equate disinfection UV lamps was to d between decants | rame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that in of the top layer of the effluent too large). We also repaired and is). Sample Date | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeve during the decant phase the water le flowing through the UV channel (direplaced the UV channel recirculation) Permit Condition Deviation (Identification) Fecal coliform Corrective Actions (Attach a describances of recurrence.) Changed all | to leak too much water by better to leak too much water by better to heak too much water by better to leak too much water by better was too it stance between the top layer of on pumps (aiding in keeping the tify each permit condition exception pumps) Tiption of corrective actions tall UV lamps and top sleeves. Re | ween decants. This resulted in semittance of the sleeves (shigh. This resulted in inade the water flow and the top to the top UV-lamps submerged eeded during the event.) Exceedance (sample 560 col/100ml | to normal oper | ame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that in of the top layer of the effluent coolarge). We also repaired and ss). Sample Date 09 December 2015 | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeve during the decant phase the water le flowing through the UV channel (direplaced the UV channel recirculation) Permit Condition Deviation (Identification) Permit Condition Deviation (Identification) Fecal coliform | to leak too much water by better wel in the UV channel was too is stance between the top layer of on pumps (aiding in keeping the least permit condition except the least permit limit with the least permit limit with lamps and top sleeves. Real coliform laboratory results of | ween decants. This resulted insmittance of the sleeves (shigh. This resulted in inade the water flow and the tope top UV-lamps submerged eeded during the event.) Exceedance (sample 560 col/100ml aken to restore the system epaired Automatic Level G f the next week have show | to normal oper ate. Repaired and improvement in the first fi | ame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that in of the top layer of the effluent too large). We also repaired and is). Sample Date 09 December 2015 ation and to minimize or eliminate if replaced the UV channel in disinfection. | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeve during the decant phase the water le flowing through the UV channel (direplaced the UV channel recirculation of th | to leak too much water by better wel in the UV channel was too is stance between the top layer of on pumps (aiding in keeping the tify each permit condition exceed the permit Limit 224 col/100ml and top sleeves. Real coliform laboratory results of the permit condition to brovide details below) | ween decants. This resulted in smittance of the sleeves (shigh. This resulted in inade the water flow and the top to the top UV-lamps submerged eeded during the event.) Exceedance (sample 560 col/100ml Exceedance the system epaired Automatic Level G of the next week have shown | to normal oper | ame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that in of the top layer of the effluent coolarge). We also repaired and ss). Sample Date 09 December 2015 | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeve during the decant phase the water le flowing through the UV channel (direplaced the UV channel recirculation replaced the UV channel recirculation recirculation recirculation pumps. Preliminary feet recirculation pumps. | to leak too much water by better to leak too much water by better water by better water by better was too it in the UV channel was too it stance between the top layer of on pumps (aiding in keeping the tify each permit condition exceed the permit Limit 224 col/100ml 224 col/100ml 224 col/100ml 225 color was and top sleeves. Real coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit color was all coliforms and all attachments we carly gather and evaluate the information in sible for gathering the information was all colors and the permit condition was all attachments we carly gather and evaluate the information in the permit condition was all the permit conditions. | ween decants. This resulted in inade the water flow and the top is the water flow and the top is top UV-lamps submerged in the water flow and the top is top UV-lamps submerged in the water flow and the top is top UV-lamps submerged in the water flow and the top is top UV-lamps submerged in the water flow and the event.) Exceedance (sample 560 col/100ml Exceedance (sample 560 col/100ml Yes be in detail): Unknown The prepared under my directimation submitted. Based on the information submitted. Based on the information submitted in the information submitted in the information submitted in the information submitted. | result) to normal operate. Repaired and improvement in Improvemen | ame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that in of the top layer of the effluent pool large). We also repaired and is. Sample Date 09 December 2015 ation and to minimize or eliminate in replaced the UV channel in disinfection. Unknown | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeve during the decant phase the water le flowing through the UV channel (direplaced the UV channel recirculation replaced the UV channel recirculation (Identification Permit Condition Deviation (Identification Permit Condition Permit Condition Deviation (Identification Permit Condition Permit Permit Condition Permit Permit Condition Permit P | to leak too much water by better to leak too much water by better water by better water by better was too it in the UV channel was too it stance between the top layer of on pumps (aiding in keeping the tify each permit condition exceed the permit Limit 224 col/100ml 224 col/100ml 224 col/100ml 225 color was and top sleeves. Real coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit condition was all coliform laboratory results of the permit color was all coliforms and all attachments we carly gather and evaluate the information in sible for gathering the information was all colors and the permit condition was all attachments we carly gather and evaluate the information in the permit condition was all the permit conditions. | ween decants. This resulted in inade the water flow and the top is the water flow and the top is top UV-lamps submerged in the water flow and the top is top UV-lamps submerged in the water flow and the top is top UV-lamps submerged in the water flow and the top is top UV-lamps submerged in the water flow and the event.) Exceedance (sample 560 col/100ml Exceedance (sample 560 col/100ml Yes be in detail): Unknown The prepared under my directimation submitted. Based on the information submitted. Based on the information submitted in the information submitted in the information submitted in the information submitted. | result) to normal operate. Repaired and improvement in Improvemen | ame of the ALG was bent, changing amps/sleeves to be exposed between ing too hot). We also discovered that in of the top layer of the effluent pool large). We also repaired and solutions. Sample Date 09 December 2015 ation and to minimize or eliminate in replaced the UV channel in disinfection. Unknown in accordance with a system designed person or persons who manage the | |



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.

| | TOTAL ON LIA | TICE NOTIFIC | AHU | 11 |
|--|--|--|--|---|
| GENERAL INFORMATION | PERMIT# (if any): A | K-0022951 | | |
| Owner or Operator: City and Borough of Juneau | Facility Name: Mendenhall Wastewate | | Facility | Location: |
| Person Reporting: | | | 2009 Ra | deliffe Road, Juneau AK 99801 |
| Grieko Tempel | Phone Numbers of Pe 907-586-0393 or 907-7 | rson Reporting: | Reporte | d How? (e.g. by phone): |
| Date/Time Event was New L | | | Called D | DEC Hot-line 907-269-4114 |
| ate/Time Event was Noticed: December 2015 at 0314 PM Date/Time Reported: 21 December 2015 at 0332 PM | | | Name of Called D | F DEC Staff Contacted: DEC Hot-line 907-269-4114 |
| VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISC | | | | MONICOMPLYANCE |
| INCIDENT DETAILS (atta | ch additional sheets, lab | reports, and photos as | DAGGGGG | NONCOMPLIANCE |
| Period of Noncompliance Start | per at 0113 PM Enc | l Date/Time | e (exact): 10 December at 0113 DM | |
| If noncompliance has not been cor N/A | | garding the anticipated time | e the nonco | mpliance is expected to continue: |
| Estimated Quantity involved (volu 100 ml (sample volume). | me or weight): | , , , , , , , , , , , , , , , , , , , | | |
| Description of the noncompliance | and its cause (be specific): | | | |
| Exceedance of the daily fecal colifor Actions taken to reduce, eliminate, (describe in detail) (e.g. Supplied d | m limit, caused by inadequate di | | | |
| the geometry of the gate, allowing it decants, and so fouling up the sleeves during the decant phase the water lev flowing through the UV channel (dist replaced the UV channel recirculation | to leak too much water by between the leak too much water by between the water by transrivel in the UV channel was too high transe between the top layer of the pumps (aiding in keeping the total). | then decants. This resulted in the mittance of the sleeves (sleeve gh. This resulted in inadequate e water flow and the top UV top UV-lamps submerged between the control of the submerged between the control of the co | 2015. The fr ne top UV-la es were getti e disinfectio | amps/sleeves to be exposed between ing too hot). We also discovered that n of the top layer of the effluent |
| Permit Condition Deviation (Identi | fy each permit condition excee | ded during the event.) | | |
| Parameter (e.g. BOD pH) | Permit Limit | Exceedance (sample resu | lt) | Sample Date |
| Fecal coliform | 224 col/100ml | 360 col/100ml | | 10 December 2015 |
| | | | | |
| Corrective Actions (Attach a descri chances of recurrence.) Changed all recirculation pumps. Preliminary fecal | ption of corrective actions take UV lamps and top sleeves. Repa I coliform laboratory results of the | en to restore the system to no uired Automatic Level Gate. Find next week have shown imp | ormal opera | ation and to minimize or eliminate replaced the UV channel |
| Environmental Damage: (if yes, pr | ovide details below) | | No | |
| Actual /Potential Impact on Environ | ment/Public Health (describe | in detail): Unknown | 1 110 | ✓ Unknown |
| certify under penalty of law that this do to assure that qualified personnel properly system, or those persons directly responsticturate, and complete. I am aware that the knowing violations. Name: Grieko Tempel | sible for gathering the information | the information submitted is, the information submitting false information, including the submitting false information. | quiry of the p | person or persons who manage the |
| - | Demoi Operator | Signature | | Date: 21 Dec. 2015 |



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.

| | | | | | 0.00 | |
|---|--|---|--|---|---|---|
| GENERAL INFORMATIO | N | PERMIT# (if any): AK- | -0022951 | 7. 14. | | |
| Owner or Operator: | | Facility Name: | | | Facility Location: | |
| City and Borough of Juneau | | Mendenhall Wastewater | Treatment Plant | 2009 Ra | 9 Radcliffe Road, Juneau AK 99801 | |
| Person Reporting: Grieko Tempel | | Phone Numbers of Person Reporting: 907-586-0393 or 907-723-2203 | | | Reported How? (e.g. by phone): With DMR December 2015 | |
| Date/Time Event was Notice 21 December 2015 at 0355 PM | | Date/Time Reported: With DMR December 2015 | | Name of N/A | Name of DEC Staff Contacted: N/A | |
| VERBAL NOTIFICATION | MUST BE M | IADE TO ADEC WITHI | N 24 HOURS OF D | ISCOVERY OF | NONCOMPLIANC | E |
| INCIDENT DETAILS | | | | | | |
| Period of Noncompliance | | | | | | |
| If noncompliance has not be N/A | en corrected, | provide a statement rega | rding the anticipate | d time the nonco | mpliance is expected | l to continue: |
| Estimated Quantity involved 400 ml (sample volume). | l (volume or v | weight): | | | | |
| Description of the noncompl | iance and its | cause (be specific): | #13/4/ | | | , |
| Exceedance of the weekly feca | al coliform lin | nit, caused by inadequate d | isinfection. | | | |
| notice). All UV-lamps (3 UV normal range We started to n coliform results. The effluent the geometry of the gate, allow decants, and so fouling up the during the decant phase the wa flowing through the UV channel recircular replaced the UV channel recircular to the condition Deviation | neasure the effichannel Autoving it to leak sleeves which ater level in the lel (distance boulation pump | fluent transmissivity on 26 matic Level Gate (ALG) w too much water by between reduces UVC rays transme UV channel was too high etween the top layer of the is (aiding in keeping the top | October 2015 to furting as repaired on 9 Decin decants. This result ittance of the sleeves at this resulted in inal water flow and the to UV-lamps submerg | her investigate the ember 2015. The feed in the top UV-1 (sleeves were gette dequate disinfection UV lamps was to de between decand | possible cause of the rame of the ALG was amps/sleeves to be ex- ing too hot). We also on of the top layer of too large). We also re | e erratic high fecal s bent, changing xposed between o discovered that the effluent |
| Parameter (e.g. BOD pH) | | nit Limit | Exceedance (samp | · | Sample Date | |
| Weekly fecal coliform limit | NS | col/100ml | 823 col/100ml | | | ough 10 December |
| Corrective Actions (Attach a chances of recurrence.) Chan recirculation pumps. Prelimina | ged all UV la | mps and top sleeves. Repai | red Automatic Level | Gate. Repaired an | d replaced the UV ch | ize or eliminate |
| Environmental Damage: (if yes, provide details below) | | | | | ₩ Ur | nknown |
| Actual /Potential Impact on | Environment | Public Health (describe i | in detail): Unknown | | u. | |
| I certify under penalty of law that to assure that qualified personne system, or those persons directly accurate, and complete. I am aw knowing violations. | l properly gath responsible fo | er and evaluate the information, gathering the information, | ion submitted. Based of the information submit | on my inquiry of the | e person or persons who f my knowledge and t | no manage the belief, true. |
| Name: Grieko Tempel | Title: | Senior Operator | Signature | · · · · · · · · · · · · · · · · · · · | Date: | 21 Dec. 2015 |



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program 555 Cordova Street Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

| GENERAL INFORMATIO | N | PERMIT# (if any): AK | 002295-1 | | | | |
|---|--|--|---|--|---|--|--|
| Owner or Operator: City and Borough of Juneau | | Facility Name: Mendenhall WWTP | | | Facility Location: Juneau, AK | | |
| Person Reporting: Jim Westcott | 7 | Phone Numbers of Perso 907-586-0393 | on Reporting: | | Reported How? (e.g. by phone): Compliance. hot-line 1-907-269-4114 | | |
| Date/Time Event was Notice 01/07/2016 at 1526 I | | Date/Time Reported: 01/08/2016 at 1350 PM | | State of the state | Name of DEC Staff Contacted: Compliance hot-line 1-907-269-4114 | | |
| VERBAL NOTIFICATION | MUST BE M | MADE TO ADEC WITHIN | N 24 HOURS OF DI | SCOVERY OF N | ONCOMPLIANCE | | |
| INCIDENT DETAILS | (attach ad | ditional sheets, lab re | ports, and photo | s as necessary) | | | |
| Period of Noncompliance | Period of Noncompliance Start Date/Time (exact):12/29/2015 @ 0950 AM | | | End Date/Time (exact): 12/29/2015 @ 0950 AM | | | |
| If noncompliance has not be N/A | en corrected, | provide a statement rega | rding the anticipated | d time the noncom | pliance is expected to continue: | | |
| Estimated Quantity involved 100 ml (sample volume) | (volume or | weight): | | y | | | |
| Description of the noncompl | iance and its | cause (be specific): | | | | | |
| Daily maximum fecal coliforn | n violation | | | | | | |
| Actions taken to reduce, elin (describe in detail) (e.g. Suppotice) | ninate, and p olied drinkin | revent reoccurrence of no g water to nearby well ow | ncompliance and Ac ners and informed v | ctual/Potential Imp well owners not to | pact on Environmental Health drink from wells until further | | |
| Adjusted effluent channel auto | omatic level g | ate | | s _{i,} | | | |
| Permit Condition Deviation | (Identify eac | h permit condition exceed | ed during the event. |) | | | |
| Parameter (e.g. BOD pH) | Perr | nit Limit | Exceedance (samp | le result) | Sample Date | | |
| Fecal Coliform | 224 | col/100 ml | 360 col/100 ml | | 12/29/2015 | | |
| | 0.0 | | | | | | |
| | | | | | . , , | | |
| Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) | | | | | | | |
| Adjusted effluent channel automatic level gate | | | | | | | |
| Environmental Damage: (if yes, provide details below) | | | | | | | |
| Actual /Potential Impact on | Environment | t/Public Health (describe i | n 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: Randall Brown | Title: | Supervisor | Signature: 1/2 | woll & | Date: 1/11/2016 | | |
| FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. | | | | | OF THE EVENT. | | |