

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska October 2016

DAY	DATE	FLOWS			Influent										Effluent										
		SBR INFLUENT MGD	precip	SBR TTL EFFL MGD	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	IPS TSS mg/L	IPS TSS LBS	IPS BOD mg/L	IPS BOD LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	Turbidity on FC Grab	FECAL COLIFORM /100 ml
Sat	1	2.00	0.00	1.99	0.0984																				
Sun	2	1.82	0.00	1.88	0.0595																				
Mon	3	2.00	0.00	1.97	0.0647	15.2	7.3	5.8	172	2869	250	4170	1060	17681	450	7506	15.3	7.0	3.3	10	164	17	279	5.7	3
Tue	4	1.98	T	1.91	0.0922	16.5	7.3	6.0	224	3699	330	5449	480	7596	350	5780	15.7	7.0	2.8	11	175	16	255	9.9	28
Wed	5	1.89	T	1.93	0.0879	14.9	7.9	6.0	304	4792	490	7724					15.7	7.0	2.7	17	274	26	419		
Thu	6	1.91	0.00	1.89	0.1071	15.9	7.2	5.2	208	3313	370	5894	880	14018	840	13381	16.3	6.9	2.4	21	331	28	441		
Fri	7	1.87	0.00	1.84	0.1028	15.5	7.4	5.8	172	2682	250	3899	1480	23082	390	6082	16.1	6.9	2.5	22	338	24	368		
Sat	8	1.81	0.00	1.75	0.0521																				
Sun	9	1.75	0.00	1.67	0.0932																				
Mon	10	1.85	0.00	1.83	0.0659	15.0	7.5	8.8	187	2885	210	3240	850	13115	360	5554	15.6	7.1	5.3	10	153	18	275	3.6	13
Tue	11	1.80	0.00	1.74	0.0898	16.4	7.2	6.5	233	3498	450	6755	1280	19215	650	9758	15.9	6.9	2.6	14	203	22	319	9.2	16
Wed	12	1.69	0.00	1.61	0.1254	16.2	7.2	6.3	267	3763	620	8739	540	7811	550	7752	16.5	6.9	1.8	25	336	74	994		
Thu	13	1.72	0.00	1.66	0.1452	16.4	7.5	5.8	320	4590	620	8894	870	12480	600	8607	15.5	7.0	2.6	31	429	72	997		
Fri	14	1.70	0.00	1.62	0.1306	15.2	7.4	6.2	272	3856	500	7089	580	8223	680	9641	16.0	6.9	5.0	25	338	39	527		
Sat	15	1.63	0.37	1.44	0.0785																				
Sun	16	1.59	1.02	1.53	0.0791																				
Mon	17	1.84	0.16	1.87	0.0743	13.8	7.8	5.7	202	3100	220	3376	410	6292	380	5831	15.2	7.0	3.5	11	172	21	328	5.3	3
Tue	18	2.06	0.35	1.94	0.0989	14.4	7.3	6.1	193	3316	250	4295	313	5377	330	5670	15.3	6.9	2.7	9	146	15	243	6.9	3
Wed	19	1.92	0.15	2.01	0.1033	15.6	7.2	8.8	153	2450	310	4984	307	4916	370	5925	15.2	6.8	2.4	14	235	27	453		
Thu	20	1.90	0.06	1.91	0.1174	15.1	7.0	5.8	240	3803	390	6180	450	7131	510	8081	15.4	6.8	2.6	12	191	17	271		
Fri	21	1.79	0.06	1.78	0.0928	15.3	7.4	5.7	200	2986	360	5374	530	7912	560	8360	15.6	6.8	2.8	13	193	20	297		
Sat	22	1.77	0.31	1.66	0.0658																				
Sun	23	1.81	0.02	1.75	0.0718																				
Mon	24	1.80	0.05	1.75	0.0798	14.4	9.0	5.6	203	3047	220	3303	1450	21767	380	5705	15.0	6.9	5.7	12	175	14	204	5.3	2
Tue	25	1.79	0.00	1.73	0.0947	15.0	7.0	4.8	260	3881	290	4329	1540	22990	370	5624	15.0	6.9	3.0	17	245	15	216	5.7	2
Wed	26	1.79	0.03	1.65	0.1086	15.0	7.1	4.9	250	3732	390	5822					14.7	6.8	2.6	12	165	17	234		
Thu	27	1.71	0.01	1.71	0.0997	15.9	7.3	4.9	260	3708	460	6560	550	7844	480	6560	15.1	6.8	3.8	16	228	18	257		
Fri	28	1.65	0.00	1.85	0.0983	13.4	7.2	5.7	205	2821	390	5367	507	6977	430	5917	15.6	6.9	3.6	13	179	21	289		
Sat	29	1.69	T	1.65	0.0794																				
Sun	30	1.59	0.00	1.51	0.0589																				
Mon	31	1.70	T	1.54	0.0784	13.0	7.4	6.4	200	2836	240	3403	350	4982	300	4253	14.6	6.9	4.4	10.0	128	17	218		1
TOTAL		55.82	2.59	54.37	2.7955																				
MAXIMUM		2.06	1.02	2.01	0.145	16.5	9.0	8.8	320	4792	620	8894	1540	23082	840	13381	16.5	7.1	5.7	31	429	74	997	9.9	28
MINIMUM		1.59	0.00	1.44	0.052	13.0	7.0	4.8	153	2450	210	3240	307	4916	300	4253	14.6	6.8	1.8	9	128	14	204	3.6	1
AVERAGE *		1.80	0.10	1.75	0.090	15.1		6.0	225	3411	362	5468	759	11536	472	7152	15.5		3.2	15	228	26	375	6.5	4
Number of Analyses		31	27	31	31	21	21	21	21	21	21	21	19	19	19	19	21	21	21	21	21	21	21	9	9

Oct. 2nd-29th used to calculate wkly avgs only.
Oct. 1st-31st used for all monthly calculations and entries.

2016	
Hrd. mg/l	79
Hrd. mg/l	NA
Alk. mg/l	NA
NH3 mg/l	17

2016 Metals	
mg/L (ppm)	LBS
Copper	16.0
Copper	0.26
Lead	NA
Silver	NA
Zinc	NA

% REMOVAL	
B.O.D.	93
S.S.	93
Floating Solids	
Waste, or Foam	
Pass/Fail	P

WEEKLY AVERAGE					
WEEK	BOD		TSS		WEEKLY COLIFORM Geo. Mean
	mg/l	lbs	mg/l	lbs	
1	22	352	16	258	9
2	45	622	21	292	14
3	20	318	12	187	3
4	17	240	14	199	2
MAX	45	622	21	292	14

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

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

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

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 10/1/2016

TO 10/31/2016

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				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	15.5	16.5		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		1.8	*****	5.7		0		
	Permit reqmt.	*****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	375	997		*****	26	74		1		
	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.	*****	*****		*****	362	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	622	*****		*****	45	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; text-align: center;"> Jim Westcott Senior Operator </div>	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 <div style="font-family: cursive; font-size: 1.2em;"> 907.584.0593 </div>	DATE <div style="font-family: cursive; font-size: 1.2em;"> 10/11/14 </div>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="font-family: cursive; font-size: 1.5em; text-align: center;"> </div>	AREA NUMBER	Y M D

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

CONTACT NAME: Samantha Stoughtenger
 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: 10/1/2016 TO 10/31/2016
 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.	*****	*****		6.8	*****	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		NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	mg/l		Quarterly	24-Hr Composite
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	228	429		*****	15	31		0		
	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.	*****	*****		*****	225	*****		0		
	Permit reqmt.	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	292	*****		*****	21	*****		0		
	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>S. M. WESTCOTT</i> SENIOR OPERATOR	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907.586.0393	DATE 10/11/16
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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

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

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

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 10/1/2016

TO 10/31/2016

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				
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	17	17		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.	*****	*****		*****	79	79		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		NA		
	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		NA		
	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		NA		
	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <div style="font-family: cursive; font-size: 1.2em; text-align: center;"> Jim Westcott Senior Operator </div>	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 <div style="font-family: cursive; font-size: 1.2em; text-align: center;"> 907. 584. 0393 </div>	DATE <div style="font-family: cursive; font-size: 1.2em; text-align: center;"> 10/11/14 </div>
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

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

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 Juneau, AK 99801

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

PERMIT NUMBER: AK0022951

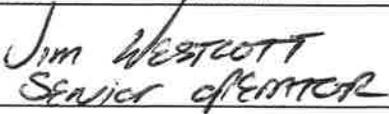
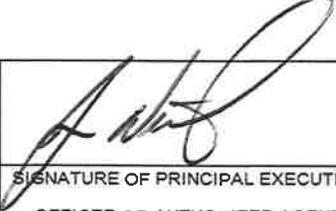
MONITORING PERIOD: 10/1/2016

TO 10/31/2016

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				
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	0.26	0.26		*****	16	16		0		
	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 TTOO0	Sample meas.	*****	*****		*****	NA	NA		NA		
	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		P		
	Permit reqmt.	*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow 1 - Final Effluent 50050	Sample meas.	1.75	2.01		*****	*****	*****		0		
	Permit reqmt.	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	4	28		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Jim Westcott Senior Operator	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 907.586.0393	DATE 10/11/16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA NUMBER	Y M D

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

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

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

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 10/1/2016

TO 10/31/2016

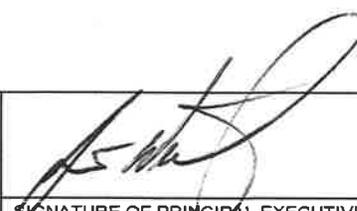
OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

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.	*****	*****		*****	14	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		93	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		93	*****	*****		0		
	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>Jim Westcott</i> Senior Operator	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 907.586.0393	DATE 16/11/14
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): 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): Non - Compliance. hot-line 1-907-269-4114
Date/Time Event was Noticed: 10-24-2016 @ 0947 am		Date/Time Reported: 10-24-2016 @ 1500 pm	Name of DEC Staff Contacted: Non - Compliance hot-line
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): 10-11-2016 @ 0840 am	End Date/Time (exact): 10-12-2016 @ 0847 am	
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): Approx. 994 lbs.			
Description of the noncompliance and its cause (be specific): Received a call from a collections staff operator regarding a brewery waste discharge of an estimated volume of 25-3000 gallons of waste beer. The influent composite BOD mg/l for this reportable event was 620 mg/l.			
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) Continue with five day a week sampling protocol.			
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	60 mg/l daily max.	74 mg/l	10-12-2016
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Process control inventory management had been adjusted to reduced mass in the system. Additionally, the aeration system was changed from D.O. (dissolved oxygen) control to manual control to increase oxygen in the treatment reactors.			
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: 10-24-2016
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): 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): Non - Compliance. hot-line 1-907-269-4114
Date/Time Event was Noticed: 10-24-2016 @ 1539 pm		Date/Time Reported: 10-24-2016 @ 1615 pm	Name of DEC Staff Contacted: Non - Compliance hot-line
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): 10-12-2016 @ 0847 am	End Date/Time (exact): 10-13-2016 @ 0837 am	
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): Approx. 997 lbs.			
Description of the noncompliance and its cause (be specific): Received a call from a collections staff operator regarding a brewery waste discharge of an estimated volume of 25-3000 gallons of waste beer. The influent composite BOD mg/l for this reportable event was 620 mg/l.			
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) Continue with five day a week sampling protocol.			
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	60 mg/l daily max.	72 mg/l	10-13-2016
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Process control inventory management had been adjusted to reduced mass in the system. Additionally, the aeration system was changed from D.O. (dissolved oxygen) control to manual control to increase oxygen in the treatment reactors.			
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: 10-24-2016
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			