Permit

Permit ID:

AK0022951

Major:

V

Permittee:

JUNEAU, CITY & BOROUGH OF

Permittee Address:

2009 RADCLIFFE ROAD JUNEAU, AK99801

Facility:

JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF

Facility Location:

2009 RADCLIFFE ROAD

JUNEAU, AK99801

Permitted Feature: 001 - External Outfall

Monitoring Period: From 10/01/17 to 10/31/17

001-A - MENDENHALL RIVER DIFFUSER

Report Dates & Status

Status:

DMR Due Date:

Discharge:

11/15/17

Considerations for Form Completion

NetDMR Validated

FC/Nov-April=1 Effluent & W-Wkly Ave FC/May-Oct=S Effluent & T- Wkly Avg Ammonia/May-Oct=S Effluent

Principal Executive Officer

First Name:

Randall

Last Name:

Brown

Title:

Wastewwater Treatment Plant Supervisor

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

Parameter NODI Code Name

Quantity or Loading

Quality or Concentration

of Ex. Freq. of Smpl. **Analysis**

Value 1

Value 2 Units

Value 1

Value 2

Value 3

Units

Pa	rameter	NODI	Quant	ity or Loading			Quality or Concentration				Freq. of	Smpl
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
00010	Temperature, water deg. centigrade	Smpl.					=15.1	=16.2	04 [≈] deg	0	05/WK - Five Per	GR T
L - Efflu	ent Gross										Week	OT TO
Season:	0	Req.					Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR * GRAB
NODI: -		NODI										
	Oxygen, dissolved [DO]	Smpl.				=1.1		=7.4	19 - mg/L	0	01/30 - Monthly	GR GRAB
l - Efflu	ent Gross					_						
Season	0	Req.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR GRAB
NODI: -		NODI										
X 00310	BOD, 5-day, 20 deg. C	Smpl.	=901	=2172	26 - lb/d		=50	=120	19 - mg/L	4	02/30 - Twice Per Month	24 * COMP2
1 - Efflu	ent Gross										00.100	
Season	0	Req.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 mg/L		02/30 - Twice Per Month	24 COMP2
NODI: =		NODI										
G - Raw	BOD, 5-day, 20 deg. C Sewage	Smpl.					=364		19 = mg/L	0	02/30 - Twice Per Month	24 - COMP2
Influent											02/20	
Season	0	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP2
NODI: -		NODI										
X 00310	BOD, 5-day, 20 deg. C	Smpl.	=1368		26 - lb/d		=76		19 - mg/L	2	02/30 - Twice Per Month	24 COMP2
w - See	Comments										02/20	
Season:	0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	COMP2
NODI: -		NODI										
00400		Smpl.				=6.7		=7.5	12 - SU	0	05/07 - Weekdays	GR - GRAB
	ent Gross					>=6.3 INST		<=8.5 INST			05/07 -	GR -
Season:	2	Req.				MIN		MAX	12 - SU		Weekdays	GRAB
NODI: -		NODI										
X 00530	Solids, total suspended	Smpl.	=1274	=3692	26 - lb/d		=71	=204	19 - mg/L	12	02/30 - Twice Per Month	24 - COMP2
1 - Ettlu	ent Gross										02/20	
Season	0	Req.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP2
NODI: -		NODI										
00530	Solids, total suspended	Smpl.					=347		19 - mg/L	0		24 - COMP2

Parameter	NODI	Quant	ity or Loading			Quality or Concentration				Freq. of	Smpl.
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
G - Raw Sewage Influent	,									02/30 - Twice Per Month	
Season: 0	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -	NODI										
X Solids, total 00530 suspended	Smpl.	=2128		26 - lb/d		=118		19 - mg/L	3	02/30 - Twice Per Month	24 _ COMP24
W - See Comments										02/30 -	
Season: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 ₋ mg/L		Twice Per Month	24 COMP24
NODI: -	NODI										
00610 Nitrogen, ammonia total [as N]	Smpl,					=13	=13	19 - mg/L	0	01/30 - Monthly	24 _ COMP24
1 - Effluent Gross											
Season: 2	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 _ COMP24
NODI: -	NODI										
00900 Hardness, total [as CaCO3]	Smpl.					=73	=73	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross											
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 _ COMP24
NODI: -	NODI										
01119 Copper, total recoverable 1 - Effluent Gross	Smpl.	=0.53	=0.53	26 - lb/d		=29	=29	28 - ug/L	0	01/30 - Monthly	24 _ COMP24
	_	<=1.82 MO	<=3.92 DAILY	26 -		<=44.5 MO	<=95.8 DAILY	20		01/30 -	24
Season: 2	Req.	AVG	MX	lb/d		AVG	MX	28 - ug/L		Monthly	COMP24
NODI: -	NODI										
45613 Floating solids, waste or visible foam-visual	Smpl.						=0	9P = N=0;Y=1	0	01/30 - Monthly	VI - VISUAL
1 - Effluent Gross											
Season: 0	Req.						<=Req Mon DAILY MX	9P - N=0;Y=1		01/30 - Monthly	VI 및 VISUAL
NODI: -	NODI										
50050 Flow, in conduit or thru treatment plant	Smpl.	=2.3	=4.7	03 - MGD					0	99/99 - Continuous	RC - Recorde (auto)
1 - Effluent Gross											
Season: 0	Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC = Recorde (auto)
NODI: -	NODI										
74055 Coliform, fecal general	Smpl.					=74	=570	13 - #/100mL	0	01/07 - Weekly	GR _ GRAB

Parameter	NODI	Quantit	ty or Loading				#	Freq. of	Smpl.		
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
L - Effluent Gross											
Season: 2	Req.					<=200 MO GEOMN	<=800 DAILY MX	13 - #/100mL		01/07 - Weekly	GR * GRAB
NODI: -	NODI										
74055 Coliform, fecal general	Smpl.					=282		13 -	0	01/07 -	GR -
W - See Comments								#/100mL		Weekly	GRAB
Season: 2	Req.					<=400 WK GEOMN		13 - #/100mL		01/07 - Weekly	GR F GRAB
NODI: -	NODI										
B1010 BOD, 5-day, percent removal	Smpl.				=86			23 - %	0	01/30 - Monthly	CA CALCTD
C - Percent Removal											CALCAD
Season: 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA *** CALCTD
NODI: -	NODI										
Solids, suspended percent removal	Smpl.				=80			23 - %	1	01/30 - Monthly	CA - CALCTD
C - Percent Removal											
Season: 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -	NODI										
T000 Toxicity, Chronic	Smpl.					=9	=9	73 -		09/99 - See Permit	24 - COMP24
l - Effluent Gross								COAIC		Jee reillill	COMPZ4
Season: 6	Req.					Req Mon MO AVG	Req Mon DAILY MX	73 = toxic		09/99 - See Permit	24 = COMP24
NODI: -	NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

	Parameter	Monitoring	Field	Tuna	Description	A also assiste da a
Code	Name	Location	rieid	Type	Description	Acknowledge
81011	Solids, suspended percent removal	K - Percent Removal	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	\checkmark
00530	Solids, total suspended	W - See Comments	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: ${\bf 1}$)	✓
00530	Solids, total suspended	W - See Comments	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	\checkmark
00310	BOD, 5-day, 20 deg. C	W - See Comments	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	\checkmark
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	\checkmark
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	\checkmark
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	\checkmark
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	✓
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	\checkmark
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	~

Comments

Attachments

Name	Туре	Size
2331_001.pdf	pdf	1178070

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User:

Name: James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time: 2017-11-09 13:44 (Time Zone:-09:00)

CBJWASTEWATER1

Report Last Signed By

User: CBJWASTEWATER1 Name: James Westcott

E-Mail: jim.westcott@juneau.org

Date/Time: 2017-11-09 13:45 (Time Zone:-09:00)

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User:CBJWASTEWATER1, Permittee User



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DMR Copy of Submission

MENDENHALL WASTEWATER TREATMENT FACILITY

										Junea	u, Alas	ka						Octob	er 2017		
			F	LOWS							Influent								Effluent		
DAY	DATE	SBR INFLUENT MGD	precip	SBR TTL EFFL MGD	SBR WASTE MGD	TEMP °C	pН	D.O. mo/L	IPS TSS mg/L	IPS TSS LBS	IPS BOD mg/L	BOD LBS	TEMP °C	рH	D.O. mg/L	S.S. mg/l	S.S.	B.O.D.	B.O.D LBS	Turbidity on FC Grab	COLIFO (100)
SUN	1	0.0.0.	0.00	1.95	0.0790																
MON	2		0.14	2.31	0.0912	15.4	7.1	2.6					15.1	6,8	2.4					7.6	16
TUE	3		1.12	2.20	0.1202	15.2	6.9	2.0	610	11192	440	8073	16.2	6.9	2.1	14	257	22	404	5.8	16
WED	4		0.18	2,33	0.1679	16,2	6.9	2.2					16.1	6.8	1.8						_
THU	5		0.65	2.20	0.1925	15.8	6.8	2.0					16.1	6,8	2.0					-	-
FRI	6 7		0.12 T	2.44	0.2003 0.0912	15.4	7.1	2.1					16.0	6.8	2.3						
SUN	8		0.60	2.16	0.1247							-									
MON	9		0.02	2.34	0.1740	14.7	7.0	3.1					15.4	6.8	2.4	35	683			9.3	11
TUE	10		0.02	2.17	0.1415	15.0	6.9	8.5	240	4343	330	5972	15.1	6.7	2.8	70	1267	35	633	8.0	58
WED	11		T	2.02	0.1871	15.0	6.9	2.6	307	5172	430	7244	15.6	6.9	4.1	40	674	32	539	0.0	- 50
THU	12		0.00	1.89	0.1752	15.4	6.9	2.0	347	5470	420	6620	16.0	6.8	1.9	39	615	33	520		
FRI	13		0.19	1.86	0.1696	14.3	7.0	3.4	307	4762	400	6205	15.2	6.8	2.0	23	357	28	434		
SAT	14		0.30	1.80	0.1073	1110	110	0.1		1102	100	0200	10.12	010	2.0						
SUN		0.0.S.	0.34	1.94	0.1009																
MON	16		0.22	2.09	0.1160	14.7	7.0	2.6	267	4654	270	4706	15.3	6.9	2.7	76	1325	51	889	14.8	140
TUE	17		0,25	2.15	0.1253	14.2	6,7	1.8	320	5738	310	5559	14.7	6.7	7.4	98	1757	55	986	22.0	57
WED	18		0.01	2.18	0.1587	14.5	7.2	1.7	360	6545	380	6909	15,5	6.7	2.1	102	1854	64	1164		
THU	19		0.30	2.02	0.1689	14.0	7,2	3.3	327	5509	380	6402	15.3	6.7	2.1	106	1786	68	1146		
FRI	20		0.46	2.07	0.1866	13.8	9.4	5.2	293	5058	430	7423	14.9	6.9	1.7	84	1450	59	1019		
SAT	21		0.01	1.98	0.1128						-										
SUN	22	0.0.S.	0.13	1,92	0.1152																
MON	23		0.66	2,17	0.0760	14.4	7.7	2.6	480	8687	420	7601	14.8	6.8	2.3	204	3692	120	2172	13.4	53
TUE	24		Т	2.21	0.0842	13.5	7.0	2.4	287	5290	410	7557	14.8	6.8	2.3	85	1567	59	1087		14
WED	25		0.07	2,11	0.0864	7.5	10.5	7.2	393	6916	440	7743	14.3	6.9	1.1	64	1126	48	845		
THU	26		1.36	2.24	0.0903	13.3	7.0	2.6	-				13.7	6.8	2.2		1120				
FRI	27		2.01	4.65	0.0552	13.4	6.8	2.5					13.6	7.5	2.5						
SAT	28		0.00	3.76	0.0869	1411															
SUN	29		T	2.70	0.0756		Caraba						E &								
MON	30		0.18	2.59	0.0942	13.7	7.2	3.7	364	7863	160	3456	13.7	6.8	6.0	54	1166	43	929		70
TUE	31		0.01	2.57	0.0103	13.7	7.0	0.4	304	6516	240	5144	13.9	6.9	3.5	38.0	814	35	750		
TO		0.00	9.33	71.07	3.7654	0.00000	50000055	20000	00000000	Q00000000	1000	(0.00000)	200000	0.50050	1000000		1000000	909090	90000000	8000000	9220
MAXI		0.00	2.01	4.65	0.2003	16.2	10.5	8.5	610	11192	440	8073	16.2	7.5	7.4	204.0	3692	120.0	2171.7	22.0	57
MINI		0.00	0.00	1.80	0.0103	7.5	6.7	0.4	240	4343	160	3456	13.6	6.7	1.1	14.0	257	22.0	403.7	5.8	11
AVER		#DIV/0!	0.35	2.29	0.12	14.23	300000000000000000000000000000000000000	3.0	347.1	6247.7	364.0	6441.0	15.1	12000000		70.8	1274.4	50.1	901.1	11.6	74
imper of	f Analyses	0	27	31	31 2017	22	22	22 017 Metal	15	15	15	15	22	22	22	16	16	15	15 WEEKLY	9	0
				Hrd, mg/l	73	10/10/17		ug/L (ppm)			% PE	MOVAL	1	WEEKLY BOD			rss	COLIFORM	1		
				Hrd, mg/l	13	10/10/17	Copper	29.0	0.53	10/10/17	BOD	86		VACCIV	mg/l	lbs	mg/l	lbs	Geo Mean		
				Alk, mg/l	NA	10/10/17	Copper	NA			S.S.	80		1	22	404	14	257	16	7	
				Toxicity	NA	10/10/17		NA				ng Solids		2	32		41	719	25		
							Silver	NA				or Foam		3	59 .	1041	93	1634	282		
							Zinc	NA			Pass/Fail	·P		4	76	1368	118	2128	272		
							Nh3 ma/L	13.0	235	10/10/17	217			MAX	76	1368	118	2128	282		



Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

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

I									
GENERAL INFORMATION	PERMIT# (if any): AK	002295-1							
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater	Treatment Facility		Facility Lo Juneau, AK					
Person Reporting: Jim Westcott	Phone Numbers of Pers 907-586-0393	on Reporting:		Reported I Phone	How? (e.g. by phone);				
Date/Time Event was Noticed: 10/20/2017 @ 0901 am	Date/Time Reported: 10/24/2017	,		Name of D Hotline/Em	EC Staff Contacted: ail				
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITHI	N 24 HOURS OF I	DISCOVE	RY OF NO	DNCOMPLIANCE				
INCIDENT DETAILS (attac	h additional sheets, lab re	eports, and phot	os as ne	cessary)					
·		e (exact): 10/09/2017 @ 0937 am End Date/Time (exact): 1							
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A									
Estimated Quantity involved (volum (2.17 mg * 70 mg/l * 8.34) ~ 1266.8									
Description of the noncompliance a	nd its cause (be specific):								
Unknown									
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)									
Increased waste removal from system									
Permit Condition Deviation (Identi	fy each permit condition exceed	ded during the even	t.)						
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample re	esult)	Sample Date				
TSS	60 mg/l daily limit	70 :	mg/l		10/10/2017				
	0								
Corrective Actions (Attach a descri chances of recurrence.)	ption of corrective actions take	n to restore the syst	tem to noi	rmal opera	tion and to minimize or eliminate				
Increased waste removal from system									
Environmental Damage: (if yes, p	rovide details below)	T Yes	Γ	No	▽ Unknown				
Actual /Potential Impact on Enviro	nment/Public Health (describe	in detail)							
Unknown									
I certify under penalty of law that this d to assure that qualified personnel proper system, or those persons directly responsaccurate, and complete. I am aware that knowing violations.	rly gather and evaluate the information is the information is the information.	tion submitted. Based , the information subm	on my inq nitted is, to	uiry of the pothe the best of	person or persons who manage the my knowledge and belief, true,				
Name: Jim Westcott Title: Senior Operator Signature: Date: 10/10/2									



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 Wastewater	Treatment Facility		Facility Lo Juneau, Ak				
Person Reporting: Jim Westcott		Phone Numbers of Pers 907-586-0393	on Reporting:		Reported 1 Phone	How? (e.g. by phone):			
Date/Time Event was Notice 10/27/2017 @ 0944		Date/Time Reported: 10/28/2017			Name of D Hotline/En	DEC Staff Contacted: nail			
VERBAL NOTIFICATION	MUST B	E MADE TO ADEC WITHI	N 24 HOURS OF D	ISCOV	ERY OF N	ONCOMPLIANCE			
INCIDENT DETAILS	(attach	additional sheets, lab re	eports, and phot	os as n	ecessary)				
Period of Noncompliance		te/Time (exact): 10/15/2017		1	,	ate/Time (exact): 10/16/2017 @ 0833 am			
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A									
Estimated Quantity involve (2.09 mg * 76 mg/l * 8.34)									
Description of the noncomp	liance and	l its cause (be specific):							
Unknown									
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste removal from system.									
Permit Condition Deviation	(Identify	each permit condition exceed	ded during the event	t.)					
Parameter (e.g. BOD p	<u>H)</u>	Permit Limit	Exceedance (sample			Sample Date			
TSS		60 mg/l daily limit	76 r	mg/l		10/16/2017			
Corrective Actions (Attach	a descript	ion of corrective actions take	n to restore the syst	em to no	ormal opera	ation and to minimize or eliminate			
chances of recurrence.)	•		·		•				
Increased waste removal from	n system.								
Environmental Damage: (if yes, pro	vide details below)	T Yes		No	✓ Unknown			
Actual /Potential Impact on	Environn	nent/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: 10/28/2017									



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

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NONCOMPLIANCE NOTIFICATION

•										
GENERAL INFORMATION	PERMIT# (if any): AK	002295-1								
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater	Treatment Facility	Facility L Juneau, Al							
Person Reporting: Jim Westcott	Phone Numbers of Pers 907-586-0393	on Reporting:	Reported Phone	How? (e.g. by phone):						
Date/Time Event was Noticed: 10/27/2017 @ 0854 am	Date/Time Reported: 10/28/2017		Name of I Hotline/Et	DEC Staff Contacted: nail						
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITHI	N 24 HOURS OF DISC	COVERY OF N	ONCOMPLIANCE						
INCIDENT DETAILS (attac	ch additional sheets, lab re	ports, and photos	as necessary)							
·	Date/Time (exact): 10/16/2017			(exact): 10/17/2017 @ 0833 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): (2.15 mg * 98 mg/l * 8.34) ~ 1757.24 TSS lbs.										
Description of the noncompliance a	nd its cause (be specific):									
Unknown										
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)										
Increased waste removal from system	1.									
Permit Condition Deviation (Identi	fy each permit condition exceed	led during the event.)								
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam	ple result)	Sample Date						
TSS	60 mg/l daily limit	98 mg/l		10/17/2017						
Corrective Actions (Attach a descrichances of recurrence.)	iption of corrective actions take	n to restore the system	to normal oper	ation and to minimize or eliminate						
Increased waste removal from system	1.									
Environmental Damage: (if yes, p	rovide details below)	☐ Yes	Г No	₩ Unknown						
Actual /Potential Impact on Enviro	nment/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: 10/28/2017										



Updated May 2010

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): AK0	02295-1								
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater	Treatment Facility	Facility Lo Juneau, Al							
Person Reporting: Jim Westcott	Phone Numbers of Perso 907-586-0393	on Reporting:	Reported Phone	How? (e.g. by phone):						
Date/Time Event was Noticed: 10/27/2017 @ 1000 am	Date/Time Reported: 10/28/2017		Name of E Hotline/En	DEC Staff Contacted: nail						
VERBAL NOTIFICATION MUST BI	E MADE TO ADEC WITHI	N 24 HOURS OF DIS	COVERY OF N	ONCOMPLIANCE						
INCIDENT DETAILS (attach	additional sheets, lab re	ports, and photos	as necessary)							
	te/Time (exact): 10/17/2017 (7 @ 0925 am End Date/Time (exact): 10/18/2017 @ 0925 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): (2.18 mg * 64 mg/l * 8.34) ~ 1163.59 BOD lbs. (2.18 mg * 102 mg/l * 8.34) ~ 1854.48 TSS lbs.										
Description of the noncompliance and										
Unknown										
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)										
Increased waste removal from system.										
Permit Condition Deviation (Identify e	each permit condition exceed	ed during the event.)								
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (san	nple result)	Sample Date						
TSS	60 mg/l daily limit	102 mg	<u>:</u> /I	10/17/2017						
BOD	60 mg/l daily limit	64 mg/	/1	10/17/2017						
Corrective Actions (Attach a description	on of corrective actions taker	to restore the system	to normal opera	ation and to minimize or eliminate						
chances of recurrence.)		,								
Increased waste removal from system.										
Environmental Damage: (if yes, prov	ride details below)	☐ Yes	□ No	▼ Unknown						
Actual /Potential Impact on Environm	ent/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: Jim Westcott Title: Senior Operator Signature: Date: 10/28/2017										



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GENERAL INFORMATIO	N	PERMIT# (if any): AK0	PERMIT# (if any): AK002295-1							
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater	Treatment Facility		Facility Loc Juneau, AK	ation:				
Person Reporting: Jim Westcott		Phone Numbers of Person 907-586-0393	n Reporting:		Reported Ho Hotline/Ema	ow? (e.g. by phone): il				
Date/Time Event was Notice 10/31/2017 @ 0630 pm	ed:	Date/Time Reported: 10/31/2017			Name of DE Hotline/Ema	C Staff Contacted:				
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHIN	1 24 HOURS OF DI	SCOV	ERY OF NO	NCOMPLIANCE				
INCIDENT DETAILS	(attach add	litional sheets, lab re	ports, and photo	s as n	ecessary)					
Period of Noncompliance		ime (exact): 10/18/2017	_		d Date/Time (exact): 10/19/2017 @ 0935 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 (2.18 mg * 102 mg/l * 8.34) ~ (2.18 mg * 64 mg/l * 8.34) ~	~ 1867.8	weight):								
Description of the noncompl	liance and its	cause (be specific):								
N/A										
Actions taken to reduce, elin (describe in detail) (e.g. Sup- notice) Increased waste removal from	plied drinking									
Permit Condition Deviation			ed during the event.)						
Parameter (e.g. BOD pl	Ð	Permit Limit	Exceedance (sa		result)	Sample Date				
TSS mg/l		30 mg/l	102 n	ng/l		10/18/2017 — 10/19/2017				
BOD mg/l		30 mg/l	64 m	g/l		10/81/2017 - 10/19/2017				
Corrective Actions (Attach a chances of recurrence.)	description	of corrective actions taken	to restore the syste	m to no	ormal operati	on and to minimize or eliminate				
Increased frequency of waste removal from system.										
Environmental Damage: (if yes, provide details below)										
Actual /Potential Impact on	Environment	/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.										

stcott Title: Senior Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. Name: Jim Westcott 10/31/2017



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK0	002295-1							
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater	Treatment Facility		Facility L Juneau, A					
Person Reporting: Jim Westcott		Phone Numbers of Perso 907-586-0393	on Reporting:		Reported Phone	How? (e.g. by phone):				
Date/Time Event was Noticed 10/31/2017 @ 0630 at		Date/Time Reported: 10/31/2017 @ 0830		,	Name of l Hotline/En	DEC Staff Contacted: mail				
VERBAL NOTIFICATION N	IUST BE N	IADE TO ADEC WITHI	N 24 HOURS OF	DISCOV	ERY OF N	ONCOMPLIANCE				
INCIDENT DETAILS (a	attach ad	ditional sheets, lab re	ports, and pho	tos as n	ecessary)					
		Fime (exact): 10/19/2017								
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A										
Estimated Quantity involved (volume or weight): $(2.02 \text{ mg} * 84 \text{ mg/l} * 8.34) \sim 1415. 13 \text{ TSS lbs.}$										
Description of the noncomplia	nce and its	cause (be specific):								
Unknown										
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)										
Increased waste removal from s	ystem.									
Permit Condition Deviation (I	dentify eacl	n permit condition exceed	ed during the even	nt.)						
Parameter (e.g. BOD pH)		Permit Limit	Exceedance (esult)	Sample Date				
TSS		60 mg/l daily limit	84	mg/l		10/19/2017				
Corrective Actions (Attach a chances of recurrence.)	lescription	of corrective actions taker	to restore the sys	tem to no	ormal oper	ation and to minimize or eliminate				
Increased waste removal from s	ystem.									
Environmental Damage: (if y	es, provide	details below)	☐ Yes	j	l No	▽ Unknown				
Actual /Potential Impact on E	nvironment	/Public Health (describe i	n detail)							
Unknown										
to assure that qualified personnel system, or those persons directly r	properly gath esponsible fo	er and evaluate the information, gathering the information,	on submitted. Based the information subr	on my ind nitted is, to	quiry of the o the best of	in accordance with a system designed person or persons who manage the my knowledge and belief, true, possibility of fine and imprisonment for				
Name: Jim Westcott Title: Senior Operator Signature: Date: 10/31/2017										



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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): Ak	(002295-1				
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility			Facility Location: Juneau, AK		
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393			Reported How Phone/Email	? (e.g. by phone):	
Date/Time Event was Noticed: 11/3/2017 @ 0924 am		Date/Time Reported: 11/3/2017 @ 1148 am			Name of DEC Staff Contacted: Hotline/Email		
VERBAL NOTIFICATION	MUST BE M	ADE TO ADEC WITH	IN 24 HOURS OF D	ISCOV	ERY OF NONC	COMPLIANCE	
INCIDENT DETAILS	(attach ad	ditional sheets, lab r	eports, and photo	os as n	ecessary)		
Period of Noncompliance					Date/Time (exact): 10/23/2017 @ 0942 am		
If noncompliance has not be N/A	en corrected,	provide a statement reg	arding the anticipate	d time t	the noncompliar	ice is expected to continue:	
Estimated Quantity involved (volume or weight): $(2.17*120 \text{ mg/l}*8.34) \sim 2172 \text{ lbs.}$ $(2.17*204 \text{ mg/l}*8.34) \sim 3692 \text{ lbs.}$							
Description of the noncompl	iance and its	cause (be specific):					
N/A							
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste removal from system.							
Permit Condition Deviation	(Identify eacl	n permit condition excee	ded during the event	.)			
Parameter (e.g. BOD pl		Permit Limit	Exceedance (s		esult)	Sample Date	
BOD mg/l		60 mg/l daily limit	120 r	ng/l		10/23/2017	
TSS mg/l		60 mg/l daily limit	204 r	ng/l		10/23/2017	
TSS lbs.		2452 daily pounds	3692			10/23/2017	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)							
Increased frequency of waste removal from system.							
Environmental Damage: (i	f yes, provide	details below)	☐ Yes		□ No	▽ Unknown	
Actual /Potential Impact on Environment/Public Health (describe in detail)							
Unknown							
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name: Jim Westcott	Title:	Senior Operator	_ Signature:	4	my)	Date: 11/7/2017	



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Anchorage, Alaska 99501

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NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATIO	PERMIT# (if any): AK002295-1							
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility			Facility Location: Juneau, AK			
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393			Reported How? (e.g. by phone): Hotline/Email				
Date/Time Event was Notice 11/3/2017 @ 1152 am	Date/Time Reported: 11/3/2017 @ 1158 am			Name of DEC Staff Contacted: Hotline/Email				
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE							ONCOMPLIANCE	
INCIDENT DETAILS	(attach ad	ditional sheet	s, lab re	ports, and phot	os as n	ecessary)		
Period of Noncompliance	acompliance Start Date/Time (exact): 10/23/2017 @ 0				End Date/Time (exact): 10/24/2017 @ 0958 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 (2.18 mg * 85 mg/l * 8.34) ~		weight):						
Description of the noncomp	liance and its	cause (be specifi	ic):					
N/A								
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste removal from system.								
Permit Condition Deviation	(Identify each	h permit condition	on exceede	ed during the event	t.)			
Parameter (e.g. BOD pl	H)	Permit Limit	<u>t</u>	Exceedance (s	sample r	esult)	Sample Date	
TSS mg/l		60 mg/l		85 1	mg/l		10/18/2017 — 10/19/2017	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)								
Increased frequency of waste removal from system.								
Environmental Damage: (if yes, provide details below)					✓ Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown								
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name: Jim Westcott Title: Senior Operator Signature: Date: 11/7/2017								
Jim Westcott	Title:	Semor Operator	1	oignature:	-1/2		Date:11/7/2017	



Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

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GENERAL INFORMATION	PERMIT# (if any): AK0	PERMIT# (if any): AK002295-1					
Owner or Operator:	Facility Name:		Facility Lo	Facility Location:			
City and Borough of Juneau	Mendenhall Wastewater	Treatment Facility	Juneau, AK				
Person Reporting:	Phone Numbers of Perso	on Reporting:	Reported 1	How? (e.g. by phone):			
Jim Westcott	907-586-0393		Phone/Ema				
Date/Time Event was Noticed: 11/3/2017 @ 1155 am	Date/Time Reported: 11/3/2017 @ 1200 pm			Name of DEC Staff Contacted: Hotline/Email			
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITHIN	N 24 HOURS OF DISC	OVERY OF NONCOMPLIANCE				
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)							
1	ate/Time (exact): 10/24/2017	•	- Anti-	Date/Time (exact): 10/25/2017 @ 0955 am			
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to conto N/A							
Estimated Quantity involved (volum (2.11 * 64 mg/l * 8.34) ~ 1126 lbs.	e or weight):						
D	d ite course (be consider)						
Description of the noncompliance an	a its cause (be specific);						
N/A							
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste removal from system.							
,							
Increased waste removal from system.	each permit condition exceed	ed during the event.)					
Increased waste removal from system. Permit Condition Deviation (Identify	each permit condition exceed Permit Limit		ple result)	Sample Date			
Increased waste removal from system. Permit Condition Deviation (Identify Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam	ple result)	<u>Sample Date</u> 10/24/2017			
Increased waste removal from system. Permit Condition Deviation (Identify			ple result)				
Increased waste removal from system. Permit Condition Deviation (Identify Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam	ple result)				
Increased waste removal from system. Permit Condition Deviation (Identify Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sam	ple result)				
Increased waste removal from system. Permit Condition Deviation (Identify Parameter (e.g. BOD pH)	Permit Limit 60 mg/l daily limit tion of corrective actions taken	Exceedance (samj 64 mg/l		10/24/2017			
Permit Condition Deviation (Identify Parameter (e.g. BOD pH) TSS mg/l Corrective Actions (Attach a descrip chances of recurrence.)	Permit Limit 60 mg/l daily limit tion of corrective actions taken	Exceedance (samj 64 mg/l		10/24/2017			
Permit Condition Deviation (Identify Parameter (e.g. BOD pH) TSS mg/l Corrective Actions (Attach a descrip chances of recurrence.) Increased frequency of waste remove	Permit Limit 60 mg/l daily limit tion of corrective actions taken al from system.	Exceedance (samp 64 mg/l to restore the system to	to normal opera	10/24/2017			
Permit Condition Deviation (Identify Parameter (e.g. BOD pH) TSS mg/l Corrective Actions (Attach a descrip chances of recurrence.) Increased frequency of waste remove Environmental Damage: (if yes, pre	Permit Limit 60 mg/l daily limit tion of corrective actions taken al from system.	Exceedance (samp 64 mg/l to restore the system to	to normal opera	10/24/2017			
Permit Condition Deviation (Identify Parameter (e.g. BOD pH) TSS mg/l Corrective Actions (Attach a descrip chances of recurrence.) Increased frequency of waste remove Environmental Damage: (if yes, product) Actual /Potential Impact on Environ Unknown I certify under penalty of law that this do to assure that qualified personnel properly system, or those persons directly respons accurate, and complete. I am aware that the knowing violations. Name: Jim Westcott	Permit Limit 60 mg/l daily limit tion of corrective actions taken al from system. Dvide details below) ment/Public Health (describe in the county of the c	Exceedance (sample of 4 mg/l of 4 mg/l of 4 mg/l of 5 mg	n or supervision by inquiry of the plais, to the best of in, including the p	Unknown Unknown			



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GENERAL INFORMATION		PERMIT# (if any): AK002295-1					
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility			Facility Location: Juneau, AK		
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393			Reported How? (e.g. by phone): Email		
Date/Time Event was Noticed: 11/7/2017 @ 1300 pm		Date/Time Reported: 11/7/2017 @ 1300 pm			Name of DEC Staff Contacted: Email		
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHIN 24 HOURS OF DISCOVE			ERY OF NONCOMPLIANCE		
INCIDENT DETAILS	(attach add	litional sheets, lab reports, and photos as necessary)					
Period of Noncompliance		Time (exact): 10/1/2017			End Date/Time (exact): 10/31/2017		
N/A			rding the anticipated	l time t	the noncom	pliance is expected to continue:	
Estimated Quantity involved See permit condition deviation		veight):					
Description of the noncompl	iance and its	cause (be specific):					
N/A							
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)							
Increased waste removal from system.							
Permit Condition Deviation	(Identify eacl	n permit condition exceed	ed during the event.)			
Parameter (e.g. BOD pH)		Permit Limit	Exceedance (sample res		result)	Sample Date	
TSS removal %		85 % removal	80 % removal			10/1/2017 - 10/31/2017	
TSS monthly lbs.	1	226 mg/l monthly lbs.	1277 mg/l monthly lbs.		lbs.	10/1/2017 — 10/31/2017	
TSS monthly mg/l 30		mg/l monthly average	71 mg/l month	hly ave	rage	10/1/2017 - 10/31/2017	
BOD monthly average mg	2/1 30	mg/l monthly average	50 mg/l month	hly ave	rage	10/1/2017 - 10/31/2017	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate							
chances of recurrence.)							
Increased frequency of waste removal from system.							
Environmental Damage: (if	f yes, provide	details below)	Γ Yes Γ No		□ No	▽ Unknown	
Actual /Potential Impact on I	Environment	/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.							

stcott Title: Senior Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. Name: Jim Westcott 11/7/2017



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GENERAL INFORMATION		PERMIT# (if any): AK002295-1					
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility			Facility Location: Juneau, AK		
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393			Reported How? (e.g. by phone): Email		
Date/Time Event was Noticed: 11/7/2017 @ 1300 pm		Date/Time Reported: 11/7/2017 @ 1300 pm			Name of DEC Staff Contacted: Email		
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF DI	ERY OF NO	ONCOMPLIANCE		
INCIDENT DETAILS	(attach add	litional sheets, lab reports, and photos as necessary)					
Period of Noncompliance					nd Date/Time (exact): 10/31/2017		
If noncompliance has not be N/A	en corrected,	provide a statement rega	rding the anticipated	l time t	the noncomp	pliance is expected to continue;	
Estimated Quantity involved See permit condition deviation		weight):					
Description of the noncomp	liance and its	cause (be specific):					
N/A							
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) Increased waste removal from system.							
	(T.) (10)						
Permit Condition Deviation		Permit Condition exceed			10	Sample Date	
Parameter (e.g. BOD pl TSS weekly	11	45 mg/l	Exceedance (sample res		esuit)	10/1/2017 – 10/31/2017	
TSS weekly		45 mg/l	93 m			10/1/2017 - 10/31/2017	
_			2128 mg/l w		h a	10/1/2017 - 10/31/2017	
TSS weekly lbs.		1226 mg/l weekly lbs.					
BOD weekly average mg		5 mg/l weekly average	59 mg/l weekly aver		- 1	10/1/2017 - 10/31/2017 10/1/2017 - 10/31/2017	
BOD weekly average mg/l 45 mg/l weekly average 76 mg/l weekly average 10/1/2017 – 10/31/2017						10/1/2017 — 10/31/2017	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate							
chances of recurrence.)							
Increased frequency of waste removal from system.							
Environmental Damage: (if yes, provide		details below)			No	✓ Unknown	
Actual /Potential Impact on	Environment	t/Public Health (describe i	in detail)				
Unknown							
I certify under penalty of law th to assure that qualified personne system, or those persons directly	el properly gath	ner and evaluate the informat	ion submitted. Based o	n my in	quiry of the p	n accordance with a system designed berson or persons who manage the my knowledge and belief, true,	

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jim Westcott

Title: Senior Operator

Signature:

Date:

11/7/2017

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