Permit

Permit ID:

AK0022951

Major:

**✓** 

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

MENDENHALL WWTF

JUNEAU, AK99801

Permitted Feature:

001 - External Outfall

Discharge:

001-A - MENDENHALL RIVER DIFFUSER

Report Dates & Status

Monitoring Period:

From 11/01/17 to 11/30/17

**DMR Due Date:** 

12/15/17

Status:

**NetDMR Validated** 

Considerations for Form Completion

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

Principal Executive Officer

First Name:

Randall

**Last Name:** 

Brown

Title:

•: Wastewwater Treatment Plant Supervisor

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

Parameter NODI

**Quantity or Loading** 

**Quality or Concentration** 

# Fred

Ex.

Freq. of Smpl. Analysis Type

Code Name

Value 1

Value 2

Units

Value 1

Value 2

Value 3

Units

https://netdmr.epa.gov/netdmr/protected/sign submit dmr.htm? flowId=permitadmin access request user-flow& flowExecu... 12/15/2017

Pa	rameter	NODI	Quan	ntity or Loading	Quality or Con-	centration		# of	Freq. of Analysis	Smpl. Type		
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Турс
00010	Temperature, water deg. centigrade	Smpl.					=13.4	=14.4	04 - deg C	0	05/WK - Five Per Week	GR - GRAB
1 - Efflu	ient Gross										Week	
Season	: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB
NODI: -		NODI										
00300	Oxygen, dissolved [DO]	Smpl.				=1.7		=5.7	19 - mg/L	0	01/30 - Monthly	GR - GRAB
1 - Efflu	ent Gross				×							
Season	: 0	Req.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
NODI: -		NODI										
<b>X</b> 00310	BOD, 5-day, 20 deg. C	Smpl.	=852	=1989	26 - lb/d		=60	=150	19 - mg/L	10	02/30 - Twice Per	24 - COMP24
1 - Efflu	ent Gross										Month	
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 - COMP24
NODI:		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.					=447		19 -	0	02/30 - Twice Per	24 -
G - Raw Influent	Sewage	Silipii					-447		mg/L	U	Month	COMP24
Season	0	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -		NODI										
<b>X</b> 00310	BOD, 5-day, 20 deg. C	Smpl.	=1517		26 - lb/d		=102		19 - mg/L	3	02/30 - Twice Per	24 - COMP24
W - See	Comments				,				J. =		Month	

Parameter	NODI	Quant	ity or Loading			Quality or Concentration					Smpl.
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
Season: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 = COMP24
NODI: -	NODI										
00400 pH 1 - Effluent Gross	Smpl.				=6.5		=7	12 - SU	0	05/07 - Weekdays	GR - GRAB
Season: 0	Req.				>=6.5 INST MIN		<=8.5 INST MAX	12 - SU		05/07 - Weekdays	GR - GRAB
NODI: -	NODI										
Solids, total suspended  1 - Effluent Gross	Smpl.	=1288	=3448	26 - Ib/d		=89	=260	19 - mg/L	17	02/30 - Twice Per Month	24 - COMP24
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 - COMP24
NODI: -	NODI										
00530 Solids, total suspended	Smpl.					=546		19 -	0	02/30 - Twice Per	24 -
G - Raw Sewage Influent								mg/L		Month	COMP24
Season: 0	Req.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -	NODI										
X Solids, total suspended	Smpl.	=2460		26 - lb/d		=165		19 - mg/L	5	02/30 - Twice Per	24 - COMP24
W - See Comments										Month	
Season: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -	NODI										
00610	Smpl.	=147	=147	26 - lb/d		=10	=10	19 - mg/L	0	01/30 - Monthly	24 - COMP24

Pa	rameter	NODI	Quantity 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
	Nitrogen, ammonia total [as N]		2									
L - Efflu	ent Gross											
Season	: 0	Req.	<=1165 MO AVG	<=1655 DAILY MX	26 - lb/d		<=28.5 MO AVG	<=40.5 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP2
NODI:		NODI										
0900	Hardness, total [as CaCO3]	Smpl.					=76	=76	19 - mg/L	0	01/30 - Monthly	24 - COMP24
L - Efflu	ent Gross											
Season	: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 E COMP24
NODI: -		NODI										
1119	Copper, total recoverable	Smpl.	=1.06	=1.06	26 - lb/d		=72	=72	28 - ug/L	0	01/30 - Monthly	24 - COMP2
l - Efflu	ent Gross				10/4						Monthly	COMPZ
Season	: 0	Req.	<=3.54 MO AVG	<=7.63 DAILY MX	26 - lb/d		<=86.7 MO AVG	<=187 DAILY MX	28 - ug/L		01/30 - Monthly	24 - COMP2
IODI: -		NODI										
15613	Floating solids, waste or visible foam-visual	Smpl.						=1	9P - N=0;Y=1	1	01/30 - Monthly	VI - VISUAL
L - Efflu	ient Gross											
Season	: 0	Req.						<=Req Mon DAILY MX	9P - N=0;Y=1		01/30 - Monthly	VI - VISUAL
NODI: -		NODI										
0050	Flow, in conduit or thru treatment plant	Smpl.	=1.7	=2.1	03 - MGD					0	99/99 - Continuous	RC - Recorde (auto)
- Efflu	ent Gross											
eason	. 0	Req.										

Pa	rameter	NODI	Quar	itity or Loading			Quality or Concentration					Smpl.
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
			Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorder (auto)
NODI: -		NODI										
, 4033	Coliform, fecal general ent Gross	Smpl.					=51	=4300	13 - #/100mL	2	02/07 - Twice Every Week	GR - GRAB
Season:	0	Req.					<=112 MO GEOMN	<=224 DAILY MX	13 - #/100mL		02/07 - Twice Every Week	GR - GRAB
NODI: -		NODI										
<b>X</b> 74055	Coliform, fecal general	Smpl.					=549		13 - #/100mL	2	02/07 - Twice Every	GR - GRAB
W - See	Comments										Week	
Season:	0	Req.					<=168 WK GEOMN		13 - #/100mL		02/07 - Twice Every Week	GR = GRAB
NODI:		NODI										
B1010	BOD, 5-day, percent removal	Smpl.				=87			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Perc	ent Removal											
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI										
<b>X</b> 81011	Solids, suspended percent removal	Smpl.				=84			23 - %	1	01/30 - Monthly	CA - CALCTD
K - Perc	ent Removal											
Season:	0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD

Pa	arameter	NODI	Quantity 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
NODI:	-	NODI										
TT000	Toxicity, Chronic	Smpl.										
1 - Efflu	uent Gross											
Season	: 0	Req.					<=5.1 MO AVG	Req Mon DAILY MX	73 - toxic		09/99 - See Permit	24 - COMP24
NODI:	e	NODI					9 - Conditional Monitoring - Not Required This Period	9 - Conditional Monitoring - Not Required This Period				

DMR Copy of Submission Page 9 of 10

#### **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	Туре	Description	A -ll- d
Code	Name	Location	rieid		Description	Acknowledge
00530	Solids, total suspended	W - See Comments	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1 )	<b>✓</b>
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 )	<b>~</b>
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 )	<b>~</b>
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 )	<b>~</b>
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 )	$\checkmark$
74055	Coliform, fecal general	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 )	$\checkmark$
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 )	$\checkmark$
74055	Coliform, fecal general	1 - Effluent Gross	Quality or Concentration Sample Value 3	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 )	<b>~</b>
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 )	<b>✓</b>

#### **Comments**

#### Attachments

Name	Туре	Size	
2491_001.pdf	pdf	1535852	

Report Last Saved By JUNEAU, CITY & BOROUGH OF DMR Copy of Submission Page 10 of 10

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2017-12-15 13:06 (Time Zone:-09:00)

Report Last Signed By

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2017-12-15 13:16 (Time Zone:-09:00)

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# 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

GENERAL INFORMATION	V	PERMIT# (if any): Ak	(002295-1						
Owner or Operator: City and Borough of Juneau		Facility Name:  Mendenhall Wastewate	r Treatment Facility		Facility Loc Juneau, AK				
Person Reporting: Karen Sewell		Phone Numbers of Per 907-586-0393	son Reporting:		Reported H	How? (e.g. by phone):			
Date/Time Event was Notice 11/30/2017 @ 1427 pm	d:	<b>Date/Time Reported:</b> 12/1/2017 @ 1427 pm			Name of DI Hotline	EC Staff Contacted:			
VERBAL NOTIFICATION	MUST RE V	IADE TO ADEC WITH	IN 24 HOURS OF	DISCOVI	ERV OF NO	NCOMPLIANCE.			
INCIDENT DETAILS						ACOM EMICE			
Period of Noncompliance		Fime (exact): 11/19/201							
•					`				
N/A	en corrected,	provide a statement reg	arding the anticipa	ited time t	ne noncomp	liance is expected to continue:			
Estimated Quantity involved (1.61 mg * 58 mg/l * 8.34 ) ~ (1.61 mg * 82 mg/l * 8.34) ~	789 lbs.	weight):							
Description of the noncompl	iance and its	cause (be specific):							
Unknown									
	olied drinking	g water to nearby well o	wners and informed			act on Environmental Health rink from wells until further			
Permit Condition Deviation		-	-		coult)	Samula Data			
Parameter (e.g. BOD pH	n	Permit Limit	Exceedance		esuit)	Sample Date			
TSS		60 mg/l		2 mg/l		11/19/2017			
FC		244 FC/100 ml	3300 F	FC/100 ml	-	11/19/2017			
Corrective Actions (Attach a chances of recurrence.)  Increased waste removal from	·			stem to no	rmal operat	tion and to minimize or eliminate			
Environmental Damage: (if	vas provida	datails balow)	T Yes	1	No	<b>▽</b> Unknown			
				,	140	) Christian			
Actual /Potential Impact on I	Environment	Public Health (describe	in detail)						
	l properly gath	er and evaluate the informa	ation submitted. Based	d on my inc	quiry of the pe	n accordance with a system designed erson or persons who manage the ny 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

SECORT TITLE: Senior Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF DECOMING AWARE OF THE EVENT. Name: Jim Westcott 12/1 /2017



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GENERAL INFORMATIO	N	PERMIT# (if any): AK0	002295_1					
Owner or Operator:	.,	Facility Name:		Facility	Location:			
City and Borough of Juneau		Mendenhall Wastewater	Treatment Facility	Juneau,				
Person Reporting: Jim Westcott		Phone Numbers of Person 907-586-0393	on Reporting:	Reporte Hotline	ed How? (e.g. by phone):			
Date/Time Event was Notice 11/28/2017 @ 1049 pm	ed:	<b>Date/Time Reported:</b> 11/28/2017 @ 1245 pm		Name o Hotline	f DEC Staff Contacted:			
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF DI	SCOVERY OF	NONCOMPLIANCE			
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photo	s as necessar	y)			
Period of Noncompliance	Start Date/T	Fime (exact): 11/16/2017	@ 0940 am	End Date/Tim	e (exact): 11/17/2017 @ 0940 am			
If noncompliance has not be N/A	een corrected,	provide a statement rega	rding the anticipated	d time the nonco	ompliance is expected to continue:			
Estimated Quantity involved (volume or weight): (1.58 mg * 73 mg/l * 8.34) ~ 962 lbs.								
Description of the noncomp	liance 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	n system. Curre	ently operating at a 10 SRT						
Permit Condition Deviation	(Identify each	h permit condition exceed	ed during the event.	)				
Parameter (e.g. BOD pl	<u>H)</u>	Permit Limit	Exceedance (sa	imple result)	Sample Date			
TSS		60 mg/l	73 m	ng/l	11/16/2017			
Corrective Actions (Attach chances of recurrence.)	a description	of corrective actions taker	n to restore the system	m to normal ope	eration and to minimize or eliminate			
Increased waste removal from	system. Curre	ently operating at a 10 SRT						
Environmental Damage: (i	f yes, provide	details below)	Yes	Г No	₩ Unknown			
Actual /Potential Impact on	Environment	/Public Health (describe i	n detail)					
Unknown								
to assure that qualified personn system, or those persons directl	el properly gath y responsible fo	er and evaluate the information, gathering the information,	ion submitted. Based on the information submit	n my inquiry of the ted is, to the best	on in accordance with a system designed the person or persons who manage the of my knowledge and belief, true, the possibility of fine and imprisonment for			
Name: Jim Westcott	Title:	Senior Operator	Signature:	Min 4	Date: 11/28/2017			
FORMS M	UST BE SEN	T TO ADEC WITHIN FI	IVE DAYS OF BEC	OMING AWAR	RE OF THE EVENT.			



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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, AK				
Person Reporting: Jim Westcott		Phone Numbers of Person 907-586-0393	on Reporting:		Reported I Hotline	How? (e.g. by phone):			
<b>Date/Time Event was Noticed:</b> 11/27/2017 @ 1656 pm		<b>Date/Time Reported:</b> 11/28/2017 @ 1245 pm			Name of D Hotline	EC Staff Contacted:			
VERBAL NOTIFICATION M	IUST BE M	ADE TO ADEC WITHIN	N 24 HOURS OF DI	ISCOVE	CRY OF NO	ONCOMPLIANCE			
INCIDENT DETAILS (a	ttach ado	litional sheets, lab re	ports, and photo	s as ne	ecessary)				
		ime (exact): 11/15/2017				exact): 11/16/2017 @ 0940 am			
If noncompliance has not been N/A	corrected,	provide a statement rega	rding the anticipate	d time tl	he noncom	pliance is expected to continue:			
Estimated Quantity involved (volume or weight): (1.62 mg * 67 mg/l * 8.34) ~ 905 lbs.									
Description of the noncomplian	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 sy	/stem. Curro	ently operating at a 10 SRT							
Permit Condition Deviation (I	dentify eacl	permit condition exceed	ed during the event.	.)					
Parameter (e.g. BOD pH)		Permit Limit	Exceedance (sa	ample re	esult)	Sample Date			
BOD		60 mg/l	67 n	ng/l		11/15/2017			
						~			
			¥						
		<b>3</b> C							
Corrective Actions (Attach a d chances of recurrence.)	escription	of corrective actions taker	to restore the syste	em to no	rmal opera	tion and to minimize or eliminate			
Increased waste removal from sy	/stem. Curre	ently operating at a 10 SRT	•						
Environmental Damage: (if y	es, provide	details below)	T Yes	r	- No	<b>▼</b> Unknown			
Actual /Potential Impact on Er	vironment	/Public Health (describe i	in detail)						
Unknown									
to assure that qualified personnel p system, or those persons directly re	oroperly gath esponsible fo	er and evaluate the information, gathering the information,	ion submitted. Based of the information submi	on my inc itted is, to	quiry of the pother the best of	in accordance with a system designed berson or persons who manage the my knowledge and belief, true, ossibility of fine and imprisonment for			
Name: Jim Westcott	Title:	Senior Operator	Signature:	- 10	1	Date: 11/28/2017			
FORMS MUS	ST BE SEN	T TO ADEC WITHIN FI	IVE DAYS OF BEC	OMINO	AWARE	OF THE EVENT.			



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#### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATIO	N	PERMIT# (if any): A	K002295-1					
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewar	ter Treatment Facility		Facility Location: Juneau, AK			
Person Reporting: Jim Westcott		Phone Numbers of Pe 907-586-0393	erson Reporting:		Reported How? (e.g. Hotline	by phone):		
Date/Time Event was Notice 11/21/2017 @ 1144 am	ed:	Date/Time Reported: 11/21/2017 @ 1224 p			Name of DEC Staff ( Hotline	Contacted:		
VERBAL NOTIFICATION	MUST BE N	IADE TO ADEC WIT	HIN 24 HOURS OF DIS	SCOVE	RY OF NONCOMP	LIANCE		
INCIDENT DETAILS	(attach ad	ditional sheets, lab	reports, and photos	s as nec	cessary)			
Period of Noncompliance		'ime (exact): 11/9/201	_		ate/Time (exact): 11/			
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: $N/A$								
Estimated Quantity involved (1.53 mg * 150 mg/l * 8.34 ) (1.53 mg * 260 mg/l * 8.34)	~ 1989 lbs.	weight):						
Description of the noncomp	liance and its	cause (be specific):						
Unknown								
Actions taken to reduce, elir (describe in detail) (e.g. Sup notice)								
Increased waste removal from	system. Curre	ently operating at a 10 d	ay SRT.					
Permit Condition Deviation	(Identify eac	h permit condition exc	eeded during the event.)	)				
Parameter (e.g. BOD pl	H)	Permit Limit	Exceedance (sa	mple res	sult)	Sample Date		
TSS		60 mg/l	82 mg	g/l		11/10/2017		
TSS		2454 lbs.	34481	lbs.		11/10/2017		
BOD		60 mg/l	150 m			11/10/2017		
Corrective Actions (Attach a chances of recurrence.)	a description	of corrective actions ta	ken to restore the system	m to nor	mal operation and to	o minimize or eliminate		
Increased waste removal from	n system. Curre	ently operating at a 10 d	ay SRT,					
Environmental Damage: (i	f yes, provide	details below)	T Yes	Г	No	<b>▽</b> Unknown		
Actual /Potential Impact on	Environment	/Public Health (descri	be in detail)					
Unknown		·						
I certify under penalty of law the to assure that qualified personne system, or those persons directly	el properly gath	ner and evaluate the inform	mation submitted. Based or	n my inqu	uiry of the person or pe	ersons who manage the		

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

Name: Jim Westcott Title: Senior Operator Signature: Date: 11/28/2017

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



Updated May 2010

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

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GENERAL INFORMATIO	N	PERMIT# (if any): AI	K002295-1						
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewate	er Treatment Facility		Facility Lo				
Person Reporting: Jim Westcott		Phone Numbers of Per 907-586-0393	son Reporting:		Reported Hotline	How? (e.g. by phone):			
Date/Time Event was Notice 11/20/2017 @ 1125 am	ed:	<b>Date/Time Reported:</b> 11/20/2017 @ 1226 pm	1		Name of Di Hotline	EC Staff Contacted:			
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITH	IIN 24 HOURS OF D	ISCOV	ERY OF NO	DNCOMPLIANCE			
INCIDENT DETAILS	(attach add	litional sheets, lab 1	reports, and photo	os as n	ecessary)				
Period of Noncompliance	Start Date/T	ime (exact): 11/8/2017	' @ 0940 am	End I	Date/Time (e	exact): 11/9/2017 @ 0940 am			
If noncompliance has not be N/A	en corrected,	provide a statement reg	garding the anticipate	d time t	he noncomp	oliance is expected to continue:			
Estimated Quantity involved (volume or weight): (1.77 mg * 110 mg/l * 8.34) ~ 1624 lbs. (1.77 mg * 180 mg/l * 8.34) ~ 2657 lbs.  Description of the noncompliance and its cause (be specific): Unknown									
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)  Increased waste removal from system. Currently operating at a 10 SRT.									
Permit Condition Deviation		<u> </u>							
Parameter (e.g. BOD pl	1)	Permit Limit	Exceedance (s	ample r	esult)	Sample Date			
TSS		60 mg/l	180	mg/l		11/8/2017			
TSS		2454 lbs.	2657	lbs		11/8/2017			
BOD		60 mg/l	110 1	mg/l		11/8/2017			
Corrective Actions (Attach a chances of recurrence.)	description (	of corrective actions tak	en to restore the syste	em to no	ormal operat	tion and to minimize or eliminate			
Increased waste removal from	system. Curre	ently operating at a 10 SR	T.						
Environmental Damage: (i	f yes, provide	details below)	T Yes	1	No	<b>▽</b> Unknown			
Actual /Potential Impact on	Environment	Public Health (describe	e 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 the and imprisonment for knowing violations.									
Name: _Jim Westcott	Title:	Senior Operator	Signature:		lif	Date: 11/28/2017			



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 INFORMATIO	N	PERMIT# (if any): AK002295-1					
Owner or Operator:		Facility Name:			Facility Location:		
City and Borough of Juneau		Mendenhall Wastewater Treatment Facility			Juneau, AK		
Person Reporting: Jim Westcott		Phone Numbers of Po 907-586-0393	erson Reporting:		Reported How? (e.g. by phone): Hotline		
Date/Time Event was Notice	ed:	Date/Time Reported:			Name of DE	C Staff Contacted:	
11/17/2017 @ 1325 am							
VERBAL NOTIFICATION						NCOMPLIANCE	
INCIDENT DETAILS	(attach ad	ditional sheets, lab	reports, and pho	otos as n	ecessary)		
Period of Noncompliance		Fime (exact): 11/7/201	act): 11/8/2017 @ 0940 am				
If noncompliance has not be N/A	een corrected,	provide a statement re	egarding the anticipa	ated time t	he noncompl	iance is expected to continue:	
Estimated Quantity involve (1.78 mg * 80 mg/l * 8.34 ) ~ (1.78 mg * 61 mg/l * 8.34) ~	1188 lbs.	weight):					
Description of the noncomp	liance 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 system. Currently operating at a 10 day SRT.							
Permit Condition Deviation	(Identify eacl	permit condition exc	eded during the eve	ent.)			
Parameter (e.g. BOD pl		Permit Limit	Exceedance		esult)	Sample Date	
TSS		60 mg/l		) mg/l		11/7/2017	
BOD		60 mg/l	61	l mg/l		11/7/2017	
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 waste removal from system. Currently operating at a 10 day SRT.							
Environmental Damage: (i	f yes, provide	details below)	T Yes	1	No No	<b>▽</b> Unknown	
Actual /Potential Impact on	Environment	Public Health (describ	e in detail)				
Unknown							
	el properly gath	er and evaluate the inform	nation submitted. Base	d on my in	quiry of the per	accordance with a system designed rson or persons who manage the y 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

Name: Jim Westcott Title: Senior Operator Signature: Date: 11/28/2017

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



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555 Cordova Street

Anchorage, Alaska 99501

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#### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION PERMIT# (if any): AK002295-1							
Owner or Operator:		Facility Name:			Facility Location:		
City and Borough of Juneau		Mendenhall Wastewater Treatment Facility			Juneau, AK		
Person Reporting:		Phone Numbers of Person	on Reporting:	Repor	Reported How? (e.g. by phone):		
Jim Westcott		907-586-0393		Hotlin	e		
TO 4 1/101 TO 4 DI-41-		D 4 //C' D 4 - 1		Nome	of DEC Staff Contacted		
Date/Time Event was Notice	The second secon				of DEC Staff Contacted:		
11/17/2017 @ 1234 pm							
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE							
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photo	s as necessa	iry)		
Period of Noncompliance	Start Date/T	Time (exact): 11/6/2017	@ 0940 am	End Date/Ti	me (exact): 11/7/2017 @ 0940 am		
If noncompliance has not be N/A	en corrected,	provide a statement rega	rding the anticipate	d time the non	compliance is expected to continue:		
Estimated Quantity involve	d (volume or v	weight):					
(1.78 mg * 136 mg/l * 8.34 )							
(1.78 mg * 90 mg/l * 8.34) ~							
Description of the noncomp	liance and its	cause (he specific):					
	mance 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 system. Currently operating at a 10 day SRT.							
Permit Condition Deviation	(Identify eac	h nermit condition exceed	led during the event.	)			
Parameter (e.g. BOD p		Permit Limit	Exceedance (sa		Sample Date		
TSS		60 mg/l	136 r		11/6/2017		
BOD		60 mg/l	90 m	ng/l	11/6/2017		
Corrective Actions (Attach chances of recurrence.)	a description	of corrective actions take	n to restore the syste	em to normal o	peration and to minimize or eliminate		
Increased waste removal from system. Currently operating at a 10 day SRT.							
Environmental Damage: (	if yes, provide	details below)	T Yes	l No	▼ Unknown		
Actual /Potential Impact on	Environment	t/Public Health (describe	in detail)				
Unknown		,					
to assure that qualified personn	el properly gath	ner and evaluate the informat	ion submitted. Based of	on my inquiry of	sion in accordance with a system designed fithe person or persons who manage the st 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

estcott Title: Senior Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. 11/28 /2017 Name: Jim Westcott



Division of Water, Compliance and Enforcement Program 555 Cordova Street

Anchorage, Alaska 99501 vide Toll Free: 1(877) 569-4114 Anchorage/Internati

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): Al	K002295-1				
Owner or Operator: City and Borough of Juneau	Facility Name:  Mendenhall Wastewate	er Treatment Facility	Facility Locat Juneau, AK	ion:		
				v? (e.g. by phone);		
erson Reporting: im Westcott	Phone Numbers of Per 907-586-0393	son Reporting:	Hotline	(e.g. by phone);		
Date/Time Event was Noticed: 1/17/2017 @ 1234 pm	Date/Time Reported: 11/20/2017 @ 1610 pm	1	Name of DEC Hotline	Staff Contacted:		
ERBAL NOTIFICATION MUST B	E MADE TO ADEC WITH	IIN 24 HOURS OF D	SCOVERY OF NON	COMPLIANCE		
NCIDENT DETAILS (attach	additional sheets, lab i	reports, and photo	s as necessary)	A SECTION OF SECTION O		
eriod of Noncompliance Start Da	te/Time (exact): 11/5/2017	ime (exact): 11/5/2017 @ 0940 am End Date/Time (exact): 11/6/2017				
noncompliance has not been correct/A	ed, provide a statement reg	garding the anticipate	d time the noncomplia	nce is expected to continue:		
stimated Quantity involved (volume	or weight):					
2.10 mg * 171 mg/l * 8.34 ) $\sim$ 2995 lbs.						
2.10 mg * 99 mg/l * 8.34) ~ 1734 lbs.						
escription of the noncompliance and	its cause (be specific):					
nknown						
ctions taken to reduce, eliminate, an	d prevent reoccurrence of r	noncompliance and A	tual/Potential Impact	on Environmental Health		
describe in detail) (e.g. Supplied drin			well owners not to drin	k from wells until further		
describe in detail) (e.g. Supplied drin otice)	king water to nearby well o	wners and informed	vell owners not to drin	k from wells until further		
describe in detail) (e.g. Supplied drin otice)	king water to nearby well o	wners and informed	vell owners not to drin	k from wells until further		
describe in detail) (e.g. Supplied drin otice)	king water to nearby well o	wners and informed	well owners not to drin	k from wells until further		
describe in detail) (e.g. Supplied drin otice) ncreased waste removal from system. Correct Condition Deviation (Identify the Condition (Identify t	urrently operating at a 10 da	wners and informed vy SRT.	.)			
describe in detail) (e.g. Supplied drin otice) ncreased waste removal from system. C	king water to nearby well of	wners and informed v	.)	k from wells until further  Sample Date		
describe in detail) (e.g. Supplied drin otice) nereased waste removal from system. Commented the condition Deviation (Identify the Condition (Iden	urrently operating at a 10 da	wners and informed vy SRT.	ample result)			
describe in detail) (e.g. Supplied drin otice)  acreased waste removal from system. Commercial Condition Deviation (Identify Parameter (e.g. BOD pH)	urrently operating at a 10 day each permit condition excess Permit Limit	y SRT.  eded during the event.  Exceedance (s	a <b>mple result)</b> ng/l	Sample Date		
describe in detail) (e.g. Supplied drin otice)  necreased waste removal from system. Coremit Condition Deviation (Identify Parameter (e.g. BOD pH)  TSS	urrently operating at a 10 day each permit condition exceeded to the permit condition because the permit condition exceeded to the p	y SRT.  eded during the event  Exceedance (s	ample result) ng/l lbs.	Sample Date 11/6/2017		
describe in detail) (e.g. Supplied drin otice)  ncreased waste removal from system. Cormit Condition Deviation (Identify Parameter (e.g. BOD pH)  TSS TSS	urrently operating at a 10 day  each permit condition exceet  Permit Limit  60 mg/l  2452 lbs.	y SRT.  eded during the event  Exceedance (s  171 r  2995	ample result) ng/l lbs.	Sample Date 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied drin otice)  coreased waste removal from system. Coremit Condition Deviation (Identify Parameter (e.g. BOD pH)  TSS TSS	urrently operating at a 10 day  each permit condition exceet  Permit Limit  60 mg/l  2452 lbs.	y SRT.  eded during the event  Exceedance (s  171 r  2995	ample result) ng/l lbs.	Sample Date 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied drin notice)  ncreased waste removal from system. Cormit Condition Deviation (Identify Parameter (e.g. BOD pH)  TSS TSS	urrently operating at a 10 day  each permit condition exceet  Permit Limit  60 mg/l  2452 lbs.	y SRT.  eded during the event  Exceedance (s  171 r  2995	ample result) ng/l lbs.	Sample Date 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied drin notice)  ncreased waste removal from system. Correct Condition Deviation (Identify Parameter (e.g. BOD pH)  TSS TSS BOD	each permit condition exceeds Permit Limit 60 mg/l 2452 lbs. 60 mg/l	eded during the event  Exceedance (s 171 r 2995	ample result) ng/l lbs. ng/l	Sample Date 11/6/2017 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied dring notice)  ncreased waste removal from system. Corrective Actions (Attach a description of the control of the corrective Actions (Attach a description of the corrective Actions of the corrective Actions (Attach a description of the corrective Actions of the corrective Actions (Attach a description of the corrective Actions of the corrective Actions of the correction	each permit condition exceeds Permit Limit 60 mg/l 2452 lbs. 60 mg/l	eded during the event  Exceedance (s 171 r 2995	ample result) ng/l lbs. ng/l	Sample Date 11/6/2017 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied dring office)  necreased waste removal from system. Corrective Actions (Attach a description office)  Supplied dring office of the system. Corrective Actions (Attach a description office)  Supplied dring office of the system. Corrective Actions (Attach a description office)  Corrective Actions (Attach a description of the system)	each permit condition exceeds Permit Limit 60 mg/l 2452 lbs. 60 mg/l	eded during the event  Exceedance (s 171 r 2995	ample result) ng/l lbs. ng/l	Sample Date 11/6/2017 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied drin notice)  ncreased waste removal from system. Corrective Actions (Attach a description hances of recurrence.)	each permit condition exceeds Permit Limit 60 mg/l 2452 lbs. 60 mg/l	eded during the event  Exceedance (s  171 r  2995  99 n	ample result) ng/l lbs. ng/l	Sample Date 11/6/2017 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied drin otice)  corrective Actions (Attach a description and system)	urrently operating at a 10 day each permit condition excee  Permit Limit 60 mg/l 2452 lbs. 60 mg/l  on of corrective actions take	eded during the event  Exceedance (s  171 r  2995  99 n	ample result) ng/l lbs. ng/l	Sample Date 11/6/2017 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied drin otice)  corrective Actions (Attach a description hances of recurrence.)  Corrective Actions (Attach a description hances of recurrence.)  Environmental Damage: (if yes, prove	urrently operating at a 10 day each permit condition excee  Permit Limit 60 mg/l 2452 lbs. 60 mg/l  on of corrective actions take urrently operating at a 10 day ride details below)	eded during the event  Exceedance (s  171 r  2995  99 r  seen to restore the system  y SRT.	ample result) ng/l lbs. ng/l em to normal operation	Sample Date 11/6/2017 11/6/2017 11/6/2017 and to minimize or elimina		
describe in detail) (e.g. Supplied drin notice)  ncreased waste removal from system. Correct Condition Deviation (Identify Parameter (e.g. BOD pH)  TSS TSS	urrently operating at a 10 day each permit condition excee  Permit Limit 60 mg/l 2452 lbs. 60 mg/l  on of corrective actions take urrently operating at a 10 day ride details below)	eded during the event  Exceedance (s  171 r  2995  99 r  seen to restore the system  y SRT.	ample result) ng/l lbs. ng/l em to normal operation	Sample Date 11/6/2017 11/6/2017 11/6/2017		
describe in detail) (e.g. Supplied drin otice)  ncreased waste removal from system. Corrective Actions (Attach a description hances of recurrence.)  Environmental Damage: (if yes, provectual /Potential Impact on Environmental Corrective Actions (Attach and Environmental Corrective Actual /Potential Impact on Environmental Corrective Actual /Po	each permit condition excee  Permit Limit 60 mg/l 2452 lbs. 60 mg/l on of corrective actions take urrently operating at a 10 day each permit condition excee	eded during the event  Exceedance (s  171 r  2995  99 n  Sen to restore the system  y SRT.  Yes  e in detail)	ample result)  ng/l  lbs.  ng/l  No  No	Sample Date  11/6/2017  11/6/2017  11/6/2017  and to minimize or eliminate or elimi		

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

Name: Jim Westcott Title: Senior Operator 11/28 /2017 Signature: Date:

stcott Title: Senior Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.



Division of Water, Compliance and Enforcement Program
555 Cordova Street

Anchorage, Alaska 99501

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#### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATIO	N	PERMIT# (if any): AK002295-1						
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastew	ater Treatment Facility		Facility Location: Juneau, AK			
Person Reporting:  Jim Westcott  Phone Numbers of Person Reporting: 907-586-0393				1 -	Reported How? (e.g. by phone): Hotline			
Date/Time Event was Noticed:         Date/Time Reported:           11/14/2017 @ 1703 pm         11/15/2017 @ 1315 pm				Name of DEC Staff Contacted: Hotline				
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE								
INCIDENT DETAILS	(attach add	litional sheets, lal	b reports, and photo	os as necess	ary)			
Period of Noncompliance		'ime (exact): 11/2/20			Fime (exact): 11/3/2017 @ 0940 am			
If noncompliance has not be N/A	en corrected,	provide a statement	regarding the anticipate	d time the no	ncompliance is expected to continue:			
Estimated Quantity involved (1.83 mg * 66 mg/l * 8.34 ) ~		veight):						
Description of the noncompl	iance and its	cause (be specific):						
Unknown								
	plied drinking	g water to nearby wel	l owners and informed		al Impact on Environmental Health ot to drink from wells until further			
Permit Condition Deviation	(Identify each	permit condition ex	ceeded during the event	.)				
Parameter (e.g. BOD pl	1)	Permit Limit	Exceedance (s	ample result)	Sample Date			
TSS		60 mg/l	66 n	ng/l	11/3/2017			
Corrective Actions (Attach a chances of recurrence.)	description	of corrective actions t	aken to restore the syste	em to normal	operation and to minimize or eliminate			
Increased waste removal from system. Currently operating at a 10 day SRT,								
Environmental Damage: (i	f yes, provide	details below)	T Yes	ΓNo	Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail)  Unknown								
to assure that qualified personne system, or those persons directly	el properly gath y responsible fo	er and evaluate the info or gathering the informa	rmation submitted. Based of tion, the information subm	on my inquiry of itted is, to the b	vision in accordance with a system designed of the person or persons who manage the pest of my knowledge and belief, true, g the possibility of fine and imprisonment for			
Name:Jim Westcott	Title:	Senior Operator	Signature:	file 7	Date: 11/15 /2017			

Updated May 2010



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

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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 907-586-0393	Reported How? (e.g. by phone); Hotline			Iow? (e.g. by phone);		
Date/Time Event was Noticed:         Date/Time Reported:           11/14/2017 @ 1650 pm         11/15/2017 @ 1315 pm					Name of Di Hotline	EC Staff Contacted:	
VERBAL NOTIFICATION M	IUST BE M	IADE TO ADEC WITHIN	N 24 HOURS OF DI	ISCOV	ERY OF NO	DNCOMPLIANCE	
INCIDENT DETAILS (2	ttach ad	ditional sheets, lab re	ports, and photo	s as n	ecessary)	CONTRACTOR OF THE PROPERTY OF	
		Time (exact): 11/1/2017 @		1	,	exact): 11/2/2017 @ 0935 am	
If noncompliance has not been N/A	corrected,	provide a statement rega	rding the anticipate	d time t	the noncomp	oliance is expected to continue:	
Estimated Quantity involved (volume or weight): (2.12 mg * 73 mg/l * 8.34 ) ~ 1291 lbs. (2.12 mg * 99 mg/l * 8.34 ) ~ 1750 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 system. Currently operating at a 10 day SRT.							
Permit Condition Deviation (I	dentify eacl	h permit condition exceed	ed during the event.	.)		- V	
Parameter (e.g. BOD pH)		Permit Limit	Exceedance (s	ample r	esult)	Sample Date	
TSS		60 mg/l	99 m	ng/l		11/2/2017	
BOD		60 mg/l 73 mg/l 11/2/2017					
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 waste removal from system. Currently operating at a 10 day SRT.							
Environmental Damage: (if y	Environmental Damage: (if yes, provide details below)						
Actual /Potential Impact on E	nvironment	/Public Health (describe i	n detail)				
Unknown		,	,				
	properly gath	er and evaluate the informati	on submitted. Based of	on 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:

11/28 /2017

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



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555 Cordova Street

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#### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATIO	N	PERMIT# (if any): AK0	02295-1					
Owner or Operator:		Facility Name: Mendenhall Wastewater Treatment Facility			Facility Location:			
City and Borough of Juneau					Juneau, Ak			
					Reported 1 Hotline	Reported How? (e.g. by phone): Hotline		
					Name of D Hotline	DEC Staff Contacted:		
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE						ONCOMPLIANCE		
INCIDENT DETAILS								
Period of Noncompliance	N	Fime (exact): 10/31/2017			****	(exact): 11/1/2017 @ 0935 am		
If noncompliance has not be N/A	en corrected,	provide a statement rega	rding the anticipate	d time	the noncom	pliance is expected to continue:		
Estimated Quantity involved ( 1.99 mg * 77 mg/l * 8.34) ~ ( 1.99 mg * 128 mg/l * 8.34) ~	1278 lbs. BO	D						
Description of the noncompl	iance and its	cause (be specific):						
N/A								
						oact on Environmental Health drink from wells until further		
Increased waste removal from	system.							
Permit Condition Deviation	(Idontify and	h normit condition around	ad duning the arout	`				
Parameter (e.g. BOD pl		Permit Limit	Exceedance (sa		result)	Sample Date		
TSS mg/l	<u>.,</u>	60 mg/l	77 n		Court	10/31/2017 – 11/1/2017		
_		-		_				
BOD mg/l		60 mg/l	128 n	_		10/31/2017 – 11/1/2017		
FC/100 ml		224 fc/100 ml	4300/10	00 ml		11/1/2017		
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)								
Actual /Potential Impact on								
Unknown								
to assure that qualified personne system, or those persons directly	el properly gath y responsible fo	ner and evaluate the information gathering the information,	ion submitted. Based of the information submi	on my ir itted is,	nquiry of the to the best of	in accordance with a system designed person or persons who manage the my knowledge and belief, true, cossibility of fine and imprisonment for		

stcott Title: Senior Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. Jim Westcott **Date:** 11/10/2017 Name:



# 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

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17							
GENERAL INFORMATION PERMIT# (if any): AK002295-1							
Owner or Operator:		Facility Name:			Facility Location:		
City and Borough of Juneau		Mendenhall Wastewater	Freatment Facility		Juneau, AK		
Person Reporting: Jim Westcott		Phone Numbers of Person 907-586-0393	Reported How? (e.g. by phone): Hotline				
Date/Time Event was Notice 11/14/2017 @ 1700 pm	ed:	<b>Date/Time Reported:</b> 11/15/2017 @ 1315 pm			Name of D Hotline	EC Staff Contacted:	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE							
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photo	s as n	ecessary)		
Period of Noncompliance		Cime (exact): 11/1/2017 @				exact): 11/2/2017 @ 0935 am	
If noncompliance has not be N/A	en corrected,	provide a statement regar	ding the anticipated	d time t	the noncomp	pliance is expected to continue:	
Estimated Quantity involved (volume or weight): (2.12 mg * 73 mg/l * 8.34 ) ~ 1291 lbs. (2.12 mg * 99 mg/l * 8.34 ) ~ 1750 lbs.							
Description of the noncomp	liance 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 system. Currently operating at a 10 day SRT.							
Permit Condition Deviation	(Identify each	h permit condition exceed	ad during the event	,			
Parameter (e.g. BOD pl		Permit Limit	Exceedance (sa		result)	Sample Date	
TSS	-	60 mg/l	99 m			11/2/2017	
BOD				_			
БОР		60 mg/l 73 mg/l 11/2/2017					
	description	of corrective actions taken	to restore the syste	m to no	ormal opera	tion and to minimize or eliminate	
chances of recurrence.)							
Increased waste removal from system. Currently operating at a 10 day SRT,							
Environmental Damage: (i	f yes, provide	details below)	T Yes		Г No	✓ Unknown	
Actual /Potential Impact on	Environment	/Public Health (describe i	n detail)				
Unknown							
I certify under penalty of law th to assure that qualified personne system, or those persons directly	el properly gath	er and evaluate the informati	on submitted. Based o	n my in	quiry of the p	in 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:

11/15 /2017

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



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

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

### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION PERMIT# (if any): AK002295-1								
Owner or Operator:		Facility Name:			Facility Location:			
City and Borough of Juneau		Mendenhall Wastewate	er Treatment Facil	ity	Juneau, Ak	ζ		
Person Reporting: Jim Westcott		Phone Numbers of Per 907-586-0393	rson Reporting:		Reported 1 Hotline	How? (e.g. by phone):		
Date/Time Event was Notice	ed:	Date/Time Reported:			Name of D	DEC Staff Contacted:		
12/5/2017 @ 1511 pm								
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		Fime (exact): 11/26/201				exact): 11/27/2017 @ 0920 am		
If noncompliance has not be N/A	een corrected,	provide a statement reg	garding the antici	pated time	the noncom	pliance is expected to continue:		
Estimated Quantity involve (1.58 mg * 80 mg/l * 8.34 ) ~		weight):						
Description of the noncomp	liance and its	cause (be specific):						
Unknown								
						act on Environmental Health drink from wells until further		
Increased waste removal from	n system. Curr	ently operating at a 10 da	y SRT.					
Permit Condition Deviation	(Identify eac	h permit condition exce	eded during the e	vent.)				
Parameter (e.g. BOD p)		Permit Limit		ce (sample r	esult)	Sample Date		
TSS		60 mg/l	<u> </u>		- Court			
135		oo mgi	/l 80 mg/l 11/27/2017					
Corrective Actions (Attach chances of recurrence.)	a description	of corrective actions tak	en to restore the	system to no	ormal opera	tion and to minimize or eliminate		
Increased waste removal from	n system. Curr	ently operating at a 10 da	y SRT.					
Environmental Damage: (i	if yes, provide	details below)	T Yes		□ No	<b>▽</b> Unknown		
Actual /Potential Impact on	Environment	/Public Health (describ	e in detail)					
Unknown								
to assure that qualified personn	el properly gath	er and evaluate the inform	ation submitted. Ba	ased on my in	quiry of the	in accordance with a system designed person 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

Stcott Title: Senior Operator Signature: Date:
FORMSMUST BE SENT TO ADECWITHIN FIVE DAYSOF BECOMING AWARE OF THE EVENT Name: JimWestcott 12/6 /2017



# 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 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: Karen Sewell		Phone Numb 907-586-076		on Reporting:		Reported Hotline	How? (e.g. by phone):
Date/Time Event was Notice 12/11/2017 @ 1114 pm	ed:	Date/Time R 12/11/2017 @				Name of Hotline	DEC Staff Contacted:
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE						ONCOMPLIANCE	
INCIDENT DETAILS	(attach ad	ditional she	ets, lab rej	ports, and photo	s as r	ecessary	)
Period of Noncompliance		Time (exact):					(exact): 12/1/2017 @ 0930 am
If noncompliance has not be N/A	en corrected,	provide a sta	tement regar	ding the anticipated	d time 1	the noncon	npliance is expected to continue:
Estimated Quantity involved (1.81 mg * 66 mg/l * 8.34 ) ~		weight):					
Description of the noncompl	liance and its	cause (be spec	cific):				
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. Curre	ently operating	; at a 10 day S	SRT.			
Permit Condition Deviation	(Identify each	h permit cond	ition exceed	ed during the event.	.)		+:
Parameter (e.g. BOD pl	<u>1)</u>	Permit Lin	<u>mit</u>	Exceedance (sa	ample r	result)	Sample Date
TSS		60 mg/l		66 m	ıg/l		12/1/2017
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 waste removal from system. Currently operating at a 10 day SRT.							
Environmental Damage: (if yes, provide details below)							
Actual /Potential Impact on Environment/Public Health (describe in detail)  Unknown							
to assure that qualified personne system, or those persons directly	el properly gath y responsible fo	er and evaluate or gathering the	the information, t	on submitted. Based of the information submit	on my in itted is, t	quiry of the to the best o	n in accordance with a system designed person or persons who manage the f my knowledge and belief, true, possibility of fine and imprisonment for

Sewell Title: Operator Signature: Date:
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT. Name: Karen Sewell 12/11 /2017