Permit

AK0022951 Permit ID:

Major:

Permittee: JUNEAU, CITY & BOROUGH OF Permittee Address: 2009 RADCLIFFE ROAD

JUNEAU, AK99801 2009 RADCLIFFE ROAD

Facility: JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF **Facility Location:** JUNEAU, AK99801

Brown

001-A - MENDENHALL RIVER DIFFUSER Permitted Feature: 001 - External Outfall Discharge:

Report Dates & Status

Monitoring Period: From 03/01/19 to 03/31/19 **DMR Due Date:** 04/15/19

Status: **NetDMR Validated** Considerations for Form Completion

Supervisor

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

> Telephone: 907-586-0393

**Last Name:** 

No Data Indicator (NODI)

Form NODI:

Title:

**Parameter** NODI **Quantity or Loading Quality or Concentration** Freq. of Smpl. of Ex. Analysis Code Name Value 1 Value 2 Units Value 1 Value 2 Value 3 Units

Ра	rameter	NODI	Quanti	ty or Loading			Quality or Con-	centration		# of	Freq. of Analysis	Smp Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	туре
00010	Temperature, water deg. centigrade	Smpl.					=12	=13.2	04 - deg C	0	05/WK - Five Per	GR - GRAB
- Efflu	ent Gross										Week	
ieason:	: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB
IODI:		NODI										
	Oxygen, dissolved [DO]	Smpl.				=2		=6.9	19 - mg/L	0	01/30 - Monthly	GR - GRAB
- EMIL	ient Gross					B						
eason	: 0	Req.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
IODI: -		NODI										
0310	BOD, 5-day, 20 deg. C	Smpl.	=440	=558	26 - lb/d		=27	=37	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP
Efflu	ent Gross											
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 - COMP
IODI: -		NODI										
00310	BOD, 5-day, 20 deg. C	Smpl.					=506		19 - mg/L	0	02/30 - Twice Per	24 - COMP
- Raw nfluent	v Sewage t										Month 02/30 -	
ieason	: 0	Req.					Req Mon MO AVG		19 - mg/L		Twice Per Month	24 - COMP
IODI:	-	NODI										
0310	BOD, 5-day, 20 deg. C	Smpl.	=541		26 - lb/d		=37		19 - mg/L	0	02/30 - Twice Per Month	24 - COMF
N - See	e Comments										02/30 -	Е.
Season	: 0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		Twice Per Month	24 - COMF
NODI:	-	NODI										
)0400 L - Efflo	pH uent Gross	Smpl.				=6.6		=6.9	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										
00410	Alkalinity, total [as CaCO3]	Smpl.					=160	=160	19 = mg/L	0	01/90 - Quarterly	24 = COMF
	uent Gross	_					Req Mon MO	Req	19 -		01/90 -	24 =
Season		Req.					AVG	Mon DAILY MX			Quarterly	COM
NODI:		NODI										
	Solids, total suspended	Smpl.	=265	=418	26 - lb/d		=16	=22	19 - mg/L	0	02/30 - Twice Per Month	24 - COM
Season	uent Gross	Req.	<=1226 MO AVG	<=2452 DAILY	26 - lb/d		<=30 MO AVG	<=60 DAILY	19 ≅ mg/L		02/30 - Twice Per	24 - COMI
NODI:		NODI	AVG	170	15/4				9/ -		Month	20111
	Solids, total suspended	.1001							10 =		02/30 -	24 -
G - Rav Influen	w Sewage	Smpl.					=632		19 - mg/L	0	Twice Per Month	COM
									19 -			24 =

Pa	rameter	NODI	Quan	tity or Loading			Quality or Co	ncentration		# of	Freq. of Analysis	Smpl
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.		турс
											02/30 - Twice Per Month	
NODI:		NODI										
00530	Solids, total suspended	Smpl.	=324		26 - lb/d		=18		19 - mg/L	0	02/30 - Twice Per	24 - COMP
N - See	Comments				10, 4				mg/L		Month	COMP
Season	0	Req.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP2
NODI:		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.	=244	=244	26 - lb/d		=17	=17	19 = mg/L	0	01/30 - Monthly	24 = COMP
Efflu	ent Gross				, -				9, _		Honemy	COM
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.					=67	=67	19 - mg/L	0	01/30 - Monthly	24 - COMP2
L - Efflu	ent Gross								mg/L		Honding	COMP
Season	0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP2
NODI: =		NODI										
1119	Copper, total recoverable	Smpl.	=0.32	=0.32	26 - lb/d		=22	=22	28 - ug/L	0	01/30 - Monthly	24 - COMP2
Efflu	ent Gross				, -						Honerry	COM
Season:		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.						=0	9P - N=0;Y=1	0	01/30 - Monthly	VI - VISUAI
Efflu	ent Gross											
eason:	0	Req.						<=Req Mon DAILY MX	9P - N=0;Y=1		01/30 - Monthly	VI : VISUAI
ODI: -		NODI										
50050	Flow, in conduit or											
	thru treatment plant	Smpl.	=1.9	=2.6	03 - MGD					0	99/99 - Continuous	RC - Record (auto)
- Efflu	ent Gross											
eason:	0	Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorde (auto)
ODI: -		NODI										
<b>(</b> 4055	Coliform, fecal general	Smpl.					=8	=240	13 =	1	02/07 - Twice	GR -
- Efflu	ent Gross	-							#/100mL	=	Every Week	GRAB
eason:	0	Req.					<=112 MO GEOMN	<=224 DAILY MX	13 - #/100mL		02/07 - Twice Every Week	GR - GRAB
ODI: -		NODI										
	Collform, fecal general	Smpl.					=88		13 - #/100mL	0	02/07 = Twice Every	GR = GRAB
V - See	Comments										Week 02/07 -	
eason:	0	Req.					<=168 WK GEOMN		13 - #/100mL		Twice Every	GR - GRAB

Pa	rameter	NODI	Quantity or Loading		Quality or Concentration					Freq. of Analysis	Smpl.	
Code	Name		Value 1 Value	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		NODI										
81010	BOD, 5-day, percent removal	Smpl.				=95			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										
81011	Solids, suspended percent removal	Smpl.				=98			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Perc	ent Removal											
Season:	: 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI:	8	NODI										
TT000	Toxicity, Chronic	Smpl.					=0	==0	73 - toxic	0	09/99 - See Permit	24 - COMP24
1 - Efflu	ient Gross								come		000.0	
Season	: 0	Req.					<=5.1 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	riald		Provintion	Acknowledge	
Code	Name	Location	Field	Туре	Description	Acknowledge	
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 )	V	

#### Comments

# Attachments

Name	Туре	Size
4499 001.pdf	pdf	105566

## Report Last Saved By

## JUNEAU, CITY & BOROUGH OF

User: CBJWASTEWATER1 James Westcott Name:

E-Mail: jim.westcott@juneau.org

2019-04-10 14:53 (Time Zone:-08:00) Date/Time:

Report Last Signed By

CBJWASTEWATER1 User: Name: James Westcott

E-Mail: jim.westcott@juneau.org

2019-04-10 14:53 (Time Zone:-08:00) Date/Time:

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# 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 INFORMATIO	N	PERMIT# (if any): AK0	02295-1							
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 Perso 907-586-0393	on Reporting:	Reported How? (e.g. by phone): ADEC hotline						
Date/Time Event was Notic 3/12/2019 @ 1000 am	ed:	Date/Time Reported: 3/13/19 @ 0830 am		Name of DEC Staff Contacted: ADEC Hotline						
VERBAL NOTIFICATION	MUST BE	MADE TO ADEC WITH	IN 24 HOURS OF D	ISCOV	VERY OF	NONCOMPLIANCE				
INCIDENT DETAILS	(attach ac	lditional sheets, lab r	eports, and phot	os as i	necessary	7)				
Period of Noncompliance	_	Time (exact): 3/6/2019	•			(exact): 3/6/2019 @ 1029				
If noncompliance has not be N/A	een corrected	l, provide a statement reg	arding the anticipat	ed time	the nonco	mpliance is expected to continue:				
Estimated Quantity involve 240 FC/100 ml	d (volume or	weight):								
Description of the noncomp	liance and it	s 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.									
Permit Condition Deviation	(Identify ea	ch permit condition excee	ded during the even	t.)						
Parameter (e.g. BOD pl	<u>H)</u>	Permit Limit	Exceedance (sa	mple r	esult)	Sample Date				
FC		224 FC/100 ml	240 FG	C/ml	3/6/2019 – 3/6/2019					
		¥								
Corrective Actions (Attach	a description	of corrective actions take	n to restore the syst	om to r	normal and	ration and to minimize or				
eliminate chances of recurr		of corrective actions take	en to restore the syst	em to r	iorinai ope	ration and to minimize or				
Increased waste removal from system.										
Environmental Damage: (i	f yes, provid	e details below)		ſ	No No	<b>▼</b> Unknown				
Actual /Potential Impact on	Environmen	nt/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:	AM	2	Date: 3/6/2019				
FORMS MU	DAL RE SEN	T TO ADEC WITHIN FI	VE DAYS OF BECO	OMINO	AWARE	OF THE EVENT.				