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

JUNEAU, AK99801

Permitted Feature: 001 - External Outfall

Discharge:

001-A - MENDENHALL RIVER DIFFUSER

Report Dates & Status

Monitoring Period: From 10/01/19 to 10/31/19

DMR Due Date:

11/15/19

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:

Supervisor

Telephone:

907-586-0393

No Data Indicator (NODI)

Form NODI:

NODI **Parameter** 

**Quantity or Loading** 

**Quality or Concentration** 

# of

Value 1

Value 2

Value 2

Value 3

Type

Code Name

Units Value 1

Units

Analysis

Parameter	NO	IDC	Quanti	ity or Loading			Quality or Con-	centration		#	Freq. of	Smpl.
Code Name	e		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Туре
00010 Temperal water de centigrad	g.	npl.					=16.4	=18.4	04 = deg C	0	05/WK - Five Per Week	GR - GRAB
1 - Effluent Gross	5										week	
Season: 0	Re	eq.					Req Mon MO AVG	Req Mon DAILY MX	04 - deg C		05/WK - Five Per Week	GR - GRAB
NODI: -	NO	DDI										
00300 Oxygen, dissolved [DO]	d	npl.				=2.1		=7.1	19 - mg/L	0	01/30 - Monthly	GR - GRAB
1 - Effluent Gross	5								10		04.170	000
Season: 0	Re	eq.				Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
NODI: -	NO	ODI										
X BOD, 5-0 00310 20 deg. 0	C Sn	npl.	=1494	=3376	26 - lb/d		=74	=160	19 = mg/L	13	02/30 - Twice Per Month	24 = COMP24
1 - Lilluelle Gloss	•		1775 110	2452 54514	2.5			50 B431V	10		02/30 -	24 5
Season: 0	Re	eq.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		Twice Per Month	24 - COMP24
NODI: -	NO	DDI										
00310 BOD, 5-c 20 deg. 0	C	npl.					=447		19 -	0	02/30 - Twice Per	24 -
G - Raw Sewage Influent									mg/L	Ü	Month	COMP24
Season: 0	R	eq.					Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -	NO	ODI										
<b>X</b> BOD, 5-0 20 deg. 0	C	npl.	=1850		26 - lb/d		=127		19 = mg/L	4	02/30 - Twice Per Month	24 = COMP24
W - See Commen	nts											
Season: 0	Re	eq.	<=1839 WKLY AVG		26 - lb/d		<=45 WKLY AVG		19 - mg/L		02/30 - Twice Per Month	24 = COMP24
NODI: -	NO	ODI										
00400 pH 1 - Effluent Gross		npl.				=6.6		=7.1	12 - SU	0	05/07 - Weekdays	GR - GRAB
Season: 2		eq.				>=6.3 INST		<=8.5 INST	12 - SU		05/07 -	GR -
NODI: -		ODI				MIN		MAX			Weekdays	GRAB
X Solids, to		001										
00530 suspende	ed Sn	npl.	=2107	=4704	26 - lb/d		=105	=240	19 - mg/L	17	02/30 - Twice Per Month	24 - COMP24
1 - Effluent Gross	S			Pi .							02/30 -	
Season: 0	R	eq.	<=1226 MO AVG	<=2452 DAILY MX	26 - lb/d		<=30 MO AVG	<=60 DAILY MX	19 - mg/L		Twice Per Month	24 - COMP24
NODI: -		ODI										
00530 Solids, to suspende	ed	npl.					=452		19 -	0	02/30 - Twice Per	24 -
G - Raw Sewage Influent									mg/L		Month	COMP24
Season: 0	R	eq.					Req Mon MO AVG		19 = mg/L		02/30 - Twice Per Month	24 = COMP24
NODI: -	NO	ODI										
X Solids, to	od				26 -				19 =	_	02/30 -	24 =
00530 suspende W - See Commer	311	npl.	=3840		lb/d		=196		mg/L	5	Twice Per Month	COMP24
Season: 0		eq.										

ø.

Pa	arameter	NODI	Quant	ity or Loading			Quality or Cor	centration		# of	Freq. of Analysis	Smpl. Type
Code	Name		Value 1 <=1839 WKLY AVG	Value 2	Units 26 - lb/d	Value 1	Value 2 <=45 WKLY AVG	Value 3	Units 19 - mg/L	Ex.	02/30 - Twice Per Month	24 - COMP24
NODI:		NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.					=16	=16	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effl	uent Gross											
Season		Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI:		NODI										
	Hardness, total [as CaCO3]	Smpl.					=80	=80	19 - mg/L	0	01/30 - Monthly	24 - COMP24
	uent Gross						Reg Mon MO	Req	19 -		01/30 -	24 -
Season		Req.					AVG	Mon DAILY MX			Monthly	COMP24
NODI:		NODI										
X 01119	Copper, total recoverable uent Gross	Smpl.	=1.13	=1.13	26 - lb/d		=54	=54	28 - ug/L	1	01/30 - Monthly	24 - COMP24
		Dea	<=1.82 MO	<=3.92 DAILY	26 -		<=44.5 MO	<=95.8 DAILY	28 - ug/L		01/30 -	24 -
Season		Req.	AVG	MX	lb/d		AVG	MX	20 - ug/L		Monthly	COMP24
NODI:	- Floating	NODI										
+3013	solids, waste or visible foam-visual	Smpl.						=0	9P - N=0;Y=1	0	01/30 - Monthly	VI - VISUAL
1 - Effl	uent Gross											
Seasor	ı: 0	Req.						<=Req Mon DAILY MX	9P - N=0;Y=1		01/30 - Monthly	VI ⊱ VISUAL
NODI:	-	NODI										
50050	Flow, in condult or thru	0. 1	2.7	2.7	03 -					0	99/99 -	RC = S
	treatment plant	Smpl.	=2./	=3.7	MGD					0	Continuous	Recorder (auto)
۱ - Effl	uent Gross											
Seasor	ı: O	Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorder (auto)
NODI:		NODI										
	Coliform, fecal general uent Gross	Smpl.					=21	=730	13 - #/100mL	0	01/07 - Weekly	GR - GRAB
Seasor		Req.					<=200 MO	<=800 DAILY	13 -		01/07 -	GR -
NODI:		NODI					GEOMN	MX	#/100mL		Weekly	GRAB
	Coliform, fecal general	Smpl.					=39		13 - #/100ml	0	01/07 - Wookly	GR -
W - Se	e Comments								#/100mL		Weekly	GRAB
Seasor	n: 2	Req.					<=400 WK GEOMN		13 - #/100mL		01/07 - Weekly	GR - GRAB
NODI:	-	NODI										
<b>X</b> 81010	BOD, 5-day, percent removal	Smpl.				=83			23 - %	1	01/30 - Monthly	CA - CALCTD
K - Per	cent Removal										,	,,
Seasor	n: 0	Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI:	-	NODI										
	Solids, suspended	Smpl.				=77			23 - %	1	01/30 - Monthly	CA - CALCTD

Paran	meter	NODI	Quanti	ty or Loading			Quality or Cor	ncentration		#	Freq. of	Smpl.
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
	rcent moval											
K - Percent	Removal											
Season: 0		Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		NODI										
	xicity, nгопіс	Smpl.					=9	=9	73 = toxic	0	09/99 - See Permit	24 - COMP24
							Reg Mon MO	Dog	73 -		00/00	24 -
Season: 6		Req.					AVG	Req Mon DAILY MX	toxic		09/99 - See Permit	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	etata	-	B	
Code	Name	Location	Field	Type	Description	Acknowledge
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1 )	$\checkmark$
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading 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 )	$\checkmark$
00310	BOD, 5-day, 20 deg. C	W - See Comments	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. (Error Code: 1 )	~
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 )	$\checkmark$
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 )	S.
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 )	$\overline{\checkmark}$
81010	BOD, 5-day, 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	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 )	$\nabla_{t}$
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 )	V
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 )	$\checkmark$
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 )	12
01119	Copper, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1 )	V

#### Comments

#### Attachments

Name	Туре	Size
0422_001.pdf	pdf	1353690

### Report Last Saved By

### JUNEAU, CITY & BOROUGH OF

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2019-11-15 13:05 (Time Zone:-09:00)

### Report Last Signed By

User:

CBJWASTEWATER1

Name:

James Westcott

E-Mail:

jim.westcott@juneau.org

Date/Time:

2019-11-15 13:07 (Time Zone:-09:00)

### MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska October 2019

										uneau,	Alaska			00	tober 2	019					
		FLOWS							NFLUE	NT							EFFLU	IENT			
DAY	DATE	SBR INFLUENT MGD	precip	SBR TTL EFFL MGD	SBR WASTE MGD	TEMP °C	pН	mg/L	S S ma/L	SS. LBS	B O D	B.O.D.	TEMP °C	рН	D.O.	S S mg/L	S.S LBS	B.O.D.	B,O,D,	On FC	FEC COLIF /100
SUN	29	1.80	0.00	1.78	0.088	1		Ingra	India	CDO	MAPL.	100	-		HIG/L	IIIu/L	LDS	mg/L	·FDO	Grab	/10
MON	30	2.00	0.62	1.94	0.111	17.0	7.0	2.7					17.6	7.0	3.4						-
TUE	1	3.00	1,30	2.90	0.145	15.5	6.9	2.0	332	8030	350	8465	17.0	6.8	3.6	12	290	16	387	_	
WED	2	3.10	T	3.33	0.148	16.5	7.0	2.0	272	7554	310	8809	17.3	6.7	3.1	49	1361	37	1028		
THU	3	3.00	T	2,92	0,184	17.0	7.0	2.7	396	9644	460	11202	17.5	6.8	3.0	47	1145	47	1145		
FRI	4	2.60	0.06	2.49	0.166	17.0	6.6	3.5					18.4	6.6	3.6		1222				
SAT	5	2.60	0.58	2.51	0,104																
SUN	6	3.70	1.10	3.63	0.076																
MON	7	3.10	0.00	3.06	0.103	14.5	6.8	2.9					15,9	6.8	3,0						
TUE	8	2 80	0.00	2.77	0.143	15.7	7.0	2,1	260	6006	310	7162	15.9	6.9	3.7	36	832	31	716		1 5
THU	9	2.80	0.03	2.45	0.217	16,9	7.8	0.1	460	9399	430	8786	16,6	6,9	7.1	55	1124	43	879		
	10	3.10	0.21	2.48	0.222	15,8	7.8	2.6	990	20476	540	11169	17.8	6.9	3.8	66	1365	44	910		
SAT	12	3.60	0.73	3 32 2.76	0.184	16.9	7.0	2.2	313	8667	250	6922	16,9	6.8	2.6	41	1135	32	886		7
SUN	13	2.70	0.00	2.76	0.235				_												
MON	14	2.80	0.04	2.13	0.1490	16.0	7,1	2.0					47.0		0.0						
TUE	15	3.40	0.40	2.50	0.217	16.0	6.8	4.4					17.2	7.1	2.9						
WED	16	3.10	0.21	2.74	0.197	15.5	6.8	4.4		_			17.2	7.0	3.0						- 4
THU	17	2.80	0.10	2.36	0.186	15.1	7.2	1.8	393	7735	360	7086	17.0	6.6	3.2		7877	-			2
FRI	18	2.80	0.30	2.36	0.186	15.1	7.1	3.2	400	7873	420	8267	17,3	6.8	2.5	92 79	1811	54	1063		1
SAT	19	2.75	0.07	2.55	0.1540	10,1	-	3,2	400	1013	420	0201	15.0	0.0	2,1	/9	1555	68	1338		
SUN	20	2.41	T	2.23	0.087																
MON	21	2.60	0.00	2.24	0.028	13.4	7.6	2.1	455	8500	320	5978	15.8	6.8	3.8	122	2279	68	1270		
TUE	22	2.61	0.06	2.35	0.076	16.1	6.7	3.8	633	12406	610	11955	16.6	6.8	2.6	240	4704	140	2744		
WED	23	2.49	1.18	2.24	0.159	15.6	6.9	2.6	215	4017	400	7473	16.2	6.8	2.6	200	3736	140	2615		2
THU	24	2.42		2.53	0.0483	15.4	7.0	3.3	520	10972	560	11816	15.7	6.6	2.7	220	4842	160	3376		-
FRI	25	2.17		2.19	0.0813	14.1	7.6	2.6		10214			14.8	6.6	2.3	LEU	4042	100	3370		_
SAT	26	1,99		1.83	0.0948	247,617							13.0	7.0							
SUN	27	1,95		1.83	0.0828																
/ON	28	2.07		1.88	0.0352	14.4	7.4	4.3					14.5	6,9	2.7						
TUE	29	2.45		2.27	0.0437	13.6	7.4	2.3	556	10526	470	8898	15.3	6.9	5.1	142	2688	90	1704		_
VED	30	2.34		2.15	0.1021	14.0	6.8	0.2	700	12552	950	17034	15.6	6.6	3.1	214	3837	160	2869		
THU	31	2.26		2 13	0.1185	15.9	6.7	1.6	332	5898	410	7283	15.5	6,6	2.1	68	1208	55	977		
FRI	1	2.44		2.25	0.0909	14.1	7.1	4.9	902	2400	-10	1200	14,3	6.8	3.5	00	1200	35	9//		
SAT	2	2.13		1.99	0.0097								1-7/0	0,0	5,5						
OTAL		84.61	6.57	77.42	4.0517																
XIMUM		3.70	1.30	3.63	0.2360	17.0	7.8	4.4	990	20470	OFO	47004	40.4	7.4	-	200	.mar				
IMUM										20476	950	17034	18.4	7,1	7.1	240	4704	160	3376	0.00	7
		1.95	0.00	1.83	0.0280	13.4	6.6	0.1	215	4017	250	5978	14,5	6.6	2.1	12	290	16	387	0.00	2
RAGE *		2.73	0.33	2.50	0.1307	15.5			452	9391	447	9257	16.4			105	2107	74	1494	#DIV/0!	20
of Anal	yses	31	20	31	31	23	23	23	16	16	16	16	23	23	23	16	16	16	16	0	
								19			2019 Metal:					WEEKLY A	VERAGE		WEEKLY	% RE	MOVA
							Hrd ma/l	80			ug/L	LBS		WEEK	В	OD	TS	SS	COLIFORM	B.O.D.	8
							Hrd ma/			Copper	54	1.126			mg/l	Ibs	mg/l	lbs	Geo Mean	S.S.	- 3
							Alk mart			Copper		0 000		1	33	853	36	932	4	Floati	ng Solid
									1	Load		0.000		2	38	848	50	1036	16	Waste,	or Foa
										Silver		0.000		3	61	1201	86	1683	39	Pass/Fail	
							Tox Tuc			Zinc		0.000		4	127	1201	196	3840	26		
														5	102	1850	141	2578	7		
										···NH3 mg/L	16	333	( (1)	MAX	127	1850	196	3840	39		

Daily Max Monthly max

Monthly average

Weekly average

Weekly lbs

CONTACT NAME:

MAILING ADDRESS: 2009 Radcliffe Rd. Juneau, AK 99801 FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 10/1/19

10/31/19

TO

NO DISCHARGE:

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Temperature (C)	Sample meas.	*****	*****		*****	16.4	18.4		0		
1 - Final Effluent 00010	I CI IIIIC	*****	*****		*****	Report monthly average	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen	Sample meas.	*****	*****		2.1	*****	7.1		0		
1 - Final Effluent 00300		****	*****		Report daily minimum	*****	Report daily maximum	mg/l		Monthly	Grab
Biochemical Oxygen Demand (BOD5)	Sample meas.	1494	3376		*****	74	160		13		
1 - Final Effluent 00310	Permit reqmt.	1226 monthly average	2452 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****	*****		*****	447	*****		0		
G - Influent 00310	I CI IIII	*****	*****		*****	Report monthly average	*****	mg/l		2X Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5)	Sample meas.	1850	*****		*****	127	*****		4		
W - See Comments 00310	Permit reqmt.	1839 weekly average	*****	lbs/day	*****	45 weekly average	*****	mg/l		2X Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for			
	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YJMID

CONTACT NAME:

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 10/1/19

TO 10/31/19

NO DISCHARGE:

Frequency of Sample Type **Quality or Concentration** Units No. **Quantity or Loading** Units Parameter **Analysis** Ex. Minimum **Average** Maximum Maximum Average Ηα Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 7.1 0 6.6 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 8.5 S.U. 5X Weekly Grab 6.5 1 - Final Effluent **Permit** instantaneous instantaneous 00400 reqmt. minimum maximum Alkalinity, Total (as CaCO3) Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 NA NA meas. \*\*\*\*\* 24-Hr Composite \*\*\*\*\* mg/l Quarterly \*\*\*\*\* Report Report 1 - Final Effluent **Permit** daily maximum monthly average 00410 reamt. **Total Suspended Solids** Sample \*\*\*\*\* 105 240 17 2107 4704 meas. \*\*\*\*\* 60 mg/l 2X Monthly 24-Hr Composite 30 1226 2452 lbs/day 1 - Final Effluent **Permit** daily maximum monthly average monthly average daily maximum 00530 regmt. **Total Suspended Solids** Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 452 0 meas. \*\*\*\*\* \*\*\*\*\* 24-Hr Composite \*\*\*\*\* \*\*\*\*\* Report mg/l 2X Monthly G - Influent **Permit** monthly average 00530 regmt. **Total Suspended Solids** Sample \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 5 196 3840 meas. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2X Monthly 24-Hr Composite lbs/day 45 mg/l 1839 W - See Comments **Permit** weekly average weekly average 00530 regmt.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for			
	gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OF PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

CONTACT NAME:

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 10/1/19

10/31/19

NO DISCHARGE:

Parameter				Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	1	Ex.	Analysis	1 71
Ammonia Nitrogen (as N)	Sample meas.	*****	*****		*****	16	16		0		
1 - Final Effluent 00610	I CI IIIIC	*****	*****		****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Hardness, Total (as CaCO3)	Sample meas.	*****	*****		*****	80	80		0		
1 - Final Effluent 00900	Permit reqmt.	****	*****		*****	Report monthly average	Report daily maximum	mg/l		Monthly	24-Hr Composite
Silver Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01079	I cimit	****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite
Zinc Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01094	I CITHILL	****	*****	-	*****	Report monthly average	Report daily maximum	ug/I		See Permit Requirements	24-Hr Composite
Lead Total Recoverable	Sample meas.	*****	*****		*****	NA	NA		0		
1 - Final Effluent 01114	Permit reqmt.	*****	*****		*****	Report monthly average	Report daily maximum	ug/l		See Permit Requirements	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there	CIONATURE OF PRINCIPAL EVEN THE		DATE
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

CONTACT NAME:

MAILING ADDRESS: 2009 Radcliffe Rd.

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

MONITORING PERIOD: 10/1/19

10/31/19

NO DISCHARGE:

Parameter		Quantity or Loading		Units Quality or Concentration			ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Copper Total Recoverable	Sample meas.	1.13	1.13		*****	54	54		1		
1 - Final Effluent 01119	1 CI IIIIC	1.82 monthly average	3.92 daily maximum	lbs/day	*****	44.5 monthly average	95.8 daily maximum	ug/l		Monthly	24-Hr Composite
Chronic Toxicity	Sample meas.	*****	*****		*****	0	0		0		
1 - Final Effluent TTOOO	1 CI IIIIC	*****	*****		*****	Report monthly average	Report daily maximum	TUC		See Permit Requirements	24-Hr Composite
Floating solids, waste or visible foam-visual	Sample meas.	*****	*****		*****	*****	Р		0		
1 - Final Effluent 45613		*****	*****		*****	*****	Report value	pass/fail		Monthly	Visual
Flow	Sample meas.	2.7	3.7		*****	*****	*****		0		
1 - Final Effluent 50050	1 CI IIIIC	Report monthly average	4.9 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform	Sample meas.	*****	*****		*****	21	730		0		
1 - Final Effluent 74055	1 61 11116	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

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	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	SIGNATURE OF PRINCIPAL EXECUTIVE		
	knowledge and belief, true, accurate, and complete. I am aware that there			
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	YIMID

CONTACT NAME:

MAILING ADDRESS: 2009 Radcliffe Rd.

OUTFALL / MONITORING POINT: 001A MENDENHALL RIVER DIFFUSER

Juneau, AK 99801

FACILITY: MENDENHALL WW TREATMENT FACILITY

LOCATION: 2009 RADCLIFFE RD

Juneau, AK 99801

PERMIT NUMBER: AK0022951

MONITORING PERIOD: 10/1/19

10/31/19

NO DISCHARGE:

Parameter		Quantity (	or Loading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum	4	Ex.	Analysis	
Fecal Coliform	Sample meas.	*****	*****		*****	39	*****		0		
W - See Comments 74055		****	*****		*****	400 weekly geometric mean	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal	Sample meas.	*****	*****		83	*****	*****		1		
K - Percent Removal 81010		****	*****		85 minimum	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal	Sample meas.	*****	*****		77	*****	*****		1		
K - Percent Removal 81011		****	*****		85 minimum	*****	*****	%		Monthly	Calculation

COMMENTS:  W = Weekly Limits;			
W = Weekly Limits;			

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were		TELEPHONE	DATE
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property 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			In
	knowledge and belief, true, accurate, and complete. I am aware that there	SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPED OR PRINTED	are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA   NUMBER	Y M D



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 Facili	ity	Facility L Juneau, A	
Person Reporting: Jim Westcott		Phone Numbers of Pers 907-586-0393	on Reporting:		Reported ADEC hot	How? (e.g. by phone): tline
Date/Time Event was Notic 11/22/2019 @ 0820 am	ed:	Date/Time Reported: 11/21/19 @ 1130 am			Name of I ADEC Ho	DEC Staff Contacted: tline
VERBAL NOTIFICATION	MUST BE	MADE TO ADEC WITH	IN 24 HOURS	OF DISCO	VERY OF	NONCOMPLIANCE
INCIDENT DETAILS	(attach ac	lditional sheets, lab r	eports, and p	photos as	necessary	y)
Period of Noncompliance	Start Date/	/Time (exact): 10/09/2019 @ 1020 End Date/Time (exact): 10/10/2019 @				(exact): 10/10/2019 @ 1020
If noncompliance has not be N/A	een corrected	l, provide a statement reg	arding the antic	cipated time	e the nonco	mpliance is expected to continue:
Estimated Quantity involve (2.48 mg)(66 mg/l)(8.34) ~ 1		weight):				
Description of the noncomp	liance and it	s cause (be specific):				
Basins covered in excess amo	ount of foam.	Hydraulics increased turno	over rates which r	resulted in a	loss of mate	erial through the decant header.
						npact on Environmental Health o drink from wells until further
Increased waste removal from	n system. Red	luced system SRT from 10	to 8 days.			
Permit Condition Deviation	(Identify ea	ch permit condition excee	ded during the	event.)		
Parameter (e.g. BOD pl	<u>H)</u>	Permit Limit	Exceedance	ce (sample r	result)	Sample Date
TSS mg/l		60 mg/l daily max.	1	66 mg/l		10/09/2019 – 10/10/2019
Corrective Actions (Attach eliminate chances of recurre		of corrective actions tak	en to restore the	e system to	normal ope	ration and to minimize or
Increased waste removal from	n system.					
Environmental Damage: (i	f yes, provid	e details below)	☐ Yes		□ No	✓ Unknown
Actual /Potential Impact on						
Unknown						
manage the system, or those pe	d personnel pr rsons directly lete. I am awa	operly gather and evaluate the responsible for gathering the re that there are significant p	ne information sub e information, the penalties for submi	omitted. Base information	ed on my inq submitted is,	uiry of the person or persons who to the best of my knowledge and notuding the possibility of fine and
Name: Jim Westcott	Title:	Senior Operator	Signature:	14-14	m	Date: 11/22/2019
FORMS MU	JST BE SEN	T TO ADEC WITHIN F	IVE DAYS OF	BECOMIN	G AWARE	OF THE EVENT.



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Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

GENERAL INFORMATIO	N	PERMIT# (if any): AK	(0022951			
Owner or Operator:		Facility Name:			Facility L	ocation:
City and Borough of Juneau		Mendenhall Wastewater	treatment facility		Juneau, A	K
Person Reporting: Rico Tempel		Phone Numbers of Pers 907-586-0393	on Reporting:		Reported NETDMR	How? (e.g. by phone):
Date/Time Event was Notice 11/6/2019 @ 1130	Traine of				Name of I NETDMR	DEC Staff Contacted:
VERBAL NOTIFICATION	MUST BE M	IADE TO ADEC WITHI	N 24 HOURS OF D	ISCOV	ERY OF N	ONCOMPLIANCE
		ditional sheets, lab reports, and photos as necessary)				
Period of Noncompliance		Time (exact): 11/16/2019 @ 0738 am End Date/Time (exact): 11/17/20				
N/A			rding the anticipate	d time t	the noncom	pliance is expected to continue:
Estimated Quantity involved (2.36 mg)*(92 mg/l)*(8.34) ~		ght):				
Description of the noncomp	liance and its	cause (be specific):				
Basins covered in excess amo floatable materials.	unt of foam. B	egan a process 11/5 of drai	ining each active basi	n to the	head works	s to screen out excess foam and
Actions taken to reduce, elin (describe in detail) (e.g. Sup notice)	ninate, and pr plied drinking	event reoccurrence of no gwater to nearby well ow	ncompliance and Acorners and informed w	ctual/Po vell owr	tential Imp ners not to	pact on Environmental Health drink from wells until further
System SRT has been reduced	1 from 10 to 8	days.				
Permit Condition Deviation	(Identify each	nermit condition exceed	ed during the event	,		
Parameter (e.g. BOD pl		Permit Limit	Exceedance (sa		esult)	Sample Date
TSS mg/l	<u> </u>					
133 llig/1		60 mg/l	93 m	ig/1		11/16/2019 - 11/17/2019
			•			
Corrective Actions (Attach a	description o	of corrective actions taker	n to restore the syste	m to no	rmål opera	ation and to minimize or eliminate
chances of recurrence.)	•					
Increasing waste removal from	n system to lov	ver system SRT.				
Environmental Damage: (i	f yes, provide	details below)	☐ Yes	ſ	No	<b>▽</b> Unknown
Actual /Potential Impact on	Environment/	Public Health (describe i	n detail)			
Unknown			ŕ			
T						
to assure that qualified personne system, or those persons directly	el properly gathe y responsible fo	er and evaluate the informati r gathering the information,	ion submitted. Based or the information submit	n my inc	quiry of the potential	in accordance with a system designed person or persons who manage the my knowledge and belief, true, ossibility of fine and imprisonment for
Name: Jim Westcott	Title:	Senior operator	Signature:	114	-	<b>Date:</b> 11/6/2019
FORMS M	UST BE SEN	T TO ADEC WITHIN FI	VE DAYS OF BEC	OMINO	AWARE	OF THE EVENT.



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

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GENERAL INFORMATIO	N	PERMIT# (if any): Al	K002295-1					
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewate		Facilit Juneau	y Location: , AK			
Person Reporting:		Phone Numbers of Per 907-586-0393	rson Reporting:	Reported How? (e.g. by phone): ADEC hotline				
Date/Time Event was Notice 0/30/2019 @ 0645 am	d:			Date/Time Reported: Name of DEC Staff Contacted: ADEC Hotline				
ERBAL NOTIFICATION	MUST BE	MADE TO ADEC WIT	HIN 24 HOURS OF	DISCOVERY (	OF NONCOMPLIANCE			
INCIDENT DETAILS								
			ne (exact): 10/18/2019 @ 0845					
If noncompliance has not be N/A	en corrected	l, provide a statement re	egarding the anticipa	ated time the no	ncompliance is expected to continu			
Estimated Quantity involved (2.36 mg)(68 mg/l)(8.34) ~ 13 (2.36 mg)(79 mg/l)(8.34) ~ 15	38 lbs.	weight):						
Description of the noncompl	iance and it	s cause (be specific):						
Basins covered in excess amor	unt of foam.	Hydraulics increased turn	nover rates which resu	ılted in a loss of r	naterial through the decant header			
					Impact on Environmental Health			
	system. Red	luced system SRT from 10	0 to 8 days.					
Increased waste removal from Permit Condition Deviation	(Identify ea	ch permit condition exce	eeded during the eve		Savala Data			
Permit Condition Deviation Parameter (e.g. BOD pH	(Identify ea	ch permit condition exce <u>Permit Limit</u>	eeded during the eve	sample result)	Sample Date			
Permit Condition Deviation Parameter (e.g. BOD pH TSS mg/l	(Identify ea	ch permit condition exce Permit Limit 60 mg/l daily max.	Exceedance (	sample result)	10/17/2019 – 10/18/2019			
Permit Condition Deviation Parameter (e.g. BOD pH	(Identify ea	ch permit condition exce <u>Permit Limit</u>	Exceedance (	sample result)				
Permit Condition Deviation Parameter (e.g. BOD pH  TSS mg/l  BOD mg/l	(Identify earl)	ch permit condition exce Permit Limit 60 mg/l daily max. 60 mg/l daily max	Exceedance (	sample result) mg/l mg/l	10/17/2019 – 10/18/2019			
Permit Condition Deviation Parameter (e.g. BOD pH  TSS mg/l  BOD mg/l  Corrective Actions (Attach a	description	ch permit condition exce Permit Limit 60 mg/l daily max. 60 mg/l daily max	Exceedance (	sample result) mg/l mg/l	10/17/2019 – 10/18/2019 10/17/2019 – 10/18/2019			
Permit Condition Deviation Parameter (e.g. BOD pH  TSS mg/l  BOD mg/l  Corrective Actions (Attach a eliminate chances of recurred forms)	descriptionnce.)	ch permit condition exce Permit Limit 60 mg/l daily max. 60 mg/l daily max of corrective actions tal	Exceedance (	sample result) mg/l mg/l	10/17/2019 – 10/18/2019 10/17/2019 – 10/18/2019			
Permit Condition Deviation Parameter (e.g. BOD pH  TSS mg/l  BOD mg/l  Corrective Actions (Attach a eliminate chances of recurrent forms)	description nce.) system.	ch permit condition exce Permit Limit 60 mg/l daily max. 60 mg/l daily max  of corrective actions tale	Exceedance (  68  79  ken to restore the sy	sample result) mg/l mg/l stem to normal o	10/17/2019 — 10/18/2019 10/17/2019 — 10/18/2019 operation and to minimize or			
TSS mg/l BOD mg/l	description nce.) system.	ch permit condition exce Permit Limit 60 mg/l daily max. 60 mg/l daily max  of corrective actions tale	Exceedance (  68  79  ken to restore the sy	sample result) mg/l mg/l stem to normal o	10/17/2019 — 10/18/2019 10/17/2019 — 10/18/2019 operation and to minimize or			
Permit Condition Deviation Parameter (e.g. BOD pH  TSS mg/l  BOD mg/l  Corrective Actions (Attach a eliminate chances of recurred forms) Environmental Damage: (if Actual /Potential Impact on lawnown) Certify under penalty of law that designed to assure that qualified manage the system, or those personnel in the control of the control	description nce.) system. yes, provide Environment at this docume personnel presons directly ete. I am awa	eth permit condition exce Permit Limit 60 mg/l daily max. 60 mg/l daily max.  of corrective actions tall et details below) at/Public Health (describ) ent and all attachments were experly gather and evaluate to the responsible for gathering the	Exceedance (  68  79  ken to restore the sy  re prepared under my define information, the information, the information, the information, the information, the information, the information in	sample result) mg/l mg/l stem to normal of No lirection or supervited. Based on my ormation submittee	10/17/2019 — 10/18/2019 10/17/2019 — 10/18/2019 operation and to minimize or			
Permit Condition Deviation Parameter (e.g. BOD pH  TSS mg/l  BOD mg/l  Corrective Actions (Attach a eliminate chances of recurred forms) Environmental Damage: (if Actual /Potential Impact on labeling of law that designed to assure that qualified manage the system, or those person elief, true, accurate, and complete the complete increased waste removal from the control of law that designed to assure that qualified manage the system, or those person elief, true, accurate, and complete increased waste removal from the control of law that designed to assure that qualified manage the system, or those person elief, true, accurate, and complete increased waste removal from the control of law that designed to assure that qualified manage the system, or those person elief, true, accurate, and complete increased waste removal from the control of law that designed to assure that qualified manage the system, or those person elief, true, accurate, and complete increased waste removal from the control of law that designed to assure that qualified manage the system, or those person elief, true, accurate, and complete increased waste removal from the control of law that designed to assure that qualified manage the system, or those person elief, true, accurate, and complete increased waste removal from the control of law that designed to assure that qualified manage the system.	description nce.) system. yes, provide Environment at this docume personnel presons directly ete. I am awa	eth permit condition exce Permit Limit 60 mg/l daily max. 60 mg/l daily max.  of corrective actions tall et details below) at/Public Health (describ) ent and all attachments were experly gather and evaluate to the responsible for gathering the	Exceedance (  68  79  ken to restore the sy  re prepared under my define information, the information, the information, the information, the information, the information, the information in	sample result) mg/l mg/l stem to normal of No lirection or supervited. Based on my ormation submittee	10/17/2019 – 10/18/2019 10/17/2019 – 10/18/2019  peration and to minimize or  Unknown  sion in accordance with a system inquity of the person or persons who list to the best of my knowledge and			



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	NONCOMPLIAN			
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	son Reporting:	Reported ADEC hot	How? (e.g. by phone): line
Date/Time Event was Noticed:Date/Time Reported:Name of DEC Staff Cor10/31/2019 @ 0630 am10/31/19 @ 0840 amADEC Hotline				
VERBAL NOTIFICATION M	UST BE MADE TO ADEC WITH	IIN 24 HOURS O	F DISCOVERY OF	NONCOMPLIANCE
	ttach additional sheets, lab i			
Period of Noncompliance St	art Date/Time (exact): 10/20/201	9 @ 0800	End Date/Time (	(exact): 10/21/2019 @ 0800
f noncompliance has not been	corrected, provide a statement reg	garding the anticip		
Estimated Quantity involved (v $2.24 \text{ mg}$ )(68 mg/l)( $8.34$ ) $\sim 1270$ $2.24 \text{ mg}$ )( $122 \text{ mg/l}$ )( $8.34$ ) $\sim 2270$	lbs.			
Description of the noncomplian	ce and its cause (be specific):			
Basins covered in excess amount	of foam. Hydraulics increased turno	over rates which res	sulted in a loss of mate	rial through the decant header
	stem. Reduced system SRT from 10		ent.)	
Parameter (e.g. BOD pH)	Permit Limit		(sample result)	Sample Date
TSS mg/l	60 mg/l daily max.	123	2 mg/l	10/20/2019 - 10/21/2019
BOD mg/l	60 mg/l daily max	68	mg/l	10/20/2019 - 10/21/2019
			1	
			ર્	
Corrective Actions (Attach a de	escription of corrective actions take.)	en to restore the s	ystem to normal ope	ration and to minimize or
liminate chances of recurrence	e.)	en to restore the s	ystem to normal ope	ration and to minimize or
liminate chances of recurrence	e.) stem.	en to restore the s	ystem to normal oper	ration and to minimize or
liminate chances of recurrence nereased waste removal from systems.  Environmental Damage: (if year)	e.) stem.	<b>┌</b> Yes		
climinate chances of recurrences  noreased waste removal from system  Environmental Damage: (if yes  Actual /Potential Impact on Environmental Impact	stem. s, provide details below)	<b>┌</b> Yes		
ncreased waste removal from systemate chances of recurrence and the system and the system, or those person and the system a	stem.  s, provide details below)  vironment/Public Health (describe  nis document and all attachments were rsonnel properly gather and evaluate the state of the directly responsible for gathering the I am aware that there are significant p	Yes e in detail) e prepared under my ne information subme e information, the information, the information in the information in the information in the information.	I No  direction or supervision itted. Based on my inquestration submitted is,	Unknown  in accordance with a system airy of the person or persons who to the best of my knowledge and
Ilminate chances of recurrence increased waste removal from system increased waste removal from system.  Environmental Damage: (if yesternated in the performance of	stem.  s, provide details below)  vironment/Public Health (describe  nis document and all attachments were rsonnel properly gather and evaluate the state of the directly responsible for gathering the I am aware that there are significant p	Yes e in detail) e prepared under my ne information subme e information, the information, the information in the information in the information in the information.	I No  direction or supervision itted. Based on my inquestration submitted is,	Unknown  in accordance with a system airy of the person or persons who to the best of my knowledge and



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		Fax: (907) 269-460	4 E-mail address	dec-wqreportin	g@alaska.gov.
	NC	ONCOMPLIAN	CE NOTIF	ICATION	N
GENERAL INFORMATION	ON	PERMIT# (if any): AK(	0022951		
Owner or Operator: City and Borough of Juneau		Facility Name:		Facility I	
		Mendenhall Wastewater		Juneau, A	.K
Person Reporting: Jim Westcott		Phone Numbers of Pers 907-586-0393	on Reporting:	Reported ADEC ho	How? (e.g. by phone): tline
Date/Time Event was Notice 11/1/2019 @ 1245 pm	ed:	<b>Date/Time Reported:</b> 11/1/19 @ 1320 pm		Name of ADEC Ho	DEC Staff Contacted: otline
VERBAL NOTIFICATION	N MUST BE	E MADE TO ADEC WITH	IN 24 HOURS OF D	DISCOVERY OF	NONCOMPLIANCE
INCIDENT DETAILS	(attach a	additional sheets, lab r	eports, and phot	os as necessar	y)
Period of Noncompliance	Start Date	e/Time (exact): 11/21/2019	@ 0800 am	End Date/Time	(exact): 11/22/2019 @ 0800 am
If noncompliance has not b N/A	een correcto	ed, provide a statement reg	arding the anticipate	ed time the nonco	mpliance is expected to continue:
Estimated Quantity involve (2.35 mg)(240 mg/l)(8.34) ~ (2.35 mg)(140 mg/l)(8.34) ~	4740 lbs.	or weight):			
Description of the noncomp	liance and	its cause (be specific):			
Basins covered in excess amo	ount of foam	n. Hydraulics increased turno	ver rates which result	ed in a loss of mat	erial through the decant header.
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. Re	educed system SRT from 10	to 8 days.		
Permit Condition Deviation	(Identify e	ach permit condition excee	ded during the event	·.)	
Parameter (e.g. BOD pl	<u>H)</u>	Permit Limit	Exceedance (sa	mple result)	Sample Date
TSS mg/l		60 mg/l daily	240 m	o/1	11/21/2010 11/22/2010

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
TSS mg/l	60 mg/l daily	240 mg/l	11/21/2019 – 11/22/2019
TSS lbs.	2452 lbs.	4740 lbs.	11/21/2019 – 11/22/2019
BOD mg/l	60 mg/l daily	140 mg/l	11/21/2019 – 11/22/2019
BOD lbs.	2452 lbs.	2744 lbs.	11/21/2019 – 11/22/2019

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.

Environmental Damage: (if yes, provide details below)	T Yes	□ No	<b>▼</b> Unknown
Actual /Potential Impact on Environment/Public Health (des	cribe in detail)		
Unknown			

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 of 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:	ANUL	Date:	11/1/2019
	EODMS MI	ICT DE CENT TO ADEC MITHIN	EIVE DANC OF	PECOMING AND OF OF		



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

l I	ONCOMPLIA	NCE NOTIF	FICA	TION	
GENERAL INFORMATION	PERMIT# (if any): Al	K0022951			
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewate	Facility Name: Mendenhall Wastewater Treatment Facility  Facility L Juneau, A			
Person Reporting: Rico tempel	Phone Numbers of Per 907-586-0393	Phone Numbers of Person Reporting: Reporte 907-586-0393 ADEC h			How? (e.g. by phone): line
Date/Time Event was Noticed: 1/5/2019 @ 0745 am	Date/Time Reported: 11/5/19 @ 1400 pm				EC Staff Contacted:
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WIT	HIN 24 HOURS OF I	DISCOV	ERY OF N	NONCOMPLIANCE
NCIDENT DETAILS (attac	h additional sheets, lab	reports, and pho	tos as n	ecessary	)
Period of Noncompliance   Start I	<b>Date/Time</b> (exact): 11/22/20	19 @ 0800 am	End Da	ate/Time (	exact): 11/23/2019 @ 0800 am
f noncompliance has not been corr N/A	ected, provide a statement re	egarding the anticipat	ted time t	he noncon	npliance is expected to continue
Estimated Quantity involved (volun 2.24 mg)(200 mg/l)(8.34) $\sim$ 3736 lbs 2.24 mg)(140 mg/l)(8.34) $\sim$ 2615 lbs					
Description of the noncompliance a	nd its cause (be specific):				
Basins covered in excess amount of fo	oam. Hydraulics increased turn	nover rates which result	ted in a lo	ss of mate	rial through the decant header
Actions taken to reduce, eliminate, a describe in detail) (e.g. Supplied dratice)	inking water to nearby well	owners and informed	well own	iers not to	drink from wells until further
ncreased waste removal from system.					
Permit Condition Deviation (Identif	y each permit condition exce <u>Permit Limit</u>				
TSS mg/l		Exceedance (sa		uit)	Sample Date
ū l	60 mg/l daily	200 n	_		11/22/2019 – 11/23/2019
TSS lbs.	2452 lbs.	3736 lbs.		11/22/2019 – 11/23/2019	
BOD mg/l	60 mg/l daily	140 n	ng/I		11/22/2019 – 11/23/2019
BOD lbs.	2452 lbs.	2615	lbs.		11/22/2019 – 11/23/2019
Corrective Actions (Attach a descrip	otion of corrective actions tal	ken to restore the syst	tem to no	rmal oper	ation and to minimize or
ncreased waste removal from system.					
Environmental Damage: (if yes, pro		☐ Yes		No	<b>▽</b> Unknown
ctual /Potential Impact on Environ				110	)* UIRHUWR
nknown	,	,			
certify under penalty of law that this do esigned to assure that qualified personn nanage the system, or those persons dire elief, true, accurate, and complete. I am in prisonment for knowing violations.	el properly gather and evaluate t ectly responsible for gathering th	the information submittents information, the information.	ed. Based of mation sub	on my inqui	iry of the person or persons who
Name: Jim Westcott Ti	tle: Senior Operator	Signatura:	like	$/\!\!\!\!/$	11/6/0010
EODMO MICT DE	ne. Semoi Operator	Signature:	11/1/		Date: 11/5/2019

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



555 Cordova Street

Anchorage, Alaska 99501

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NERAL INFORMATION PERMIT# (if any): AK0022951							
Owner or Operator: Facility Name: Facility Location: City and Borough of Juneau Mendenhall Wastewater treatment facility Juneau, AK							
Person Reporting:       Phone Numbers of Person Reporting:       Reported How? (e.g. by 100 most person Reporting)         Rico Tempel       907-586-0393       NETDMR	by phone):						
Date/Time Event was Noticed:Date/Time Reported:Name of DEC Staff Control Network11/6/2019 @ 1130 am11/6/2019 @ 1145 amNETDMR	ontacted:						
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPL	JANCE						
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)							
Period of Noncompliance Start Date/Time (exact): 11/23/2019 @ 0738 am End Date/Time (exact): 11/24	4/2019 @ 0738 am						
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is ex $N/A$	spected to continue:						
Estimated Quantity involved (volume or weight): (2.53 mg)*(160 mg/l)*(8.34) ~ 3376 lbs. (2.53 mg)*(200 mg/l)*(8.34) ~ 4220 lbs.	a.						
Description of the noncompliance and its cause (be specific):							
Basins covered in excess amount of foam. Began a process 11/5 of draining each active basin to the head works to screen ou floatable materials.	it excess foam and						
Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Envir (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from v notice)	ronmental Health wells until further						
System SRT has been reduced from 10 to 8 days.							
Permit Condition Deviation (Identify each permit condition exceeded during the event.)							
	Sample Date						
	3/2019 - 11/24/2019						
	/2019 - 11/24/2019						
TSS mg/l 60 mg/l 200 mg/l 11/23.	/2019 - 11/24/2019						
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to chances of recurrence.)	minimize or eliminate						
Increasing waste removal from system to lower system SRT.							
Environmental Damage: (if yes, provide details below)							
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: 11/6/2019  FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.							

Updated May 2010



Division of Water, Compliance and Enforcement Program
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Anchorage, Alaska 99501

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	NO.	NCOMPLIA!	NCE NOT	IFICA	TION	
GENERAL INFORMATION	I	PERMIT# (if any): Ak	K0022951			
Owner or Operator: City and Borough of Juneau		Facility Name:Facility IMendenhall Wastewater Treatment FacilityJuneau, A				
Person Reporting: Rico Tempel	Phone Numbers of Per 907-586-0393	son Reporting:		Reported ADEC ho	How? (e.g. by phone): tline	
Date/Time Event was Noticed 11/6/2019 @ 1130 am				DEC Staff Contacted: otline		
VERBAL NOTIFICATION I	MUST BE	E MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE				NONCOMPLIANCE
INCIDENT DETAILS (						
		Γime (exact): 11/28/201				(exact): 11/29/2019 @ 0738 am
If noncompliance has not bee N/A	n corrected	, provide a statement re	garding the anticip	pated time	the nonco	impliance is expected to continue
Estimated Quantity involved (2.27 mg)(142 mg/l)(8.34) ~ 26 (2.27 mg)(90 mg/l)(8.34) ~ 170	88 lbs.	weight):				
Description of the noncompli	ance and its	s cause (be specific):				
Basins covered in excess amount	nt of foam.	Hydraulics increased turn	over rates which res	sulted in a	loss of mat	erial through the decant header.
notice) Increased waste removal from s	system. Red	uced system SRT from 10	to 8 days.		vners not t	o drink from wells until further
Permit Condition Deviation (						
Parameter (e.g. BOD pH)		Permit Limit	Exceedance	(sample r	esult)	Sample Date
TSS mg/l		60 mg/l daily	142 mg/l		11/28/2019 – 11/29/2019	
TSS lbs.		2452 lbs.	2688 lbs.		11/28/2019 – 11/29/2019	
BOD mg/l		60 mg/l daily	90	mg/l		11/28/2019 – 11/29/2019
Corrective Actions (Attach a	description	of corrective actions tak	cen to restore the s	vstem to n	ormal one	ration and to minimize or
liminate chances of recurren				y seem to n	ormar ope	ration and to minimize of
ncreased waste removal from s	ystem.					
Environmental Damage: (if y	es, provide	details below)	☐ Yes	r	No	<b>▽</b> Unknown
ctual /Potential Impact on E	nvironmen	t/Public Health (describ	e in detail)			
Jnknown						
nanage the system, or those perso	ersonnel pro ons directly i e. I am awai	perly gather and evaluate the sponsible for gathering the	he information subme information, the inf	itted. Based ormation s	l on my inq ubmitted is.	n in accordance with a system uiry of the person or persons who to the best of my knowledge and cluding the possibility of fine and
Iame: Jim Westcott	Title:	Senior Operator	Signature:	1/h	SA	Date: 11/29/2019
FORMS MUS	T BE SEN	Γ TO ADEC WITHIN F		COMINO	AWARE	



Division of Water, Compliance and Enforcement Program
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### NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>	PERMIT	PERMIT# (if any): AK0022951				
Owner or Operator: City and Borough of Juneau	Facility Name:  Mendenhall Wastewater Treatment Facility		Facility Name:  Mendenhall Wastewater Treatment Facility  Facility Location:  Juneau, AK			
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393				rted How? (e.g. by phone): C hotline
Date/Time Event was Noticed 11/7/2019 @ 1424 pm				e of DEC Staff Contacted: C Hotline		
VERBAL NOTIFICATION N	UST BE MADE TO	O ADEC WITHIN 24 HOURS OF	DISCOVERY	OF NONCOMPLIANCE		
INCIDENT DETAILS (a	ttach additional	sheets, lab reports, and ph	otos as neces	sary)		
Period of Noncompliance S	tart Date/Time (exac	ite/Time (exact): 11/29/2019 @ 0722 End Date/Time (exact): 11/30/2019 @ 072				

Estimated Quantity involved (volume or weight):

 $(2.15 \text{ mg})(160 \text{ mg/l})(8.34) \sim 2869 \text{ lbs.}$ 

 $(2.15 \text{ mg})(214 \text{ mg/l})(8.34) \sim 3837 \text{ lbs.}$ 

Description of the noncompliance and its cause (be specific):

Basins covered in excess amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header.

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. Reduced system SRT from 10 to 8 days.

Permit Condition Deviation (Identify each permit condition exceeded during the event.)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
TSS mg/l	60 mg/l daily max.	214 mg/l	11/29/2019 - 11/30/2019
TSS lbs.	2453 lbs. daily max.	3837 mg/l	10/29/2019 - 10/30/2019
BOD mg/l	60 mg/l daily max.	1 <b>€</b> 0 mg/l	10/29/2019 - 10/30/2019
BOD lbs.	2452 lbs. daily max	2869 lbs.	10/29/2019 - 10/30/2019

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.

Environmental Damage: (if 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:

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

Updated May 2010



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Anchorage, Alaska 99501

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GENERAL INFORMATIO	N	PERMIT# (i	f any): AK00	22951			
Owner or Operator: City and Borough of Juneau		Facility Nam Mendenhall		reatment Facility		Facility L Juneau, A	
Person Reporting: Jim Westcott						Reported How? (e.g. by phone): ADEC hotline	
Date/Time Event was Notice 11/8/2019 @ 1249 pm	ed:	Date/Time R 11/8/19 @ 14					DEC Staff Contacted: tline
VERBAL NOTIFICATION	MUST BE	MADE TO AD	DEC WITHIN	1 24 HOURS OF D	ISCOV	VERY OF	NONCOMPLIANCE
INCIDENT DETAILS							
Period of Noncompliance		Гіте (exact):					(exact): 11/31/2019 @ 1430 am
If noncompliance has not be N/A	en corrected	l, provide a sta	tement regar	ding the anticipate	ed time	the nonco	mpliance is expected to continue:
Estimated Quantity involve (2.13 mg)(68 mg/l)(8.34) ~ 12		weight):					
Description of the noncomp	liance and its	s cause (be spe	cific):				
Basins covered in excess amo	unt of foam.	Hydraulics incr	eased turnove	r rates which resulte	ed in a	loss of mate	erial through the decant header
(describe in detail) (e.g. Sup notice)	plied drinkii	ng water to nea	arby well own	ners and informed	ctual/P well ov	otential In vners not to	npact on Environmental Health o drink from wells until further
Increased waste removal from							
Permit Condition Deviation							
Parameter (e.g. BOD pl	<u>1)</u>	Permit Lin	<u>iit</u>	Exceedance (sa	mple r	esult)	Sample Date
TSS mg/l		60 mg/l daily	max.	68 mg	<u>z</u> /l		11/30/2019 – 11/31/2019
Corrective Actions (Attach a	description	of corrective a	actions taken	to restore the syste	em to n	ormal ope	ration and to minimize or
Increased waste removal from system.							
Environmental Damage: (it	yes, provide	details below	, r	Yes		No	<b>▼</b> Unknown
Actual /Potential Impact on							, child wh
Unknown							
manage the system, or those per	l personnel pro sons directly l ete. I am awa	pperly gather and responsible for g	d evaluate the i gathering the in	nformation submitted formation, the information	d. Based nation s	d on my inquibmitted is	n in accordance with a system up of the person or persons who to the best of my knowledge and acluding the possibility of fine and
Name: Jim Westcott	Title:	Senior Oper		Signature:	in	4 )	Date: 11/8/2019
FORMS MU	ST BE SEN	TTO ADEC V	VITHIN FIV	E DAYS OF BECC	OMINO	AWARE	OF THE EVENT.



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GENERAL INFORMATION	N	PERMIT# (if any): AK(	0022951				
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater	Treatment Facility		Facility L Juneau, A		
Person Reporting: Jim Westcott	¥1	Phone Numbers of Pers 907-586-0393	on Reporting:		Reported How? (e.g. by phone): ADEC hotline		
Date/Time Event was Notice 11/6/2019 @ 1130 am	ed:	Date/Time Reported: 11/6/2019 @ 1145 am			Name of I ADEC Ho	DEC Staff Contacted: tline	
VERBAL NOTIFICATION	MUST BE	MADE TO ADEC WITH	IN 24 HOURS OF D	ISCOV	ERY OF	NONCOMPLIANCE	
INCIDENT DETAILS	(attach a	dditional sheets, lab r	eports, and photo	os as i	necessary	y)	
Period of Noncompliance		Time (exact): 11/28/2019				(exact): 11/29/2019 @ 0738 am	
If noncompliance has not b N/A	een corrected	d, provide a statement reg	arding the anticipate	d time	the nonco	mpliance is expected to continue:	
Estimated Quantity involve 1.126 lbs.	d (volume or	weight):			=		
Description of the noncomp	liance and it	s cause (be specific):					
Unknown							
Actions taken to reduce, eli (describe in detail) (e.g. Sup notice)	minate, and poplied drinki	prevent reoccurrence of n ng water to nearby well ov	oncompliance and Adwiners and informed v	ctual/P well ow	otential In oners not to	npact on Environmental Health o drink from wells until further	
Monthly composite sample of	collection as r	equired in the permit.				2	
Permit Condition Deviation	(Identify ea	ch permit condition excee	ded during the event	,			
Parameter (e.g. BOD pl		Permit Limit	Exceedance (sar		esult)	Sample Date	
Cuang/l		44.5 ug/l	54 ug			10/28/2019 – 10/29/2019	
49		5		-		10,20,2015	
	1						
Corrective Actions (Attach eliminate chances of recurre	a description ence.)	of corrective actions take	en to restore the syste	em to n	ormal ope	ration and to minimize or	
Monthly composite sample co	ollection as re	equired in the permit.					
Environmental Damage: (i	f yes, provid	e details below)	☐ Yes	Г	No	₩ Unknown	
Actual /Potential Impact on						,	
Unknown		<u> </u>	,				
manage the system, or those pe	d personnel prorsons directly lete. I am awa	operly gather and evaluate th responsible for gathering the	e information submitted information, the information.	d. Based nation s	d on my inquubmitted is,	n in accordance with a system uiry of the person or persons who to the best of my knowledge and yeluding the possibility of fine and	
Name: Jim Westcott	Title:	Senior Operator	Signature:	1//4	1	Date: 11/15/2019	
FORMS MU	JST BE SEN	T TO ADEC WITHIN FI	VE DAYS OF BECO	MING	AWARE)	OF THE EVENT.	
			1/		\ /		



Division of Water, Compliance and Enforcement Program 555 Cordova Street

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### NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any): AK0022951				
Owner or Operator: City and Borough of Juneau	Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK			
Person Reporting: Jim Westcott	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): NETDMR			
Date/Time Event was Noticed: 11/14/2019 @ 0900 am	Date/Time Reported: 11/15/2019 @ 0800 am	Name of DEC Staff Contacted: NETDMR			

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

Period of Noncompliance | Start Date/Time (exact): 11//1/2019 | End Date/Time (exact): 11/31/2019

If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: Unknown

Estimated Quantity involved (volume or weight):

Noted below.

Description of the noncompliance and its cause (be specific):

Basins covered in excessive amount of foam. Hydraulics increased turnover rates which resulted in a loss of material through the decant header. An abundance of filamentous bacteria have been evident in the system causing poor settling.

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. Reduced system SRT from 10 to 8 days.

Permit Condition Deviation (Identify each permit condition exceeded during the event.)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Monthly daily max. BOD mg/l	60 mg/l	160 mg/l	10/1/2019 – 10/31/2019
Monthly daily max. BOD lbs.	2452 lbs.	3376 lbs.	10/1/2019 – 10/31/2019
Monthly daily max. TSS mg/l	60 mg/l	240 mg/l	10/1/2019 – 10/31/2019
Monthly daily max. TSS lbs.	2452 lbs.	4704 lbs.	10/1/2019 – 10/31/2019
Monthly ave. BOD mg/l	30 mg/l	74 mg/l	10/1/2019 – 10/31/2019
Monthly ave. BOD lbs.	1226 lbs.	1494 lbs.	10/1/2019 – 10/31/2019
Monthly ave. TSS mg/l	30 mg/l	105 mg/l	10/1/2019 – 10/31/2019
Monthly ave. TSS lbs.	1226 lbs.	2108lbs.	10/1/2019 – 10/31/2019
Weekly ave. max BOD lbs.	1839 lbs.	1850 lbs.	10/1/2019 – 10/31/2019
Weekly avg. BOD mg/l	45mg/l	61mg/l	10/13/2019 - 10/20/2019
Weekly avg. BOD mg/l	45mg/l	127 mg/l	10/20/2019 - 10-26/2019
Weekly avg. BOD mg/l	45mg/l	102mg/l	10/27/2019 - 11/2/2019
Weekly avg. TSS mg/l	45mg/l	50 mg/l	9/29/2019 - 10/5/2019
Weekly avg. TSS mg/l	45 mg/l	85 mg/l	10/6/2019 - 10/12/2019
Weekly avg. TSS mg/l	1839 lbs.	196 mg/l	10/20/2019 - 10/26/2019
Weekly avg. TSS mg/l	45 mg/l	141 mg/l	10/27/2019 – 11/2/2019
Weekly avg. TSS lbs.	1839 lbs.	3640 lbs.	10/20/2019 - 10-26/2019
Weekly avg. TSS lbs.	1839 lbs	2578 lbs.	10/27/2019 – 11/2/2019

Monthly Percent Removal BOD	85 percent	84 percent	10/1/2019 - 10/31/2019				
Monthly Percent Removal TSS	85 percent	77 percent	10/1/2019 – 10/31/2019				
Monthly avg. copper TR	44.5 ug/l	54 ug/l	10/1/2019 – 10/31/2019				
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. Reduced system SRT from 10 to 8 days.							
Environmental Damage: (if yes, provide details below)							
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.							
	Fitle: Senior Operator	Signature:	Date: 11/14/2019				
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.							