<table>
<thead>
<tr>
<th>Week</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>20</td>
<td>9</td>
<td>20</td>
<td>9</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>20</td>
<td>9</td>
<td>20</td>
<td>9</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
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<td>20</td>
<td>9</td>
<td>20</td>
<td>9</td>
<td>20</td>
<td>9</td>
</tr>
</tbody>
</table>

**FLOW**

Influent

Influent

Influent

Influent

Influent

Influent

Narendranath Wastewater Treatment Facility

January 2014
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Date/Time</th>
<th>Dissolved Oxygen</th>
<th>Temperature</th>
<th>Conductivity</th>
<th>pH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parameter 1</td>
<td>100</td>
<td>01/20/2014</td>
<td>9.8</td>
<td>18.5</td>
<td>800</td>
<td>7.2</td>
</tr>
<tr>
<td>Parameter 2</td>
<td>101</td>
<td>01/20/2014</td>
<td>8.2</td>
<td>19.0</td>
<td>900</td>
<td>7.5</td>
</tr>
<tr>
<td>Parameter 3</td>
<td>102</td>
<td>01/20/2014</td>
<td>6.5</td>
<td>18.0</td>
<td>700</td>
<td>7.1</td>
</tr>
</tbody>
</table>

**Note:** Read instructions before completing this form.
<table>
<thead>
<tr>
<th>Date</th>
<th>Certification of Authorized Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2</td>
</tr>
</tbody>
</table>

**Comment and Explanation of Any Violations**

- [Signature]

**Date of Monitoring Period**

- **Start Date**: 2014-02-10
- **End Date**: 2014-02-29

**Monitoring Period**

- **Location**: 15045 NW 32nd Ave
- **City**: Fort Lauderdale
- **State**: FL
- **Zip Code**: 33313

**Violation Notice**

- **Type**: Violation
- **Date**: 2014-02-29
- **Nature**: No discharge
- **Reason**: N/A
- **Remarks**: N/A

**Contaminant**

- **Parameter**: N/A
- **Measurement**: N/A
- **Date**: N/A

**Note**: Read all instructions before completing this form.
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Quantity or Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow (gpm)</td>
<td>5.9</td>
</tr>
<tr>
<td>EW Effluent</td>
<td>0.0</td>
</tr>
<tr>
<td>WW Effluent</td>
<td>2.8</td>
</tr>
<tr>
<td>Other Inputs</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Note:**
- Required instructions before completing this form.
- Approve Form: 50-96
- Effluent: 0.0
- Final: 50-96

**AK-002235-1**

**Monitored Period:**
From 1-10-2013 to 12-29-2013

**Location:**
Northern Nevada Region of the Nevada Department of Environmental Protection

**Address:**
1550 North Carson Street, Carson City, Nevada 89701

**Permittee Contact:**
National Pollution Discharge Elimination System (NPDES)
### Form Instructions

- **Note:** Read instructions before completing this form.
- **Form Approved:** 06/21/2013

## Monitoring Period

<table>
<thead>
<tr>
<th>Date</th>
<th>Units</th>
<th>Value</th>
<th>Units</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-01-01</td>
<td>100</td>
<td>0.10</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2014-02-01</td>
<td>50</td>
<td>0.05</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2014-03-01</td>
<td>10</td>
<td>0.01</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Parameters

- **Parameter Name:** Chlorine
- **Parameter Code:** CI
- **Units:** ppm

### Monitoring Period

- **From:** 2013-01-01
- **To:** 2014-03-31

### Water Treatment Station Information

- **Water Treatment Station Name:** Drinking Water Treatment Facility
- **Water Treatment Station Code:** WReading Water Treatment Station Code
- **Address:** 123 Main St, Reading, PA 19030

### Contact Information

- **Name:** John Smith
- **Phone:** 555-1234
- **Email:** john.smith@readingwater.org

### Facility Information

- **Facility Code:** WReading Water Treatment Facility Code
- **Facility Type:** Public Water Supply

### Monitoring Results

- **Date:** 2014-01-01
- **Value:** 0.10
- **Units:** ppm

### Notes

- **Note:** No discharge detected.
- **Note:** Effluent

---

### Monitoring Form Number

- **Form Number:** AK-002292-1

---

### National Pollutant Discharge Elimination System (NPDES)

- **NPDES Permit Number:** 004-0009-098
- **NPDES Permit Expiration Date:** 06/30/2018

---

### Signature Block

- **Signature:** John Smith
- **Date:** 2014-02-01

---

### Water Quality Assurance

- **Water Quality Assurance Code:** WQAReading Water Quality Assurance Code
- **Water Quality Assurance Name:** Quality Assurance Manager
- **Contact Information:**
  - **Name:** Jane Doe
  - **Phone:** 555-9876
  - **Email:** jane.doe@readingwater.org

---

### Facility Information

- **Facility Code:** WReading Water Treatment Facility Code
- **Facility Type:** Public Water Supply

---

### Facility Location

- **Location:** Reading, PA
- **Address:** 123 Main St, Reading, PA 19030
- **Contact Information:**
  - **Name:** John Smith
  - **Phone:** 555-1234
  - **Email:** john.smith@readingwater.org
### GENERAL INFORMATION

- **Owner or Operator:** CBJ
- **Facility Name:** Mendenhall Wastewater Treatment Facility
- **Facility Location:** 2009 Radcliffe Road, Juneau, Ak 99801
- **Person Reporting:** Jim Westcott
- **Phone Numbers of Person Reporting:** 907.586.0741
- **Reported How? (e.g. by phone):** Phone
- **Date/Time Event was Noticed:** 0600 1/15/14
- **Date/Time Reported:** 0830 1/15/14
- **Name of DEC Staff Contacted:** Non-compliance hotline @ 269-4114

### INCIDENT DETAILS

**Period of Noncompliance**
- **Start Date/Time (exact):** 1/14/14 0600
- **End Date/Time (exact):** 1/15/14 0600

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

- **Estimated Quantity involved (volume or weight):** 5.93 MGD treated effluent

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

Excessive hydraulics due to a strong weather system resulted in flow exceeding the permit limitations of 4.9 MGD.

**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)**

SCADA system parameters were adjusted to accommodate the increased flow. Composite samplers were enabled and drawing samples throughout the 24 hour period.

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

<table>
<thead>
<tr>
<th>Parameter (e.g. BOD pH)</th>
<th>Permit Limit</th>
<th>Exceedance (sample result)</th>
<th>Sample Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow, MGD</td>
<td>4.9 MGD</td>
<td>5.93 MGD</td>
<td>1/14/14 – 1/15/14</td>
</tr>
</tbody>
</table>

**Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)**

Excessive hydraulics due to a strong weather system resulted in flow exceeding the permit limitations of 4.9 MGD. SCADA system parameters were adjusted to accommodate the increased flow. Composite samplers were enabled and drawing samples throughout the 24 hour period.

**Environmental Damage: (if yes, provide details below)**

- **Yes**
- **No**
- **Unknown**

**Actual /Potential Impact on Environment/Public Health (describe in detail)**

N/A

Based on information and belief formed after reasonable inquire, I certify and sign in accordance with 18 AAC 63.385 that the statements and information in and attached in this document are true, accurate, and complete.

- **Name:** Jim Westcott
- **Title:** Supervisor
- **Signature:** [Signature]
- **Date:** 1/15/14

**FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.**
ACCIDENTAL DISCHARGE/SPILL NOTIFICATION

GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Applicant Company:</th>
<th>Facility Name</th>
<th>Facility Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF JUNEAU</td>
<td>WASTEWATER COLLECTIONS</td>
<td>2007 RACHEL RD., JUNEAU</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Reporting:</th>
<th>Phone Numbers of Person Reporting</th>
<th>Reported How? (e.g. by phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARK MOW</td>
<td>(907) 790-2525</td>
<td>PHONE, FAX...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Event was Noticed</th>
<th>Date/Time Reported</th>
<th>Name of DEC Staff Contacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/14/14 3:00 P.M.</td>
<td>11/15/14 9:00 A.M.</td>
<td>HOTLINE</td>
</tr>
</tbody>
</table>

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

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

<table>
<thead>
<tr>
<th>Product Spilled (e.g. sewage, propylene, glycol, etc.)</th>
<th>Source of Spill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEWAGE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity Spilled (volume or weight)</th>
<th>Quantity Contained</th>
<th>Quantity Recovered</th>
<th>Quantity Disposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1560 GALLONS EST.</td>
<td>1-2 MILLION GALLONS</td>
<td>NONE</td>
<td>NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of Spill and Actions Taken To Correct The Cause</th>
<th>(be specific)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAVY RAIN CAUSED SYSTEM SURCHARGE</td>
<td></td>
</tr>
<tr>
<td>(APPROX 2&quot; IN 24 HRS.)</td>
<td></td>
</tr>
</tbody>
</table>

Cleanup Actions (describe in detail)

| WASHDOWN & DISINFECT AREA WITH CLOROX |

Disposal Methods and Location (describe in detail)

| N/A |

Environmental Damage: (if yes, provide details below)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Surface Area Affected: 100 SQ. FT

Surface Type: ASPHALT

Actual/Potential Impact on Environment/Public Health (describe in detail)

| NONE DUE TO DILUTION FROM HEAVY RAIN |

COMMENTS

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Name: Mark J. Mow  
Signature: Mark J. Mow  
Date: 11/15/14

FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.