

Permit

Permit ID: AK0022951
Permittee: JUNEAU, CITY & BOROUGH OF
Facility: JUNEAU, CITY AND BOROUGH OF - MENDENHALL WWTF

Major:
Permittee Address: 2009 RADCLIFFE ROAD
 JUNEAU , AK99801
Facility Location: 2009 RADCLIFFE ROAD
 MENDENHALL WWTF
 JUNEAU , AK99801
Discharge: 001-A - MENDENHALL RIVER DIFFUSER

Permitted Feature: 001 - External Outfall

Report Dates & Status

Monitoring Period: From 02/01/19 to 02/28/19
Status: NetDMR Validated
DMR Due Date: 03/15/19

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
Title: Supervisor
Last Name: Brown
Telephone: 907-586-0393

No Data Indicator (NODI)

Form NODI: -

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

Parameter Code	Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00010	Temperature, water deg. centigrade										
	1 - Effluent Gross	Smpl.				=11.4	=12.7	04 - deg C	0	05/WK - Five Per Week	GR - GRAB
	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]										
	1 - Effluent Gross	Smpl.			=2.2		=5.3	19 - mg/L	0	01/30 - Monthly	GR - GRAB
	Season: 0	Req.			Req Mon DAILY MN		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
	NODI: -	NODI									
X 00310	BOD, 5-day, 20 deg. C										
	1 - Effluent Gross	Smpl.	=507	=1048	26 - lb/d	=35	=71	19 - mg/L	2	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									
00310	BOD, 5-day, 20 deg. C										
	G - Raw Sewage Influent	Smpl.				=559		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
	Season: 0	Req.				Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
	NODI: -	NODI									
X 00310	BOD, 5-day, 20 deg. C										
	W - See Comments	Smpl.	=693		26 - lb/d	=47		19 - mg/L	1	02/30 - Twice Per Month	24 - COMP24
	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									
X 00530	Solids, total suspended										
	1 - Effluent Gross	Smpl.	=415	=1653	26 - lb/d	=28	=112	19 - mg/L	1	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										
	G - Raw Sewage Influent	Smpl.				=817		19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
	Season: 0	Req.				Req Mon MO AVG		19 - mg/L		02/30 - Twice Per Month	24 - COMP24
	NODI: -	NODI									
X 00530	Solids, total suspended										
	W - See Comments	Smpl.	=773		26 - lb/d	=52		19 - mg/L	1	02/30 - Twice Per Month	24 - COMP24

Parameter Code	Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type	
			Value 1	Value 2	Units	Value 1	Value 2	Value 3				Units
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	Nitrogen, ammonia total [as N]	Smpl.	=296	=296	26 - lb/d		=17	=17	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent 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 - COMP24
NODI: -		NODI										
00900	Hardness, total [as CaCO3]	Smpl.					=63	=63	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		NODI										
01119	Copper, total recoverable	Smpl.	=0.61	=0.61	26 - lb/d		=35	=35	28 - ug/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
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 - COMP24
NODI: -		NODI										
45613	Floating solids, waste or visible foam-visual	Smpl.						=0	9P - N=0;Y=1	0	01/30 - Monthly	VI - VISUAL
1 - Effluent Gross												
Season: 0		Req.						<=Req Mon DAILY MX	9P - N=0;Y=1		01/30 - Monthly	VI - VISUAL
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=1.8	=2.1	03 - MGD					0	99/99 - Continuous	RC - Recorder (auto)
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG	<=4.9 DAILY MX	03 - MGD						99/99 - Continuous	RC - Recorder (auto)
NODI: -		NODI										
74055	Colliform, fecal general	Smpl.					=2	=2.1	13 - #/100mL	0	02/07 - Twice Every Week	GR - GRAB
1 - Effluent Gross												
Season: 0		Req.					<=112 MO GEOMN	<=224 DAILY MX	13 - #/100mL		02/07 - Twice Every Week	GR - GRAB
NODI: -		NODI										
74055	Colliform, fecal general	Smpl.					=4		13 - #/100mL	0	02/07 - Twice Every Week	GR - GRAB
W - See Comments												
Season: 0		Req.					<=168 WK GEOMN		13 - #/100mL		02/07 - Twice Every Week	GR - GRAB
NODI: -		NODI										
81010	BOD, 5-day, percent removal	Smpl.				=94			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		Req.				>=85 MN % RMV			23 - %		01/30 - Monthly	CA - CALCTD

Parameter		NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units		
NODI: -		NODI									
81011	Solids, suspended percent removal	Smpl.			=99				23 - %	0	01/30 - Monthly CA - CALCTD
K - Percent Removal											
Season: 0		Req.				>=85 MN % RMV			23 - %		01/30 - Monthly CA - CALCTD
NODI: -		NODI									
X TT000	Toxicity, Chronic	Smpl.									
1 - Effluent Gross											
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 Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
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)	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>
TT000	Toxicity, Chronic	1 - Effluent Gross	All	Soft	All permit limit values for the Parameter are missing sample values or NODI selection. (Error Code: -1)	<input checked="" type="checkbox"/>

Comments

Attachments

Name	Type	Size
4421_001.pdf	pdf	319506

Report Last Saved By

JUNEAU, CITY & BOROUGH OF

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-03-15 10:52 (Time Zone:-08:00)

Report Last Signed By

User: CBJWASTEWATER1
 Name: James Westcott
 E-Mail: jim.westcott@juneau.org
 Date/Time: 2019-03-15 10:53 (Time Zone:-08:00)



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK002295-1	
Owner or Operator: City and Borough of Juneau		Facility Name: Mendenhall Wastewater Treatment Facility	Facility Location: Juneau, AK
Person Reporting: Jim Westcott		Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): ADEC hotline
Date/Time Event was Noticed: 3/5/2019 @ 0630 am		Date/Time Reported: 3/5/19 @ 1550 pm	Name of DEC Staff Contacted: ADEC Hotline
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): 2/19/2019 @ 0822	End Date/Time (exact): 2/20/2019 @ 0822	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): (1.77 mg)(71 mg/l)(8.34) ~ 1048 lbs. (1.77 mg)(112 mg/l)(8.34) ~ 932 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.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
BOD mg/l	60 mg/l daily max.	71 mg/l	2/19/2019 – 2/20/2019
TSS mg/l	60 mg/l daily max.	112 mg/l	2/19/2019 – 2/20/2019
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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 3/6 /2019
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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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): ADEC hotline
Date/Time Event was Noticed: 3/12/2019 @ 1000 am		Date/Time Reported: 3/13/19 @ 0830 am	Name of DEC Staff Contacted: ADEC Hotline
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): 2/1/2019		End Date/Time (exact): 2/28/2019
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight):			
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.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD mg/l	30 mg/l monthly ave	35 mg/l monthly ave	2/1/2019 – 2/28/2019
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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
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Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 3/13 /2019

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Estimated Quantity involved (volume or weight): .			
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.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
BOD mg/l	45 mg/l weekly ave	47 mg/l	2/1/2019 – 2/28/2019
TSS mg/l	45 mg/l weekly ave	52 mg/l	2/1/2019 – 2/28/2019
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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail) Unknown			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Name: Jim Westcott	Title: Senior Operator	Signature:	Date: 3/13 /2019
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