

# Appendix C

## State of Alaska Discharge Monitoring Report

Submit Report to:  
 Alaska Department of Environmental Conservation  
 Division of Air and Water Quality  
 410 Willoughby Avenue, Suite 105  
 Juneau, AK 99801-1795  
 Telephone (907) 465-5300, FAX (907) 465-5274

PERMITTEE NAME/ADDRESS (Include Facility Name/location If Different):

<b>NAME:</b>	City and Borough of Juneau, Bonnie Brae Subdivision			
<b>ADDRESS:</b>	Public Works Department, 155 South Seward Street, Juneau, Alaska 99801-1397			
<b>FACILITY:</b>	Bonnie Brae Subdivision, Secondary Wastewater Treatment Discharge to Gastineau Channel			
<b>LOCATION:</b>	4 1/2 Mile N. Douglas Highway, Douglas Island, Near Juneau, Alaska	<b>PERMIT NUMBER:</b>	9711-DB009	
<b>ATTN.:</b>	Mr. Ernie Mueller, Public Works Director, City and Borough of Juneau, / Mr. Peter Freer, Board President, Bonnie Brae Home Owners Association, (907) 586-6891		<b>PERMIT EXPIRATION DATE:</b>	8 / 31 / 2002

<b>REQUIRED REPORTING FREQUENCY:</b> Quarterly (4 per Year)		<b>DISCHARGE:</b> Secondary treated effluent discharged to Gastineau Channel, North Douglas Island, via a 200 ft. long, 8 inch diameter marine outfall line without a diffuser at + 8 ft. M.L.L.W.					<b>SAMPLE PERIOD:</b> FROM: 10 / 01 / 2000 TO: 10 / 31 / 2000		
PARAMETER	SAMPLE RESULT	SUMMARY OF RESULTS					Units	Frequency of Analysis	Sample Type
		Min	Avg 30-day	Avg 7-day	Max 24-hr.	No. Of Exceed-ences			
Flow (Effluent)	SAMPLE RESULT	N/A	18,000	18,000	18,000	0	gpd	Weekly 1 / 7 days	Estimate Daily Total
	PERMITTED	N/A	25000	28000	30000				
Biochemical Oxygen Demand (Effluent)	SAMPLE RESULT	N/A	20	20	20	0	mg/l	Quarterly 1 / year	Grab or Composite
	PERMITTED	N/A	30	45	60				
Total Suspended Solids (Effluent)	SAMPLE RESULT	N/A	18	18	18	0	mg/l	Quarterly 4 / year	Grab or Composite
	PERMITTED	N/A	30	45	60				
Dissolved Oxygen (Effluent)	SAMPLE RESULT	N/A	N/A	N/A	N/A		mg/l	Upon Request by the Dept.	Grab
	PERMITTED	2.0	N/A	N/A	N/A				
PH (Effluent)	SAMPLE RESULT	N/A	N/A	N/A	N/A		Std. Units	Quarterly 4 / year	Grab
	PERMITTED	6.5	N/A	N/A	8.5				
Fecal Coliform Bacteria (Effluent)	SAMPLE RESULT	N/A	1.7X10 <sup>4</sup>	N/A	1.7X10 <sup>4</sup>	0	#/100 ml	Monthly 1 / Month	Grab
	PERMITTED	N/A	1 X 10 <sup>5</sup>	N/A	1.5 X 10 <sup>5</sup>				
Dissolved Oxygen (Outside Leading Edge of the Mixing Zone)	SAMPLE RESULT	N/A	N/A	N/A	N/A		mg/l	Upon Request by the Dept.	Grab
	PERMITTED	5.0	N/A	N/A	N/A				
Fecal Coliform Bacteria (Outside Leading Edge of the Mixing Zone)	SAMPLE RESULT	N/A	N/A	N/A	N/A		#/100 ml	1 per Year (Nov. thru Apr.) Bi-Monthly (May thru Oct.)	Grab
	PERMITTED	N/A	14	N/A	43				

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THAT INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<i>Andrew W. Bronson</i>	TELEPHONE		DATE		
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
Andrew W. Bronson Wastewater Superintendent		907	789-9919	2001	01	09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)

CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD.