

Appendix C

State of Alaska Discharge Monitoring Report

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

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

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

REQUIRED REPORTING FREQUENCY:		DISCHARGE:					SAMPLE PERIOD:		
Quarterly (4 per Year)		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.					FROM: 12 / 01 / 2000 TO: 12 / 31 / 2000		
PARAMETER	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	52	52	52	2	mg/l	Quarterly 4 / year	Grab or Composite
	PERMITTED	N/A	30	45	60				
Total Suspended Solids (Effluent)	SAMPLE RESULT	N/A	70	70	70	3	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	0.5X10 ⁶	N/A	0.5X10 ⁶	0	#/100 ml	Monthly 1 / Month	Grab
	PERMITTED	N/A	1 X 10 ⁶	N/A	1.5 X 10 ⁶				
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 Andrew W. Bronson Wastewater Superintendent	<i>Andrew W. Bronson</i>	TELEPHONE		DATE		
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
		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.