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 Qaulity
410 Willoughby Avanue, 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										11-DB009	
ATTN.:	Mr. Emie Mueller, Public Wor Freer, Board President, Bonni	Peter 3891	PERMIT EXPIRATION DATE: 8/31/2002									
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)		DISCHARGE: Secondary treated effluent discharged to Gastineau Channel, North Douglas Island, via a 200 ft. long, 8 inch diameter marine outfall line without a diffusser at + 8 ft. M.L.L.W.						SAMPLE PERIOD: FROM: 01 / 01 / 2001 TO: 01 / 31 / 2001				
PARAMETER		SUMMARY OF RESULTS							Frequency	y		
			Avg 30-day	Avg 7-day	Max 24-l		No. Of Exceed -ences	Units	of Analysis		Sample Type	
Flow (Effluent)	SAMPLE RESULT	N/A	18,000	18,000	18,0	000	0		Weekly		stimate	
	PERMITTED	N/A	25000	28000	300	00		gpd	1 / 7 days		Daily Total	
Biochemical Oxygen	SAMPLE RESULT	N/A	33	33	33		1	mg/l	Quarterly 4 / year		Grab or Composite	
Demand (Effluent)	PERMITTED	N/A	30	45	60			llig/l	TryGar			
Total Suspended	SAMPLE RESULT	N/A	50	50	50		2	mg/l	Quarterly 4 / year		Grab or Composite	
Solids (Effluent)	PERMITTED	N/A	30	45	60		ļ	mg/l	you			
Dissolved Oxygen (Effluent)	SAMPLE RESULT	<u> </u>	N/A	N/A	N/A	·		mg/l	Upon Request b	v	Grab	
	PERMITTED	2.0	NA	N/A	N/A				the Dept.			
PH (Effluent)	SAMPLE RESULT		N/A	N/A			0		Quarterly		Grab	
	PERMITTED	6.5	N/A	N/A	8.5			Std. Units	4 / year			
Fecal Coliform	SAMPLE RESULT	N/A	1.6X10 ⁵	N/A	1.62	X10 ⁵	2		Monthly		Grab	
Bacteria (Effluent)	PERMITTED	N/A	1 X 10 ⁵	N/A	1.5	X 10 ⁵		#/100 ml	1 / Month			
Dissolved	SAMPLE RESULT		N/A	N/A	N/A				Upon		Cook	
Oxygen (Outside Leading Edge of the Mixing Zone)	PERMITTED	5.0	N/A	N/A	N/A			mg/l	Request to the Dept.	y	Grab	
Fecal Coliform Bacteria (Outside Leading Edge of the Mixing Zone)	SAMPLE RESULT	N/A		N/A	1				1 per Year		<u></u>	
	PERMITTED	N/A	14	N/A	43			#/100 ml	(Nov. thru Apr.) Bi-Monthly (May thru Oct.)		Grab	
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.												
OFFI			TELE RE OF PRINCIPAL EXECUTIVE AREA CODE DER OR AUTHORIZED AGENT				PHONE DATE			1		
							CODE	NUMBER	YEAR	монтн	DAY	
Ernie Mueller Public Works Director			907			07	789-9919	2001	04	19		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)												
GHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD. Page 1 of 1 (K:\AMQ\MPC\9711009.DMR)												

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Submit Report to:
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Division of Air and Water Qaulity
410 Willoughby Avanue, Suite 105
Juneau. AK 99801-1795
Telephone (907) 465-5300, FAX (907) 465-5274

NAME:	City and Borough of June	eau Roon	ie Brac Sub-	disdata-							
ADDRESS:	City and Borough of Juneau, Bonnie Brae Subdivision Public Works Department, 155 South Seward Street, Juneau, Alaska 99801-1397										
FACILITY:	Bonnie Brae Subdivision	Second-	out Seward S	Street, June	au, Alaska 9	9801-139	7				
LOCATION:	Bonnie Brae Subdivision,	Seconda	ry wastewat	er Treatme	nt Discharge t	o Gastine	au Channel	•			
ATTN.:	4 1/2 Mile N. Douglas Hig					PERMIT NUMBER: 9711-DB0					
Arm.	Works Di onnie Bra	rector, City a e Home Owr	nd Borough ners Associ	of Juneau, / ation, (907) 58	PERMIT	PERMIT EXPIRATION DATE: 8/31/2					
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year) PARAMETER			CHARGE: S Gastineau Ch Ift. long, 8 in hout a diffuss	Secondary to lannel, Norte lich diamete ser at + 8 ft.	reated effluent h Douglas Isla r marine outfa M.L.L.W.	ed SAMPLE PE FROM: TO:	, 01 / 2001				
			SUMMARY OF RESULTS					Frequency			
		Min	Avg 30-day	Avg Avg 30-day 7-day		No. (Exce	ed		of lysis	Sample Type	
Flow (Effluent)	SAMPLE RESULT	N/A	18,000	18,000	18,000	0	 	NA/andri			
	PERMITTED	N/A	25000	28000	30000		gpd	gpd Weekly 1 / 7 days		Estimate Daily Total	
Biochemical Oxygen Demand (Effluent)	SAMPLE RESULT	N/A	71	71	71	3		Ound		 	
	PERMITTED	N/A	30	45	60	T	mg/l	Quarterly 4 / year		Grab or Composite	
Total Suspended Solids	SAMPLE RESULT	N/A	32	32	32	1		Quarterly		Cert	
(Effluent)	PERMITTED	N/A	30	45	60		mg/l	4 / year		Grab or Composite	
Dissolved Oxygen (Effluent)	SAMPLE RESULT		N/A	N/A	N/A			Upon			
	PERMITTED	2.0	N/A	NA	N/A		mg/l	Request by the Dept.		Grab	
PH (Effluent)	SAMPLE RESULT		N/A	N/A		1		Ound			
	PERMITTED	6.5	N/A	N/A	8.5		Std. Units	Quarterly 4 / year		Grab	
Fecal Coliform Bacteria (Effluent)	SAMPLE RESULT	N/A	.16X10 ⁵	N/A	.16X10 ⁵	0		Monthly 1 / Month		Grab	
·	PERMITTED	N/A	1 X 10 ⁵	N/A	1.5 X 10 ⁵	1	#/100 ml				
issolved xygen (Outside	SAMPLE RESULT		N/A	N/A	N/A			g/i Upon Request by the Dept.		Grab	
eading Edge of the lixing Zone)	PERMITTED	5.0	N/A	N/A	N/A		mg/l				
ecal Coliform acteria (Outside	SAMPLE RESULT	N/A	5	N/A	5	0		1			
eading Edge of the ixing Zone)	PERMITTED	N/A	A 14 N/A 4		43		#/100 mi	1 per Year (Nov. thru Apr.) Bi-Monthly (May thru Oct.)		Grab	
INFORMATION.	ALTY OF LAW THAT I H JUIRY OF THOSE INDIV IN IS TRUE, ACCURATE	AVE PEFIDUALS	RSONALLY E IMMEDIATE COMPLETE.	EXAMINED ELY RESPO I AM AW	AND AM FAI ONSIBLE FOI VARE THAT	MILIAR R OBTAI THERE A	WITH THE INFOR NING THAT INFO RE SIGNIFICANT		UBMITTED I BELIEV ES FOR SU	HEREIN, VE THAT THI UBMITTING	
NAME/TITLE PRING EXECUTIVE OFFI	M	u			TELE	PHONE	DATE				
Ernie Mueller	RE OF PER OR A	OF PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT			CODE	NUMBER	YEAR MONTH		DAY		
Public Works Direc					7	789-9919	2001	04	19		
MENT AND EXPLANAT	ION OF ANY VIOLATION							لـــــــــــــــــــــــــــــــــــــ			

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

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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. Emie 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 / 20										8 / 31 / 2002	
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)			HARGE: Se stineau Char . long, 8 incl ut a diffusser	condary trea nnel, North I h diameter n r at + 8 ft. M	ated efflu Douglas narine o .L.L.W.	uent dis Island outfall li	charged , via a ne	SAMPLE PERIOD: FROM: 03 / 01 / 2001 TO: 03 / 31 / 2001				
PARAMETER			WARY OF R	ESULTS		,		Frequency	;y			
			Avg 30-day	Avg 7-day	Max 24-hr	r.	No. Of Exceed -ences	Units	of Analysis		Sample Type	
Flow (Effluent)	SAMPLE RESULT	N/A	18,000	18,000	18,00	00	0		Weekly		Estimate	
	PERMITTED	N/A	25000	28000	3000	0		gpd	1 / 7 days		Daily Total	
Biochemical Oxygen	SAMPLE RESULT	N/A	31	31	31		1	Quarterly			Grato or Composite	
Demand (Effluent)	PERMITTED	N/A	30	45	60			mg/l	4 / year			
Total Suspended Solids	SAMPLE RESULT	N/A	36	36	36		1	mg/l	Quarterly 4 / year		Grab or Composite	
(Effluent)	PERMITTED	N/A	30	45	60			,,,,g,,				
Dissolved Oxygen	SAMPLE RESULT	N/A		N/A	N/A	.,.		mg/l	Upon Request by		Grab	
(Effluent)	PERMITTED	2.0	N/A	N/A	N/A				the Dept.			
PH	SAMPLE RESULT		N/A	N/A	ļ			Std. Units	Quarterly 4 / year		Grab	
(Effluent)	PERMITTED	6.5	N/A	N/A	8.5			Std. Offits	47 year			
Fecal Coliform	SAMPLE RESULT	N/A	.5X10⁵	N/A	.5X1	.5X 10 5 0			Monthly 1 / Month		Cont	
Bacteria (Effluent)	PERMITTED	NA	1 X 10 ⁶	N/A	1.5 X	(10 ⁵		#/100 ml	1 / Month		Grab	
Dissolved	SAMPLE RESULT	ļ	N/A	N/A	N/A		·		Upon Request	hv	Grab	
Oxygen (Outside Leading Edge of the Mixing Zone)	PERMITTED	5.0	N/A	N/A	N/A			mg/l	the Dept.		Gian	
Fecal Coliform	SAMPLE RESULT	N/A	<u></u>	N/A	ļ	,,-n,		#/100 ml	1 per Year (Nov. thru		Grab	
Bacteria (Outside Leading Edge of the Mixing Zone)	PERMITTED	N/A	14 N/A		43			#7100 1111	Apr.) Bi-Monthly (May thru Oct.)		Jay	
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			Alle TE				TELEI	PHONE DA			re	
	SIGNATU		RE OF PRINCIPAL EXECUTIVE CER OR AUTHORIZED AGENT			AREA	CODE	NUMBER	YEAR	MONT	H DAY	
			907				07	789-9919	2001	04	19	
COMMENT AND EXPLA	NATION OF ANY VIOLATIO	NS (RI	EFERENCE	ALL ATTA	CHMENT	'S HER	E)					
										· · · · · · · · · · · · · · · · · · ·		