Appendix C

State of Alaska Discharge Monitoring Report

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

Alaska Department of Environmental Conservation
Division of Air and Water Quality
410 Willoughby Avenue, Suite 303
Variable Juneau, AK 98801-1798
Telephone (907) 465-5300, FAX (907) 485-527

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. Doug	glas Island,	PERMIT NUMBER:			711-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 EX	ERMIT EXPIRATION DATE: 8/31/2002				
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)			DISC to Ga 200 f witho	HARGE: Se stineau Cha t. long, 8 ind ut a diffusse	econdary tre innel, North th diameter i er at + 8 ft. N	ated effluent Douglas Isla marine outfa M.L.L.W.	discharge Ind, via a Il line	SAMPLE PERIOD: FROM: 04 / 01 / 2001 TO: 04 / 30 / 2001				
PARAMETER			SUM	MARY OF R	RESULTS				Frequency			
			Min	Avg 30-day	Avg 7-day	Max 24-hr.	No. Of Exceed -ences	Units	of Analysis		Sample Type	
Flow (Effluent)	SAMPLE RE		N/A	18,000	18,000	18,000	0		Weekly 1 / 7 days		Estimate Daily Total	
	PERMITTE	D	N/A	25000	28000	30000	A-15	gpd				
Biochemical Oxygen	SAMPLE RES		N/A	57	57	57	2		Quarterly 4 / year		Grab or Composite	
Demand (Effluent)	PERMITTE	D ***	N/A	30	45	60		mg/l				
Total Suspended Solids	SAMPLE RES		N/A	67	67	67	3		Quarterly		Grab or	
(Effluent)	PERMITTE	D The c	N/A	30	45	60		mg/l	4 / year		Composite	
Dissolved Oxygen	SAMPLE RESULT			N/A	N/A	N/A			Upon			
(Effluent)	PERMITTE	D	2.0	NA 💥	NA 🍜	NA .	17-62	mg/l	Request by the Dept.		Grab	
PH	SAMPLE RESULT		7.0	N/A	N/A	7.0	0		Quarterly			
(Effluent)	PERMITTE	D	6.5	N/A	NA 🏄	8.5	77,37	Std. Units			Grab	
Fecal Coliform	SAMPLE RES	SULT	N/A	0.5X10	N/A	0.5 X10	0		Monthly 1 / Month		Grab	
Bacteria (Effluent)	PERMITTE		N/A	1 X 10*	NA -	1.5 X 10°		#/100 mi				
Dissolved	SAMPLE RESULT			N/A	N/A	N/A		Upon				
Oxygen (Outside Leading Edge of the Mixing Zone)	PERMITTE	D .	5.0	NA 1	NA 3	.NA		mg/l	Request by the Dept.		Grab	
Fecal Coliform				O KING THE PARTY OF	See Sales Colors (2)	CONTROL OF	((#		_		
Bacteria (Outside Leading Edge of the	SAMPLE RESULT PERMITTED		N/A		N/A	- AC TO AC		#/100 ml	1 per Year (Nov. thru		Grab	
Mixing Zone)			NA NA NA NA NA NA NA NA NA NA NA NA NA N		NA .				Apr.) Bi-Monthly (May thru Oct.)			
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 SIGNATU Roger Hulse		Dec	zalah.				TELE	PHONE DATE				
		SIGNATUR	RE OF PRINCIPAL EXECUTIVE ER OR AUTHORIZED AGENT			E AREA	CODE	NUMBER	YEAR	MONTH	DAY	
WWTP Supervisor				907			789-9919	2001	07	11		
COMMENT AND EXPLAN	ATION OF ANY VI	OLATIONS	(REF	ERENCE AL	L ATTACHM	ENTS HERE,)		1			
CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD. Page 1 of 1 (K:\AMO(MFC\9711009.DMR)												
Page 1 of 1 (K:\Mmp\Mpc\9711009,DMR)												

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State of Alaska Discharge Monitoring Report

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

Alasa Department of Environmental Conservation
Division of Air and Water Quality
410 Willoughby Avenue, Suite 303
Luneau, AK 98801-1795
Telephone (907) 465-5300, FAX (907) 465-527

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 Highw	HAP BEZEF PI	PERMIT NUMBER:		11-DB009						
ATTN.:	Mr. Emie Mueller, Public Wo Freer, Board President, Bon	rks Director, City and Borough of Juneau, / Mr. Peter nie Brae Home Owners Association, (907) 586-6891					PERMIT EXPIRATION DATE:			31 / 2002	
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)			HARGE: Se stineau Cha long, 8 inc ut a diffusse	condary treannel, North h diameter r r at + 8 ft. N	ated effluer Douglas Isl narine outfa I.L.L.W.	et discharged and, via a all line	SAMPLE PERIOD: FROM: 05 / 01 / 2001 TO: 05 / 31 / 2001				
PARAMETER			SUMMARY OF RESULTS					Frequenc	у	_	
			Avg 30-day	Avg 7-day	Max 24-hr.	No. Of Exceed -ences	Units	of Analysis		Sample Type	
Flow (Effluent)	SAMPLE RESULT	N/A	18,000	18,000	18,000	0		Weekly		Estimate	
	PERMITTED	NA	25000	28000	·30000	A SHALL	gpd	1 / 7 days		Daily Total	
Biochemical Oxygen	SAMPLE RESULT	N/A	25	25	25	0		Quarterly		Grab or Composite	
Demand (Effluent)	PERMITTED	N/A	30	45	60	建建物	mg/l	4 / year	C		
Total Suspended	SAMPLE RESULT	N/A	40	40	40	1	Quarte				
Solids (Effluent)	PERMITTED	ÑA	30	45	60	1 7 2 1 1 1	mg/l	4 / year	C	Composite	
Dissolved Oxygen (Effluent)	SAMPLE RESULT		N/A	N/A	N/A			Upon		Grab	
	PERMITTED	2.0	NA 🔆	NA 🏖	NA *		mg/l	Request the Dept.	Py		
PH	SAMPLE RESULT	7.4	N/A	N/A	7.4	0		Quarterly		Grab	
(Effluent)	PERMITTED	6.5	NA .	NA	8.5	100	Std. Units	4 / year			
Fecal Coliform	SAMPLE RESULT	N/A	.11X104	N/A	.11X10°	0		Monthly			
Bacteria (Effluent)	PERMITTED		1 X 10'	NA 3	1.5 X 10	e trade	#/100 ml 1 / Month			Grab	
Dissolved	SAMPLE RESULT	107	N/A	N/A	N/A		Upon				
Oxygen (Outside Leading Edge of the	PERMITTED -	5.0	NA A		NA	(Contract	mg/I Request by the Dept.		у	Grab	
Mixing Zone)		- Proceed		The same of the sa	to produce	********					
Fecal Coliform Bacteria (Outside	SAMPLE RESULT	N/A	0	N/A	0	0	#/100 ml	1 per Year (Nov. thru	•	Grab	
Leading Edge of the Mixing Zone)	PERMITTED	NA X		NA :				Apr.) Bi-Monthly (May thru Oct.)			
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		na Porle			TELEPHONE		DATE		i Agi		
SIGNAT			PRINCIPA AUTHORIZ	L EXECUTI	VE AR	EA CODE	NUMBER	YEAR	MONTH	DAY	
Roger Hulse WWTP Supervisor			907 789-9919 2001 07						11		
COMMENT AND EXPLA	NATION OF ANY VIOLATION	IS (REI	FERENCE A	LL ATTACH	MENTS HER	Œ)					
CHECK HERE IF	THERE WAS NO DISCHARGE	DURIN	IG THE ENT	IRE REPOR	RTING PER	IOD.	Page 1 of 1 (Kr\AMO\MPC\	9711009,D4R)			
CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD. Page 1 of 1 (K1\AMQ\WeC\9711009.DMR)											

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FACILITY:	Bonnie Brae Subdivision, Secondary Wastewater Treatment Discharge to Gastineau Channel											
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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: 8/31/2002				
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)			DISC to Ga 200 f witho	HARGE: Se estineau Cha t. long, 8 ind ut a diffusse	econdary tre annel, North to diameter er at + 8 ft. M	ated effluent Douglas Isla marine outfal I.L.L.W.	discharged nd, via a I line	SAMPLE PERIOD: FROM: 06 / 01 / 2001 TO: 06 / 30 / 2001				
PARAMETER			SUMMARY OF RESULTS						Frequency			
			Min	Avg 30-day	Avg 7-day	Max 24-hr.	No. Of Exceed -ences	Units	of Analysis	of San		
Flow (Effluent)	SAMPLE RESULT PERMITTED		N/A	18,000	18,000	18,000	0		Weekly		Estimate Daily Total	
			N/A	25000	28000	30000	1	gpd	1/7 days			
Biochemical Oxygen Demand (Effluent)	SAMPLE RESULT		N/A	71	71	71	3		Quarterly		Grab or Composite	
Demand (Emdent)	PERMITTED		N/A	30	45	60	TAKE.	mg/l	4 / year			
Total Suspended	SAMPLE RESULT		N/A	44	44	44	1		Quarterly		Grab or	
(Effluent)	PERMIT	TED	NA	30	45	60	4	mg/l	4 / year	Co	Composite	
Dissolved Oxygen	SAMPLE RESULT		3. W 14.5*	N/A	N/A	N/A			Upon		0.5=5	
(Effluent)	PERMIT	TED	2.0	NA .	NA 🖶	NA .	200	mg/l	Request by the Dept.	İ	Grab	
PH (F#firent)	SAMPLE RESULT		7.4	N/A	N/A	7.4	0		Quarterly		Grab	
(Effluent)	PERMIT	TED ,	6.5	N/A	NA **	8.5		Std. Units	4 / year			
Fecal Coliform	SAMPLE RESULT		N/A	.5X10°	N/A	.5X10*	0		Monthly	1	Grab	
Bacteria (Effluent)	PERMITTED		NA	1 X 10'	NA	1.5 X 10°	670	#/100 ml	1 / Month			
Dissolved Oxygen (Outside	SAMPLE R	SAMPLE RESULT		N/A	N/A	N/A			Upon		Grab	
Leading Edge of the Mixing Zone)	PERMIT	TED .	5.0	NA 3	NA #	NA		mg/l	Request by the Dept.			
Fecal Coliform	_	SAMPLE RESULT			N/A	con America Services	A STATE OF THE STA		1 V	 		
Bacteria (Outside Leading Edge of the Mixing Zone)	PERMITTED WA		N/A N/A	14 TE	NA 🎉	43	(S. 1-27.6)	#/100 ml	1 per Year (Nov. thru Grab Apr.) Bi-Monthly (May thru		Grab	
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		SIGNATUI OFFIC	RE OF ER OR	PRINCIPAL AUTHORIZE	EXECUTIVED AGENT	E AREA	CODE	NUMBER	YEAR MONTH		DAY	
WWTP Supervisor			907					789-9919	2001	07	11	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)												
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