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 Wo Freer, Board President, Bonn	Ir. Peter i-6891	PERMIT EX	PIRATION DA	ΓE: 8/	31 / 2002					
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)		DISC to Ga 200 f witho	HARGE: Se istineau Cha t. long, 8 inc out a diffusse	econdary treannel, North ch diameter i er at + 8 ft. M	ated effluent of Douglas Islan marine outfall M.L.L.W.	discharged Id, via a I line	SAMPLE PERIOR 07	OM: 07 / 01 / 2001			
PARAMETER		SUM	MARY OF R	RESULTS				Frequency		Sample Type	
		Min	Avg 30-day	Avg 7-day	Max 24-hr.	No. Of Exceed -ences	Units	of Analysis			
Flow (Effluent)	SAMPLE RESULT	N/A	18,000	18,000	18,000	0		Weekly		Estimate	
	PERMITTED	N/A	25000	28000	30000		gpd	1/7 days		Daily Total	
Biochemical Oxygen	SAMPLE RESULT	N/A	48.7	48.7	48.7	2		Quarterly		Grab or Composite	
Demand (Effluent)	PERMITTED	N/A	30	45	60		mg/l	4 / year	U.		
Total Suspended	SAMPLE RESULT	N/A	40.6	40.6	40.6	1		Quarterly		Grab or Composite	
Solids (Effluent)	PERMITTED	N/A	30	45	60		mg/l	4 / year			
Dissolved	SAMPLE RESULT		N/A	N/A	N/A			Upon		Grab	
Oxygen (Effluent)	PERMITTED	2.0	N/A	N/A	N/A		mg/l	Request by the Dept.			
PH	SAMPLE RESULT	7.3	N/A	N/A	7.3	0		Quarterly			
(Effluent)	PERMITTED	6.5	N/A	N/A	8.5		Std. Units	4 / year		Grab	
Fecal Coliform	SAMPLE RESULT	N/A	7X10 ⁵	N/A	7X10°	2		Monthly	†		
Bacteria (Effluent)	PERMITTED	N/A	1 X 10 ⁸	N/A	1.5 X 10°	1	#/100 ml	1 / Month		Grab	
Dissolved	SAMPLE RESULT		N/A	N/A	N/A			Upon			
Oxygen (Outside Leading Edge of the Mixing Zone)	PERMITTED	5.0	N/A	N/A	N/A		mg/l	Request by the Dept.		Grab	
Fecal Coliform	SAMPLE RESULT	N/A		N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 per Year		Comb	
Bacteria (Outside Leading Edge of the Mixing Zone)	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.											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELE			ONE DATE					
Frais Myollon	SIGNATI	CER OR	ER OR AUTHORIZED AGENT AREA CODE		NUMBER	YEAR	монтн	DAY			
	Ernie Mueller Public Works Director				- 9	907	789-9919	2001	10	11	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)											
Q CHECK HEDE IF THERE WAS NO DISCHARGE DUBLING THE ENTIRE REPORTING REPLOD											

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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 f	Brae Subdiv	rision							
ADDRESS:	Public Works Department, 155 South Seward Street, Juneau, Alaska 99801-1397										
FACILITY:	Bonnie Brae Subdivision. Secondary Wastewater Treatment Discharge to Gastineau Channel										
LOCATION:											
ATTN.:	4 1/2 Mile N. Douglas Highway, Douglas Island, Near Juneau, Alaska PERMIT NUMB Mr. Ernie Mueller, Public Works Director, City and Borough of Juneau, / Mr. Peter PERMIT EXPIRATION DA									8 / 31 / 2002	
AIII.	Freer, Board President, Boni					PERMIT EXPIRATION DATE:			073172002		
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)		DISC to Ga 200 ft witho	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.					ERIOD: 08 / 01 / 2001 08 / 31 / 2001			
PARAMETER		SUMI	MARY OF R	RESULTS		Frequency	icy				
		Min	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 1 / 7 days		Estimate Daily Total	
	PERMITTED	N/A	25000	28000	30000		gpd				
Biochemical Oxygen	SAMPLE RESULT	N/A	110	110	110	3		Quarterly 4 / year		Grab or Composite	
Demand (Effluent)	PERMITTED	N/A	30	45	60		mg/l				
Total Suspended Solids (Effluent)	SAMPLE RESULT	N/A	49.8	49.8	49.8	2		Quarterly 4 / year		Grab or Composite	
	PERMITTED	N/A	30	45	60		mg/l				
Dissolved Oxygen (Effluent)	SAMPLE RESULT		N/A	N/A	N/A		mg/l	Upon Request by the Dept.		Grab	
	PERMITTED	2.0	N/A	N/A	N/A						
PH	SAMPLE RESULT	7.6	N/A	N/A	7.6	0		Quarterly 4 / year		Grab	
(Effluent)	PERMITTED	6.5	N/A	N/A	8.5		Std. Units				
Fecal Coliform	SAMPLE RESULT	N/A	1.6X10 ⁵	N/A	1.6X 10 5	2	Monthly			01	
Bacteria (Effluent)	PERMITTED	N/A	1 X 10 ⁵	N/A	1.5 X 10 ⁵		#/100 ml	1 / Month		Grab	
Dissolved	SAMPLE RESULT		N/A	N/A	N/A		_	Upon Request by the Dept.			
Oxygen (Outside Leading Edge of the Mixing Zone)	PERMITTED	5.0	N/A	N/A	N/A		mg/l			Grab	
Fecal Coliform Bacteria (Outside Leading Edge of the Mixing Zone)	SAMPLE RESULT	N/A	13	N/A	13	0		1 per Year (Nov. thru Apr.) Bi-Monthly (May thru Oct.)		Grab	
	PERMITTED	N/A	14	N/A	43		#/100 ml				
AND, BASED ON MY SUBMITTED INFORMATION		VIDUALS	IMMEDIA'	TELY RESE	ONSIBLE FO	OR OBTAIN	ING THAT INFO	RMATION.	I BELIE	VE THAT TH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEP				DATE				
Ernie Mueller OFFIC			OR AUTHORIZED AGENT		NUMBER	YEAR	MONTH	DAY			
Public Works Dire	ctor (9	07	789-9919	2001	10	11	
COMMENT AND EXPLAI	NATION OF ANY VIOLATIO	ONS (RE	FERENCE .	ALL ATTAC	CHMENTS HER	₹ <i>E</i>)					

Appendix C

State of Alaska Discharge Monitoring Report

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

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

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

Page 1 of 1 [K:\AWQ\WPC\9711009.DMR]

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.:									8 / 31 / 2002		
REQUIRED REPORTING FREQUENCY: Quarterly (4 per Year)		DISC to Ga 200 ff witho	HARGE: Se stineau Cha l. long, 8 inc ut a diffusse	econdary trea nnel, North h diameter r r at + 8 ft. M	ated effluent di Douglas Island narine outfall l I.L.L.W.	scharged I, via a ine	SAMPLE PERIOD: FROM: 09 / 01 / 2001 TO: 09 / 30 / 2001				
PARAMETER		SUMMARY OF RESULTS						Frequenc	v		
		Min	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	N/A	25000	28000	30000		gpd	1 / 7 dáys		Daily Total	
Biochemical Oxygen	SAMPLE RESULT	N/A	68.3	68.3	68.3	3	_	Quarterly 4 / year		Grab or Composite	
Demand (Effluent)	PERMITTED	N/A	30	45	60		mg/l				
Total Suspended Solids	SAMPLE RESULT	N/A	85.6	85.6	85.6	3		Quarterly 4 / year		Grab or Composite	
(Effluent)	PERMITTED	N/A	30	45	60		mg/l				
Dissolved Oxygen	SAMPLE RESULT		N/A	N/A	N/A		ma/l	Upon		Cb	
(Effluent)	PERMITTED	2.0	N/A	N/A	N/A		mg/l	Request by the Dept.		Grab	
PH (Effluent)	SAMPLE RESULT	7.4	N/A	N/A	7.4	0	2	Quarterly		Cont	
(Enluent)	PERMITTED	6.5	N/A	N/A	8.5		Std. Units	4 / year		Grab	
Fecal Coliform	SAMPLE RESULT	N/A	.7X10 ⁵	N/A	.7X10 ⁵	0		Monthly			
Bacteria (Effluent)	PERMITTED	N/A	1 X 10°	N/A	1,5 X 10°		#/100 ml			Grab	
Dissolved	SAMPLE RESULT		N/A	N/A	N/A			Upon Request by the Dept.		Grab	
Oxygen (Outside Leading Edge of the Mixing Zone)	PERMITTED	5.0	WA	N/A	N/A		mg/l				
Fecal Coliform Bacteria (Outside Leading Edge of the Mixing Zone)	SAMPLE RESULT	N/A		N/A				Apr.) Bi-Monthly (May thru			
	PERMITTED	N/A	14	N/A	43		#/100 mł			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.											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SIGNATURE			TELEI			TELEPI	HONE DATE			E	
		RE OA	PRINCIPAL AUTHORIZ	EXECUTI ED AGENT	VE AREA	CODE	NUMBER	YEAR	MONTH	DAY	
Ernie Mueller Public Works Director			OR AUTHORIZED AGENT 907)7	789-9919	2001	10	11	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)											