DISCHARGE MONITORING REPORT FORM
Petroleum Contaminated Water - Surface Water Discharge
Permit No. WI-0046531-05-0
Rev. October 25, 2012

Year: ____________  Facility Name and Location

Please indicate the type of wastewater discharge below
☐ Petroleum Contaminated Water  ☐ Tank Bottom Water  ☐ Scrap and Waste Storage Area Oily Water
☐ Secondary Containment Water

<table>
<thead>
<tr>
<th>Outfall # and Description</th>
<th>Flow (gal/day)</th>
<th>Oil &amp; Grease (mg/L)</th>
<th>BOD₃ (mg/L)</th>
<th>Total BETX (μg/L)</th>
<th>PAHs group of 10 (μg/L)</th>
<th>Benzo(a) pyrene (μg/L)</th>
<th>Naphthalene (μg/L)</th>
<th>Benzene (μg/L)</th>
<th>TSS (mg/L)</th>
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<tbody>
<tr>
<td>1st Qtr (Jan-Mar)</td>
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<td>2nd Qtr (Apr-Jun)</td>
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<td>3rd Qtr (Jul-Sep)</td>
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<td>4th Qtr (Oct-Dec)</td>
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See Footnotes

Daily Maximum Effluent Limits
-- 15 mg/l 20 mg/l 750 μg/l 0.1 μg/l 0.1 μg/l 70 μg/l 50 μg/l 40 mg/l

Sample Frequency:
- Petroleum Contact Water: Quarterly Quarterly Annually Annually Annually Annually
- Tank Bottom Water: Quarterly Quarterly Annually Quarterly Quarterly Quarterly Quarterly
- Scrap and Waste Storage: Quarterly Quarterly Annually Quarterly Quarterly Quarterly Quarterly Quarterly
- Secondary Containment: First Year First Year First Year First Year First Year First Year First Year

Sample Type
- Estimate
- Grab
- Grab
- Grab
- Grab
- Grab
- Grab
- Grab

Impaired or TMDL surface waters
Does this facility discharge a pollutant of concern to an impaired surface water or to a surface water with a TMDL allocation?
☐ No  ☐ Yes

FOOTNOTES:
(1) Total BETX is the sum of the benzene, ethylbenzene, toluene and xylene concentrations.
(2) PAH group of 10 (Polynuclear Aromatic Hydrocarbons) include the sum of the following individual compounds: benzo(a)anthracene, benzo(b)fluoranthene, benzo(g,h,i)perylene, benzo(k)fluoranthene, chrysene, dibenzo(a,h)anthracene, fluoranthene, indeno(1,2,3-cd)pyrene, phenanthrene, and pyrene.
(3) Monitoring and limit for this parameter only applies to tank bottom water and scrap and waste storage area oily water.
(4) Monitoring and limit for this parameter only applies to scrap and waste storage area oily water.

RETURN REPORT BY:  February 15, of the year following completion of monitoring

RETURN TO: [Regional Address]

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment, (40 CFR 122.5). I also certify that the values being submitted are the actual values found in the samples; no values have been modified or changed in any manner. Wherever I believe a value being reported is inaccurate, I have added an explanation indicating the reasons why the value is inaccurate.

Signature of Person Completing Form  Date

Signature of Principal Exec. or Authorized Agent  Date