DISCHARGE MONITORING REPORT FORM

Pit/Trench Dewatering **Facility Name: _____**

Permit No. WI-0049344-4 Receiving Water Name: _____

Year: _____ FIN: _____ 303d Water: _____, TMDL: _____.

Rev. 9.01.2012

Facility:

Contact:

Check Receiving Water Type: ____ Groundwater ____ Surface Water	Flow (gallons/day)	Flow (Number of days of discharge)	Total Suspended Solids (mg/L)	Oil and Grease (mg/L)	Enter Actual TSS Load Pounds (lb)	Enter Permit TSS Load Pounds (lb)
Sample #1 – Date:						
Sample #2 – Date:						
Sample #3 – Date:						
Sample #4 – Date:						
Sample #5– Date:						
See Footnotes	(4)	(4)	(1) (2)	(1) (3)	(4)	(4)
Daily Maximum Limit	-	-	40 mg/L	15 mg/L	-	-
Sample Frequency	Daily	-	See (1)	See (1) (3)	-	-
Sample Type	Estimate	-	Grab	Grab	-	-
Summary, Total million gallon, total # days, and average concentrations	Total mg:	Total Days:	Av:	Av:	T Load:	P Load:

FOOTNOTES:

(1) Monitoring of discharges is required on the following frequency, unless indicated otherwise in writing:
  (a) One time/day on two different days during the first five days of discharge.
  (b) One time/week during the second through fifth calendar week of discharge.
  (c) One time/month after the fifth week for remaining duration of the project.

(2) Monitoring for TSS is not required for a discharge to groundwater.

(3) Oil & grease monitoring is not required when waived by the DNR in writing.

(4) See Directions.

DIRECTIONS:

☞ For "Outfall # and Description" enter the number of the outfall you are reporting (i.e., 001 or 002, etc.) and the source of wastewater (i.e., pit/trench dewatering, well dewatering). Copy and use a new form for each separate outfall.

☞Enter the date each sample was taken next to the sample number.

☞Enter the total flow for the day.

☞Enter the number of days discharge since the last sample date including the sample date.

☞ Each daily concentration value entered must be the highest value of all samples types analyzed for that day.

If needed for TMDL as directed in letter of coverage.

☞Enter Actual TSS Load = Flow (MGD) X Conc X 8.34.

☞Enter Permit TSS Load = Flow (MGD) X 40 mg/L X 8.34.

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 Title Date

Signature of Principal Executive or Authorized Agent Title Date

☞For the last line, give total flow for the entire discharge period, give the total days of discharge, give average TSS and oil & grease concetrations.

☞Enter T Load = Total Flow (MGY) X Av Conc X 8.34.

☞Enter P Load = Total Flow (MGY) X 40 mg/L X 8.34.

COMMENTS: (Include additives if used and amount, method of pollution control, and amount of actual discharge load below the permit level (P Load – T Load). If calculations are confusing state this in comments.)