

**DISCHARGE TO A SUBSURFACE SOIL ABSORPTION SYSTEM  
WASTEWATER ANALYSIS – YEARLY SUMMARY Supplement**  
**PERMIT NO. WI – 0055611-6**  
**YEAR \_\_\_\_\_**

REV. 7/01/11

Facility Name:

Address:

FIN #:

DNR USE ONLY

The columns below list all parameters that may be required for this general permit. Refer to your cover letter to determine which parameters you are required to report. For quarterly or annual samples, report the test result for the month in which the sample was collected.

WASTEWATER TYPE	Meat Processing	Car Wash				
PARAMETER NAME	OIL & GREASE	OIL & GREASE				
PARAMETER UNITS	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
SAMPLE TYPE	3-Hr Comp	3-Hr Comp	3-GRAB Comp	3-GRAB Comp	3-GRAB Comp	3-GRAB Comp
FREQUENT OF SAMPLING	ANNUALLY	ANNUALLY				
<b>AVERAGES: JANUARY</b>						
<b>FEBRUARY</b>						
<b>MARCH</b>						
<b>APRIL</b>						
<b>MAY</b>						
<b>JUNE</b>						
<b>JULY</b>						
<b>AUGUST</b>						
<b>SEPTEMBER</b>						
<b>OCTOBER</b>						
<b>NOVEMBER</b>						
<b>DECEMBER</b>						
<b>ANNUAL AVERAGE</b>						

<b>RETURN REPORT NO LATER THAN FEBRUARY 15TH: ANNUALLY</b>	<b>PLEASE ATTACH NOTES AND/OR ADDRESS-NAME CORRECTIONS ON A SEPARATE SHEET</b>
<p>I CERTIFY UNDER PENALTY TO 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 SUBMITTED 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 FOR 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.</p>	<p><b>SEND TO: DEPARTMENT OF NATURAL RESOURCES ATTN: WPDES permits, (Add DNR Address or see granting letter for address.)</b></p>
	<p>Signature of Person Completing Form _____ Date _____</p>
	<p>Signature of Principal Exec. Officer or Authorized Agent _____ Title _____ Date _____</p>