### DISCHARGE MONITORING REPORT FORM

**Swimming Pool Facility**

**WPDES General Permit No. WI-0046523-5**

YEAR__________

Discharge to: FIN__________

Groundwater ______  Surface Water ______ (check one)

### Discharge Type:  (1)

- _____ Filter backwash
- _____ Pool cleaning (not routine daily)
- _____ Pool draining
- _____ Other:

<table>
<thead>
<tr>
<th>Parameter Name</th>
<th>Flow</th>
<th>Total Suspended Solids</th>
<th>pH</th>
<th>Dissolved Oxygen</th>
<th>Total Residual Chlorine</th>
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<tr>
<td>Parameter Units</td>
<td>Ave. gal/day</td>
<td>mg/l</td>
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**See Footnotes**

**Monitoring Frequency:**

- Sec. 3.1 or 4.2.1
- Sec. 4.2.2
- Sec. 4.2.3
- Sec. 4.2.4
- Sec. 4.2.5

**Daily Maximum**

- none
- 40
- 9.0
- 0.037

**Daily Minimum**

- none
- 6.0

**Sample Type**

- Estimate
- Grab
- Grab
- Grab

**Return annual monitoring report no later than February 15 each year, to:**

WPDES Permit Program

Department of Natural Resources

(Insert address of nearest DNR Regional Office)

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**FOOTNOTES:**

1. Use a separate form for each type of discharge or outfall.

2. **Groundwater Dischargers:** Report Flow only. **Surface Water Dischargers:** Report all parameters (Flow, TSS, pH, DO and TRC – except report DO only if wastewater is being chemically dechlorinated prior to discharge.)

3. The monitoring frequency varies with the type of pool water discharged. See permit.

4. The minimum limit for cold water streams is 6 mg/l, for all others it is 5 mg/l. See permit.

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 value being reported is inaccurate. I have added an explanation indicating if 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.

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**Signature of Person Completing Form**

**Title**

**E-mail address**

**Date**

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**Signature of Authorized Agent**

**Title**

**E-mail address**

**Date**

Rev. 4/09