

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

PERMIT NUMBER	001A
DISCHARGE NUMBER	

DMR Mailing ZIP CODE: 59718
 MINOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2009	TO 03/31/2009

DISCHARGE FROM DOSE TANK
 External Outfall

No Discharge

BOXES THAT DO NOT CONTAIN AN ASTERISK MUST BE FILLED OUT with a value based on the sampling that was conducted. If you **DO NOT** fill out a box that requires a value, it is considered a non reporting violation and you will receive a violation letter and lose your 25% compliance discount for your annual fees.

Boxes that contain an asterisk do not need to be filled out.

If you do not have a discharge for the monitoring period **CHECK THE NO DISCHARGE BOX** and **SUBMIT** to DEQ. **SIGN** and **SUBMIT DMRs** to the DEQ for the monitoring period. They are due the 28th day of following month.

PARAMETER	REQUIREMENT	UNIT	AMOUNT OR LOADING				FREQ	METHOD	FREQ	TYPE
			VALUE	UNITS	VALU	VALU				
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Nitrogen, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. QTR AVG	*****	lb/d	*****	48.7 QTR AVG	*****	*****	*****	*****
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Nitrogen, Kjeld	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Nitrite plus nitr	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****

Some of your boxes will have a number in them accompanied by the required sampling unit type. The number indicates the maximum sampling limit, if you have a number greater than 48.7 you have exceeded your limit and this is a violation.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)