

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

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

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.

PERMIT NUMBER		001A	
DISCHARGE NUMBER		001A	

  

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

DMR Mailing ZIP CODE: 59718  
 MINOR  
 DISCHARGE FROM DOSE TANK  
 External Outfall

No Discharge

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	AMOUNT OR LOADING	VALUE	UNITS	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	*****	*****	*****	*****	*****	*****	*****
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)