

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.

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.

| | |
|------------------|------|
| PERMIT NUMBER | 001A |
| DISCHARGE NUMBER | |

DMR Mailing ZIP CODE: 59718
MINOR

DISCHARGE FROM DOSE TANK
External Outfall

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

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 | UNIT | AMOUNT OR LOADING | | | | FREQ | TYPE | STATUS | | |
|--------------------------------|--------------------|-------------------|-------------------|-------|-------|-----------------|-------|--------------------|------------|-----------|------|
| | | | VALUE | UNITS | VALU | VALU | | | | | |
| | | | 8750 INST MAX | gal/d | ***** | ***** | ***** | ***** | Continuous | CONTIN | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 00310 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | Req. Mon. SINGSAMP | mg/L | Quarterly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | Req. Mon. SINGSAMP | mg/L | Quarterly | GRAB |
| Nitrogen, total (as N) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| 00600 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. QTR AVG | ***** | lb/d | ***** | 48.7 QTR AVG | ***** | ***** | mg/L | Quarterly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | Req. Mon. SINGSAMP | mg/L | Quarterly | GRAB |
| Nitrogen, Kjeld | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | Req. Mon. SINGSAMP | mg/L | Quarterly | GRAB |
| Nitrite plus nit | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | | | |
| 00630 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | Req. Mon. SINGSAMP | mg/L | Quarterly | GRAB |

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|--|---|------------------|--|-----------|
| 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)