

DISCHARGE MONITORING REPORT FORM
 Noncontact Cooling Water or Condensate and Boiler Water
 PERMIT NO. WI-0044938-5

YEAR: 2017

Facility :	FID:
	FIN:

Outfall Number ⁽¹⁾ _____	Type of Discharge (please check):							Boiler operations only	
	Surface Water <input type="checkbox"/>			Groundwater <input type="checkbox"/>				pH	Suspended Solids
Parameter Name	Flow	Temperature	BOD ₅	Total Phosphorus	Ammonia Nitrogen	Oil & Grease	Additives		
Parameter Units Date Sampled	gal/day	°F	mg/L	mg/L	mg/L	mg/L		s.u.	mg/L
Jan-Mar (1 st qtr)							ATTACH Additives Information: • Manufacturer & Trade Name • Dosage Amount/day Max Day & Average • Copy of MSDS sheets for any additives (unless recently submitted)		
Apr-Jun (2 nd qtr)									
Jul-Sept (3 rd qtr)									
Oct-Dec (4 th qtr)	Report on eDMR								Report on eDMR
See Footnotes			(3)	(3)	(3)	(3, 5)	(4)	(2)	(2,3)
Daily Maximum Limit								9.0	40 mg/L
Daily Minimum Limit								6.0	
Sample Type	Estimate	Grab	Grab	Grab	Grab	Grab	Record	Grab	Grab
Monitoring Frequency	Quarterly		Annually			Monthly		Annually	Quarterly

Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day.
 WISCONSIN STATUTE 283.55

FOOTNOTES:

- (1) Enter the number of the outfall you are reporting, i.e., 001, 002, etc. Copy and use a new form for each outfall.
- (2) Analyze pH and suspended solids for discharges of boiler blowdown or boiler bleed-off.
- (3) Required annually. After two years upon request, further monitoring may be waived by DNR letter.
- (4) Attach a current copy of the MSDS Sheets for all chemical additives used in your cooling process at least once per permit term and when those additives are changed. Attach dosage records.
- (5) Oil & Grease is required unless it was waived in the cover letter conferring coverage under the permit.

RETURN REPORT NO LATER THAN FEBRUARY 21, 2018!

Send completed discharge monitoring report to your Regional General Permit Contact:

Southern and Southeast: Karl Knutson – Milwaukee Service Center
 West Central: Will Myers – Eau Claire Service Center
 Northern: Sheri Snowbank – Spooner Service Center
 Northeast: Sarah Donoughe – Green Bay Service Center

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.

Signature of Person Completing the Form	Title	Date
Signature of Principal Executive Officer or Authorized Agent	Title	Date