

DISCHARGE MONITORING REPORT FORM

Swimming Pool Facility

WPDES General Permit No. WI-0046523-5

YEAR _____

FIN _____

Discharge to:

Groundwater _____ Surface Water _____ (check one)

Permittee:

Address:

Site:

Contact person:

E-mail address of contact:

Discharge Type: (1) _____ Filter backwash _____ Pool cleaning (not routine daily) _____ Pool draining _____ Other: _____					
Parameter Name	Flow	Total Suspended Solids	pH	Dissolved Oxygen	Total Residual Chlorine
Parameter Units	Ave. gal/day	mg/l	s.u.	mg/l	mg/l
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
See Footnotes	(2) (3)	(2) (3)	(2) (3)	(2) (3) (4)	(2) (3)
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	Grab

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) 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.

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)

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.

Signature of Person Completing Form Title e-mail address Date

Signature of Authorized Agent Title e-mail address Date