

DISCHARGE MONITORING REPORT FORM - Contaminated Groundwater

WPDES PERMIT NO. WI-0046566-06

YEAR: _____

PERMITTEE NAME:

ADDRESS:

Revised 01/2013 Petroleum Remediation wastewater to Surface Water

Outfall Number	001	001	001	001	001	001	001
Sample Point Description							
Parameter Name	Sample Date	Flow	Total Suspended Solids	Oil and Grease	Lead, T. Recov.	Total BETX	Benzene
Parameter Units	mm/dd/year	Gal./Day	mg/1	mg/1	ug/1	ug/1	ug/1
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Daily Maximum Limit			40	10	50	750	50
Sample Type		Estimate	Grab	Grab	Composite	Grab	Grab
Frequency of Sampling		Monthly	Monthly	Monthly	Monthly	Monthly	Monthly

<p>Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day.</p> <p>Authorized per WISCONSIN STATUTE 283.55</p>	<p>PLEASE ATTACH NOTES AND/OR ADDRESS-NAME CORRECTIONS ON A SEPARATE SHEET</p>	
	<p>RETURN REPORT NO LATER THAN: January 15th for annual reporting</p>	
<p>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 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.</p>	<p>SEND TO: DEPARTMENT OF NATURAL RESOURCES Water Permits Central Intake – WT/3 P.O. Box 7185 Madison, WI 53707-7185</p>	
	Signature of Person Completing Form	Date
	Signature of Principal Exec. Officer or Authorized Agent Title	Date