

**DISCHARGE TO A SUBSURFACE SOIL ABSORPTION SYSTEM
WASTEWATER ANALYSIS – YEARLY SUMMARY**

PERMIT NO. WI – 0055611-6

YEAR _____

REV. 7/01/11

Facility Name:

Address:

FIN #:

DNR USE ONLY

The columns below list all parameters that may be required for this general permit. Refer to your cover letter to determine which parameters you are required to report. For quarterly or annual samples, report the test result for the month in which the sample was collected.

WASTEWATER TYPE	ALL	ALL	ALL	ALL	ALL	ALL	ALL	ALL
PARAMETER NAME	VOLUME	pH	BOD ₅	TSS	Organic N	Ammonia N	Nitrate N	Chloride
PARAMENTER UNITS	GALLONS	s.u.	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
SAMPLE TYPE	MEASURED	3-GRAB Comp	3-GRAB Comp	3-GRAB Comp	3-GRAB Comp	3-GRAB Comp	3-GRAB Comp	3-GRAB Comp
FREQUENCT OF SAMPLING	DIALY	ANNUALLY	ANNUALLY	ANNUALLY	ANNUALLY	ANNUALLY	ANNUALLY	ANNUALLY
AVERAGES: JANUARY								
FEBRUARY								
MARCH								
APRIL								
MAY								
JUNE								
JULY								
AUGUST								
SEPTEMBER								
OCTOBER								
NOVEMBER								
DECEMBER								
ANNUAL AVERAGE								

RETURN REPORT NO LATER THAN FEBRUARY 15TH: ANNUALLY	PLEASE ATTACH NOTES AND/OR ADDRESS-NAME CORRECTIONS ON A SEPARATE SHEET
I CERTIFY UNDER PENALTY TO 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 SUBMITTED 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 FOR 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.	SEND TO: See Letter of Coverage or Reissue Coverage ATTN: WPDES permits
	Signature of Person Completing Form _____ Date _____
	Signature of Principal Exec. Officer or Authorized Agent _____ Title _____ Date _____