

**DISCHARGE MONITORING REPORT FORM**  
**Short Duration Discharge – Groundwater Discharge**  
**WPDES General Permit No. WI-0059137-04**

Rev. 1/1/15

Facility Name and Address:

Contact Name, Phone Number and Email Address:

Parameter	Date Sample Taken	Sample Frequency	Sample Type	Sample Results	Units	Limit	Limit Type	LOD	LOQ	QC Exce.	Lab Certification Number
211	Flow Rate	Monthly	Estimated		gpd	*****	*****	*****	*****		*****
211	Flow Rate	Monthly	Estimated		gpd	*****	*****	*****	*****		*****
211	Flow Rate	Monthly	Estimated		gpd	*****	*****	*****	*****		*****
211	Flow Rate	Monthly	Estimated		gpd	*****	*****	*****	*****		*****
651	Oil & Grease (Hexane)	Monthly	Grab		mg/L	15	Daily Max.				
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Directions

- DISCHARGE DURATION:** The period of discharge is limited to 90 consecutive days beginning on the first day of discharge unless otherwise specified by the Department's letter that granted coverage under the Short Duration Discharge Permit.
- SAMPLE FREQUENCY:** Sample at least once a month for each month that discharge occurs even when discharge occurs only once during the month.
- RETURN REPORT BY** the 15<sup>th</sup> day of the month following the month during which the last day of discharge occurred.
- RETURN REPORT TO** the address specified in the Department's letter of coverage.
- REPORT EXCEDANCE OF DISCHARGE LIMIT** within 24 hours of becoming aware of the exceedance.

Signatures

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 and Title of Person Completing Form

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature and Title of Principal Exec., Officer or Authorized Agent

\_\_\_\_\_  
 Date

Use this space and the back of this form for any remarks, comments, explanations of limit exceedances, and name or address changes.