

Oregon DEQ WPCF Evaporation/Seepage Lagoon Discharge Monitoring Report Form (11-WR-004)

Facility Name:	Phone #:	Reporting Period (MM/YY):
DEQ Permit #:	DEQ File # (Facility ID):	County:
System Type:	Population Served:	

Operation Certification Information

Collection System Class:	Principal Operator Name:	Cert.# & Grade:
Treatment System Class:	Principal Operator Name:	Cert.# & Grade:

DATE	INFLUENT					EVAPORATION/SEEPAGE LAGOON							LOG Breakdowns, sanitary sewer overflows, flow meter calibration, odors, complaints, solids removal (quantity and location disposed), etc.	
	Flow	BOD	TSS	pH	Other:	Pollutant Parameters					Depth			Perimeter Inspection
						Total Phosphorous	Total Kjeldahl Nitrogen	Ammonia Nitrogen	Nitrate Nitrogen	Other:	Primary	Secondary		
<small><input type="checkbox"/> MGD <input type="checkbox"/> GPD</small>	<small><input type="checkbox"/> grab <input type="checkbox"/> comp</small>	<small><input type="checkbox"/> grab <input type="checkbox"/> comp</small>			mg/L	mg/L	mg/L	mg/L						
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
TOTAL						All monitoring data & sampling frequencies met permit requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No; attach explanation Any sanitary sewer overflows? <input type="checkbox"/> No <input type="checkbox"/> Yes; attach explanation					I certify that I am familiar with the information contained in this report and that to the best of my knowledge such information is true, complete and accurate. Authorized Signature: _____ Printed Name: _____ Title: _____ Date: _____ Mail Original Signed DMR to: _____			
DAILY MIN														
DAILY MAX														
WEEKLY AVG MAX														
MONTHLY AVG														
DAILY LIMITS														
WEEKLY LIMITS														
MONTHLY LIMITS														