MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY N DICHAR GE MONI

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: January 2016 INFLUENT

	TEST LIMITS					2					2		
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
1-Jan-2016	Friday												
2-Jan-2016	Saturday												
3-Jan-2016	Sunday												
4-Jan-2016	Monday												
5-Jan-2016	Tuesday												
6-Jan-2016	Wednesday												
7-Jan-2016	Thursday												
8-Jan-2016	Friday												
9-Jan-2016	Saturday												
10-Jan-2016	Sunday												
11-Jan-2016	Monday												
12-Jan-2016	Tuesday												
13-Jan-2016	Wednesday												
14-Jan-2016	Thursday												
15-Jan-2016	Friday												
16-Jan-2016	Saturday												
17-Jan-2016	Sunday												
18-Jan-2016	Monday												
19-Jan-2016	Tuesday												
20-Jan-2016	Wednesday												
21-Jan-2016	Thursday												
22-Jan-2016	Friday												
23-Jan-2016	Saturday												
24-Jan-2016	Sunday												
25-Jan-2016	Monday												
26-Jan-2016	Tuesday												
27-Jan-2016	Wednesday												
28-Jan-2016	Thursday												
29-Jan-2016	Friday												
30-Jan-2016	Saturday												
31-Jan-2016	Sunday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

E ELIMINATION SYS

ORING REPORT (DM

Form Approved
OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						**Req.Mon.**							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

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	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			**68**		**60**			**135**		**126**	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		**101**			**90**		**202**	**235**	

:S)

DATE:

Form Approved
No. 2040-0004

MONITORING PERIOD:

FROM:
TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)

No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

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OMB No. 2040-0004

1-Jan-2016
31-Jan-2016

	2					2
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)
	No Test					No Test
No Test	No Test					No Test
2.34						

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	1/1/2016	TO	1/31/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONC	
		VALUE	VALUE	UNITS	VALUE	VALUE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Philip Livingston, Utility Director

TYPED OR PRINTED

I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	UNITS			
******	mg/L		Twice Every Week	GRAB
******	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
45 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	SU		Twice Every Week	GRAB
9 MAXIMUM	SU		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
90 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

	TELEPHONE		DATE
/E OFFICER OR	**715-685-7878**		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	1/1/2016	TO	1/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

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MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY N | DICHARGE MONIT

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: February 2016 INFLUENT

TEST LIMITS						2					2		
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
1-Feb-2016	Monday												
2-Feb-2016	Tuesday												
3-Feb-2016	Wednesday												
4-Feb-2016	Thursday												
5-Feb-2016	Friday												
6-Feb-2016	Saturday												
7-Feb-2016	Sunday												
8-Feb-2016	Monday												
9-Feb-2016	Tuesday												
10-Feb-2016	Wednesday												
11-Feb-2016	Thursday												
12-Feb-2016	Friday												
13-Feb-2016	Saturday												
14-Feb-2016	Sunday												
15-Feb-2016	Monday												
16-Feb-2016	Tuesday												
17-Feb-2016	Wednesday												
18-Feb-2016	Thursday												
19-Feb-2016	Friday												
20-Feb-2016	Saturday												
21-Feb-2016	Sunday												
22-Feb-2016	Monday												
23-Feb-2016	Tuesday												
24-Feb-2016	Wednesday												
25-Feb-2016	Thursday												
26-Feb-2016	Friday												
27-Feb-2016	Saturday												
28-Feb-2016	Sunday												
29-Feb-2016	Monday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

Form Approved
OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						Req.Mon.							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			**68**		**60**			**135**		**126**	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		**101**			**90**		**202**	**235**	

Form Approved
No. 2040-0004

:S)

DATE:

MONITORING PERIOD:

FROM:
TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)

No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

Form Approved
OMB No. 2040-0004

ION DICHARGE ELIM
ARGE MONITORING

1-Feb-2016
29-Feb-2016

	2					2				
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)	Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
	No Test					No Test				
No Test	No Test					No Test				
2.34										

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	2/1/2016	TO	2/29/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******	******	mg/L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	2/1/2016	TO	2/29/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

ED_004817A_00000407-00017

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY ION DICH/ ARGE MO

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: March 2016 INFLUENT

	TEST LIMITS					2					2		
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
1-Mar-2016	Tuesday												
2-Mar-2016	Wednesday												
3-Mar-2016	Thursday												
4-Mar-2016	Friday												
5-Mar-2016	Saturday												
6-Mar-2016	Sunday												
7-Mar-2016	Monday												
8-Mar-2016	Tuesday												
9-Mar-2016	Wednesday												
10-Mar-2016	Thursday												
11-Mar-2016	Friday												
12-Mar-2016	Saturday												
13-Mar-2016	Sunday												
14-Mar-2016	Monday												
15-Mar-2016	Tuesday												
16-Mar-2016	Wednesday												
17-Mar-2016	Thursday												
18-Mar-2016	Friday												
19-Mar-2016	Saturday												
20-Mar-2016	Sunday												
21-Mar-2016	Monday												
22-Mar-2016	Tuesday												
23-Mar-2016	Wednesday												
24-Mar-2016	Thursday												
25-Mar-2016	Friday												
26-Mar-2016	Saturday												
27-Mar-2016	Sunday												
28-Mar-2016	Monday												
29-Mar-2016	Tuesday												
30-Mar-2016	Wednesday												
31-Mar-2016	Thursday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

E ELIMINATION SYS
ORING REPORT (DMI

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OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						Req.Mon.							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			**68**		**60**			**135**		**126**	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		**101**			**90**		**202**	**235**	

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No. 2040-0004

:S)

DATE:

MONITORING PERIOD:

FROM:
TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)

No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

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OMB No. 2040-0004

ION DICHARGE ELIM
ARGE MONITORING

1-Mar-2016
31-Mar-2016

	2					2				
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)	Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
	No Test					No Test				
No Test	No Test					No Test				
2.34										

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	3/1/2016	TO	3/31/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******	******	mg/L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Philip Livingston, Utility Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	3/1/2016	TO	3/31/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	1/1/2016	TO	3/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Quarterly	GRAB
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Phosphorus, total [as P]	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Quarterly	GRAB
71900 G 0 Raw sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY TION DICH IARGE MC

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: April 2016 INFLUENT

DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
TEST LIMITS						2					2		
1-Apr-2016	Friday												
2-Apr-2016	Saturday												
3-Apr-2016	Sunday												
4-Apr-2016	Monday												
5-Apr-2016	Tuesday												
6-Apr-2016	Wednesday												
7-Apr-2016	Thursday												
8-Apr-2016	Friday												
9-Apr-2016	Saturday												
10-Apr-2016	Sunday												
11-Apr-2016	Monday												
12-Apr-2016	Tuesday												
13-Apr-2016	Wednesday												
14-Apr-2016	Thursday												
15-Apr-2016	Friday												
16-Apr-2016	Saturday												
17-Apr-2016	Sunday												
18-Apr-2016	Monday												
19-Apr-2016	Tuesday												
20-Apr-2016	Wednesday												
21-Apr-2016	Thursday												
22-Apr-2016	Friday												
23-Apr-2016	Saturday												
24-Apr-2016	Sunday												
25-Apr-2016	Monday												
26-Apr-2016	Tuesday												
27-Apr-2016	Wednesday												
28-Apr-2016	Thursday												
29-Apr-2016	Friday												
30-Apr-2016	Saturday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

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OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						**Req.Mon.**							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			**68**		**60**			**135**		**126**	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		**101**			**90**		**202**	**235**	

:S)

DATE:

Form Approved
No. 2040-0004

MONITORING PERIOD:

FROM:
TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)
No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

ED_004817A_00000407-00029

Form Approved
OMB No. 2040-0004

ION DICHARGE ELIM
ARGE MONITORING

1-Apr-2016
30-Apr-2016

	2					2				
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)	Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
	No Test					No Test				
No Test	No Test					No Test				
2.34										

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	4/1/2016	TO	4/30/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******	******	mg/L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	4/1/2016	TO	4/30/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY TION DICH IARGE MC

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: May 2016 INFLUENT

	TEST LIMITS					2					2		
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
1-May-2016	Sunday												
2-May-2016	Monday												
3-May-2016	Tuesday												
4-May-2016	Wednesday												
5-May-2016	Thursday												
6-May-2016	Friday												
7-May-2016	Saturday												
8-May-2016	Sunday												
9-May-2016	Monday												
10-May-2016	Tuesday												
11-May-2016	Wednesday												
12-May-2016	Thursday												
13-May-2016	Friday												
14-May-2016	Saturday												
15-May-2016	Sunday												
16-May-2016	Monday												
17-May-2016	Tuesday												
18-May-2016	Wednesday												
19-May-2016	Thursday												
20-May-2016	Friday												
21-May-2016	Saturday												
22-May-2016	Sunday												
23-May-2016	Monday												
24-May-2016	Tuesday												
25-May-2016	Wednesday												
26-May-2016	Thursday												
27-May-2016	Friday												
28-May-2016	Saturday												
29-May-2016	Sunday												
30-May-2016	Monday												
31-May-2016	Tuesday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

Form Approved
OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						Req.Mon.							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			68		60			135		126	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		101			90		202	235	

Form Approved
No. 2040-0004

:S)

DATE:

MONITORING PERIOD:

FROM:
TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)

No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

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1-May-2016
31-May-2016

	2					2
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)
	No Test					No Test
No Test	No Test					No Test
2.34						

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	5/1/2016	TO	5/31/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONC	
		VALUE	VALUE	UNITS	VALUE	VALUE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Philip Livingston, Utility Director

TYPED OR PRINTED

I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	UNITS			
******	mg/L		Twice Every Week	GRAB
******	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
45 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	SU		Twice Every Week	GRAB
9 MAXIMUM	SU		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
90 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

	TELEPHONE		DATE
'E OFFICER OR	**715-685-7878**		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	5/1/2016	TO	5/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	#/100		Twice Every Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30 DA GEO	235 DAILY MX	#/100		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Twice Every Week	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Philip Livingston, Utility Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	5/1/2016	TO	5/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Philip Livingston, Utility Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY TION DICH IARGE MC

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: June 2016 INFLUENT

	TEST LIMITS					2					2		
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
1-Jun-2016	Wednesday												
2-Jun-2016	Thursday												
3-Jun-2016	Friday												
4-Jun-2016	Saturday												
5-Jun-2016	Sunday												
6-Jun-2016	Monday												
7-Jun-2016	Tuesday												
8-Jun-2016	Wednesday												
9-Jun-2016	Thursday												
10-Jun-2016	Friday												
11-Jun-2016	Saturday												
12-Jun-2016	Sunday												
13-Jun-2016	Monday												
14-Jun-2016	Tuesday												
15-Jun-2016	Wednesday												
16-Jun-2016	Thursday												
17-Jun-2016	Friday												
18-Jun-2016	Saturday												
19-Jun-2016	Sunday												
20-Jun-2016	Monday												
21-Jun-2016	Tuesday												
22-Jun-2016	Wednesday												
23-Jun-2016	Thursday												
24-Jun-2016	Friday												
25-Jun-2016	Saturday												
26-Jun-2016	Sunday												
27-Jun-2016	Monday												
28-Jun-2016	Tuesday												
29-Jun-2016	Wednesday												
30-Jun-2016	Thursday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

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OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						Req.Mon.							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			**68**		**60**			**135**		**126**	
No Data	No Test		No Test		No Test	No Test	No Test	No Test	No Test	No Test	No Test	
			45		**101**			**90**		**202**	**235**	

:S)

Form Approved
No. 2040-0004

DATE:

MONITORING PERIOD:

FROM:
TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)
No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

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Form Approved
OMB No. 2040-0004

1-Jun-2016
30-Jun-2016

	2					2
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)
	No Test					No Test
No Test	No Test					No Test
2.34						

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	6/1/2016	TO	6/30/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONC	
		VALUE	VALUE	UNITS	VALUE	VALUE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Philip Livingston, Utility Director

TYPED OR PRINTED

I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	UNITS			
******	mg/L		Twice Every Week	GRAB
******	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
45 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	SU		Twice Every Week	GRAB
9 MAXIMUM	SU		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
90 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

	TELEPHONE		DATE
'E OFFICER OR	**715-685-7878**		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	6/1/2016	TO	6/30/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	#/100		Twice Every Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30 DA GEO	235 DAILY MX	#/100		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Twice Every Week	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	6/1/2016	TO	6/30/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY	
		VALUE	VALUE	UNITS	VALUE	
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Philip Livingston, Utility Director		SIGNATURE OF PRINCIPAL AUTHORIZE
TYPED OR PRINTED		

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	VALUE	UNITS			
******	******	******		Weekly	VISUAL
******	******	******		Weekly	VISUAL

	TELEPHONE		DATE
EXECUTIVE OFFICER OR D AGENT	715-685-7878		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	3/1/2016	TO	6/30/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Quarterly	GRAB
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Phosphorus, total [as P]	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Quarterly	GRAB
71900 G 0 Raw sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY TION DICH IARGE MC

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: July 2016 INFLUENT

DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
	TEST LIMITS					2					2		
1-Jul-2016	Friday												
2-Jul-2016	Saturday												
3-Jul-2016	Sunday												
4-Jul-2016	Monday												
5-Jul-2016	Tuesday												
6-Jul-2016	Wednesday												
7-Jul-2016	Thursday												
8-Jul-2016	Friday												
9-Jul-2016	Saturday												
10-Jul-2016	Sunday												
11-Jul-2016	Monday												
12-Jul-2016	Tuesday												
13-Jul-2016	Wednesday												
14-Jul-2016	Thursday												
15-Jul-2016	Friday												
16-Jul-2016	Saturday												
17-Jul-2016	Sunday												
18-Jul-2016	Monday												
19-Jul-2016	Tuesday												
20-Jul-2016	Wednesday												
21-Jul-2016	Thursday												
22-Jul-2016	Friday												
23-Jul-2016	Saturday												
24-Jul-2016	Sunday												
25-Jul-2016	Monday												
26-Jul-2016	Tuesday												
27-Jul-2016	Wednesday												
28-Jul-2016	Thursday												
29-Jul-2016	Friday												
30-Jul-2016	Saturday												
31-Jul-2016	Sunday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

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EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						Req.Mon.							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			**68**		**60**			**135**		**126**	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		**101**			**90**		**202**	**235**	

:S) | DATE: | Form Approved No. 2040-0004

MONITORING PERIOD: | FROM: | TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)
No Test	No Test									
4	6									
No Test		No Test					No Test			No Test
		Req. Mon.					Req. Mon.			1.17
	No Test	No Test		No Test	No Test				No Test	
	9				Req. Mon.					

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1-Jul-2016
31-Jul-2016

	2					2
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)
	No Test					No Test
No Test	No Test					No Test
2.34						

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	7/1/2016	TO	7/31/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONC	
		VALUE	VALUE	UNITS	VALUE	VALUE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Philip Livingston, Utility Director

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	UNITS			
******	mg/L		Twice Every Week	GRAB
******	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
45 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	SU		Twice Every Week	GRAB
9 MAXIMUM	SU		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
90 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

	TELEPHONE		DATE
'E OFFICER OR	**715-685-7878**		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	7/1/2016	TO	7/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	#/100		Twice Every Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30 DA GEO	235 DAILY MX	#/100		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Twice Every Week	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Philip Livingston, Utility Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	7/1/2016	TO	7/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Philip Livingston, Utility Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY ON DICHA RGE MON

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: August 2016 INFLUENT

DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
TEST LIMITS						2					2		
1-Aug-2016	Monday												
2-Aug-2016	Tuesday												
3-Aug-2016	Wednesday												
4-Aug-2016	Thursday												
5-Aug-2016	Friday												
6-Aug-2016	Saturday												
7-Aug-2016	Sunday												
8-Aug-2016	Monday												
9-Aug-2016	Tuesday												
10-Aug-2016	Wednesday												
11-Aug-2016	Thursday												
12-Aug-2016	Friday												
13-Aug-2016	Saturday												
14-Aug-2016	Sunday												
15-Aug-2016	Monday												
16-Aug-2016	Tuesday												
17-Aug-2016	Wednesday												
18-Aug-2016	Thursday												
19-Aug-2016	Friday												
20-Aug-2016	Saturday												
21-Aug-2016	Sunday												
22-Aug-2016	Monday												
23-Aug-2016	Tuesday												
24-Aug-2016	Wednesday												
25-Aug-2016	Thursday												
26-Aug-2016	Friday												
27-Aug-2016	Saturday												
28-Aug-2016	Sunday												
29-Aug-2016	Monday												
30-Aug-2016	Tuesday												
31-Aug-2016	Wednesday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

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OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						Req.Mon.							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			**68**		**60**			**135**		**126**	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		**101**			**90**		**202**	**235**	

Form Approved
No. 2040-0004

:S)

DATE:

MONITORING PERIOD:

FROM:

TO:

D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)
		0.1					0.1			

No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

Form Approved
OMB No. 2040-0004

ION DICHARGE ELIM
ARGE MONITORING

1-Aug-2016
31-Aug-2016

	2					2				
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)	Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
	No Test					No Test				
No Test	No Test					No Test				
2.34										

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	8/1/2016	TO	8/31/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******	******	mg/L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	8/1/2016	TO	8/31/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	#/100		Twice Every Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30 DA GEO	235 DAILY MX	#/100		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Twice Every Week	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	8/1/2016	TO	8/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
No. 2040-0004

NAT ICHARGE MONITOR

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: September 2016 INFLUENT

	TEST LIMITS					2					2	
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION
1-Sep-2016	Thursday											
2-Sep-2016	Friday											
3-Sep-2016	Saturday											
4-Sep-2016	Sunday											
5-Sep-2016	Monday											
6-Sep-2016	Tuesday											
7-Sep-2016	Wednesday											
8-Sep-2016	Thursday											
9-Sep-2016	Friday											
10-Sep-2016	Saturday											
11-Sep-2016	Sunday											
12-Sep-2016	Monday											
13-Sep-2016	Tuesday											
14-Sep-2016	Wednesday											
15-Sep-2016	Thursday											
16-Sep-2016	Friday											
17-Sep-2016	Saturday											
18-Sep-2016	Sunday											
19-Sep-2016	Monday											
20-Sep-2016	Tuesday											
21-Sep-2016	Wednesday											
22-Sep-2016	Thursday											
23-Sep-2016	Friday											
24-Sep-2016	Saturday											
25-Sep-2016	Sunday											
26-Sep-2016	Monday											
27-Sep-2016	Tuesday											
28-Sep-2016	Wednesday											
29-Sep-2016	Thursday											
30-Sep-2016	Friday											
MIN. REPORTED VALUE												
MIN. PERMIT VALUE												
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test	
AVG. PERMIT VALUE									Req.Mon.			
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test	
AVG. PERMIT VALUE										Req.Mon.		
REPORTED % REMOVAL						Insuf Data					Insuf Data	
PERMIT % REMOVAL						85%					65%	
PERMIT ANALYSIS FREQUENCY												
PERMIT SAMPLE TYPE												

									2				
7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
			No Test										
	No Test			No Test			No Test		No Test				
	Req.Mon.						**Req.Mon.**						
No Test		No Test	No Test			No Test			No Test				
		Req.Mon.											

EFFLUENT DISCHARGE

		2					2				
FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)
No Data		No Test			No Test		No Test			No Test	
		30			68		60			135	
	No Data	No Test		No Test		No Test	No Test		No Test		No Test
				45		101			90		202

WI0036544

DATE:

MONITORING PERIOD:

FROM:

TO:

10				0.1					0.1		
E.COLI	E.COLI ND CORRECTION	D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)
		No Test	No Test								
		4	**6**								
No Test		No Test		No Test					No Test		
126				**Req. Mon.**					**Req. Mon.**		
No Test			No Test	No Test		No Test	No Test				No Test
235			**9**				**Req. Mon.**				

Form Approved
OMB No. 2040-0004

1-Sep-2016
30-Sep-2016

		2					2
TOTAL P (LBS/DAY)	7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)
No Test		No Test					No Test
1.17							
	No Test	No Test					No Test
	2.34						

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	9/1/2016	TO	9/30/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONC	
		VALUE	VALUE	UNITS	VALUE	VALUE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Philip Livingston, Utility Director

TYPED OR PRINTED

I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	UNITS			
******	mg/L		Twice Every Week	GRAB
******	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
45 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	SU		Twice Every Week	GRAB
9 MAXIMUM	SU		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
90 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

	TELEPHONE		DATE
'E OFFICER OR	**715-685-7878**		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	9/1/2016	TO	9/30/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	#/100		Twice Every Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30 DA GEO	235 DAILY MX	#/100		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Twice Every Week	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	9/1/2016	TO	9/30/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY	
		VALUE	VALUE	UNITS	VALUE	
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Philip Livingston, Utility Director		SIGNATURE OF PRINCIPAL AUTHORIZE
TYPED OR PRINTED		

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	VALUE	UNITS			
******	******	******		Weekly	VISUAL
******	******	******		Weekly	VISUAL

	TELEPHONE		DATE
EXECUTIVE OFFICER OR D AGENT	715-685-7878		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	7/1/2016	TO	9/30/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Quarterly	GRAB
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Phosphorus, total [as P]	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Quarterly	GRAB
71900 G 0 Raw sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY N DICHAR GE MONI

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: October 2016 INFLUENT

DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)
TEST LIMITS						2					2		
1-Oct-2016	Saturday												
2-Oct-2016	Sunday												
3-Oct-2016	Monday												
4-Oct-2016	Tuesday												
5-Oct-2016	Wednesday												
6-Oct-2016	Thursday												
7-Oct-2016	Friday												
8-Oct-2016	Saturday												
9-Oct-2016	Sunday												
10-Oct-2016	Monday												
11-Oct-2016	Tuesday												
12-Oct-2016	Wednesday												
13-Oct-2016	Thursday												
14-Oct-2016	Friday												
15-Oct-2016	Saturday												
16-Oct-2016	Sunday												
17-Oct-2016	Monday												
18-Oct-2016	Tuesday												
19-Oct-2016	Wednesday												
20-Oct-2016	Thursday												
21-Oct-2016	Friday												
22-Oct-2016	Saturday												
23-Oct-2016	Sunday												
24-Oct-2016	Monday												
25-Oct-2016	Tuesday												
26-Oct-2016	Wednesday												
27-Oct-2016	Thursday												
28-Oct-2016	Friday												
29-Oct-2016	Saturday												
30-Oct-2016	Sunday												
31-Oct-2016	Monday												
MIN. REPORTED VALUE													
MIN. PERMIT VALUE													
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test		
AVG. PERMIT VALUE									Req.Mon.				
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test		No Test
AVG. PERMIT VALUE										Req.Mon.			
REPORTED % REMOVAL						Insuf Data					Insuf Data		
PERMIT % REMOVAL						85%					65%		
PERMIT ANALYSIS FREQUENCY													
PERMIT SAMPLE TYPE													

E ELIMINATION SYS
ORING REPORT (DM

Form Approved
OMB No. 2040-0004

EFFLUENT DISCHARGE

								2					
TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)	FLOW (MGD)
		No Test											
No Test			No Test			No Test		No Test					No Data
Req.Mon.						Req.Mon.							
	No Test	No Test			No Test			No Test					
	Req.Mon.												

	2					2					10	
7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	E.COLI	E.COLI ND CORRECTION
	No Test			No Test		No Test			No Test		No Test	
	30			68		60			135		126	
No Data	No Test		No Test		No Test	No Test		No Test		No Test	No Test	
			45		101			90		202	235	

Form Approved
No. 2040-0004

:S)

DATE:

MONITORING PERIOD:

FROM:

TO:

		0.1					0.1			
D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)	TOTAL P (LBS/DAY)
No Test	No Test									
4	**6**									
No Test		No Test					No Test			No Test
		Req. Mon.					**Req. Mon.**			**1.17**
	No Test	No Test		No Test	No Test				No Test	
	9				**Req. Mon.**					

ED_004817A_00000407-00085

Form Approved
OMB No. 2040-0004

ION DICHARGE ELIM
ARGE MONITORING

1-Oct-2016
31-Oct-2016

	2					2				
7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)	Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
	No Test					No Test				
No Test	No Test					No Test				
2.34										

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/1/2016	TO	10/31/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******	******	mg/L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/1/2016	TO	10/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

NA DICHARGE

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY : MONITOI

Form Approved No. 2040-0004

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: November 2016 INFLUENT

	TEST LIMITS					2					2	
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION
1-Nov-2016	Tuesday											
2-Nov-2016	Wednesday											
3-Nov-2016	Thursday											
4-Nov-2016	Friday											
5-Nov-2016	Saturday											
6-Nov-2016	Sunday											
7-Nov-2016	Monday											
8-Nov-2016	Tuesday											
9-Nov-2016	Wednesday											
10-Nov-2016	Thursday											
11-Nov-2016	Friday											
12-Nov-2016	Saturday											
13-Nov-2016	Sunday											
14-Nov-2016	Monday											
15-Nov-2016	Tuesday											
16-Nov-2016	Wednesday											
17-Nov-2016	Thursday											
18-Nov-2016	Friday											
19-Nov-2016	Saturday											
20-Nov-2016	Sunday											
21-Nov-2016	Monday											
22-Nov-2016	Tuesday											
23-Nov-2016	Wednesday											
24-Nov-2016	Thursday											
25-Nov-2016	Friday											
26-Nov-2016	Saturday											
27-Nov-2016	Sunday											
28-Nov-2016	Monday											
29-Nov-2016	Tuesday											
30-Nov-2016	Wednesday											
MIN. REPORTED VALUE												
MIN. PERMIT VALUE												
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test	
AVG. PERMIT VALUE									Req.Mon.			
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test	
AVG. PERMIT VALUE										Req.Mon.		
REPORTED % REMOVAL						Insuf Data					Insuf Data	
PERMIT % REMOVAL						85%					65%	
PERMIT ANALYSIS FREQUENCY												
PERMIT SAMPLE TYPE												

STEM (NPDES) Approved
R) 040-0004

									2				
7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
			No Test										
	No Test			No Test			No Test		No Test				
	Req.Mon.						**Req.Mon.**						
No Test		No Test	No Test			No Test			No Test				
		Req.Mon.											

EFFLUENT DISCHARGE

		2					2				
FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)
No Data		No Test			No Test		No Test			No Test	
		30			68		60			135	
	No Data	No Test		No Test		No Test	No Test		No Test		No Test
				45		101			90		202

WI0036544 DATE:

MONITORING PERIOD: **FROM:**
TO:

10				0.1					0.1		
E.COLI	E.COLI ND CORRECTION	D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)
		No Test	No Test								
		4	**6**								
No Test		No Test		No Test					No Test		
126				**Req. Mon.**					**Req. Mon.**		
No Test			No Test	No Test		No Test	No Test				No Test
235			**9**				**Req. Mon.**				

Form Approved
OMB No. 2040-0004

ELIMINATION SYSTE
NG REPORT (DMR)

1-Nov-2016
30-Nov-2016

		2					2				
TOTAL P (LBS/DAY)	7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)	Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
No Test		No Test					No Test				
1.17											
	No Test	No Test					No Test				
	2.34										

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/1/2016	TO	11/30/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******	******	mg/L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test	No Test	mg/L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/1/2016	TO	11/30/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

NA DICHARGE

MONITOI

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No. 2040-0004

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON

Month: December 2016 INFLUENT

	TEST LIMITS					2					2	
DATE	DAY OF WEEK	RAINFALL (IN)	7-DAY AVG. RAINFALL (IN)	FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION
1-Dec-2016	Thursday											
2-Dec-2016	Friday											
3-Dec-2016	Saturday											
4-Dec-2016	Sunday											
5-Dec-2016	Monday											
6-Dec-2016	Tuesday											
7-Dec-2016	Wednesday											
8-Dec-2016	Thursday											
9-Dec-2016	Friday											
10-Dec-2016	Saturday											
11-Dec-2016	Sunday											
12-Dec-2016	Monday											
13-Dec-2016	Tuesday											
14-Dec-2016	Wednesday											
15-Dec-2016	Thursday											
16-Dec-2016	Friday											
17-Dec-2016	Saturday											
18-Dec-2016	Sunday											
19-Dec-2016	Monday											
20-Dec-2016	Tuesday											
21-Dec-2016	Wednesday											
22-Dec-2016	Thursday											
23-Dec-2016	Friday											
24-Dec-2016	Saturday											
25-Dec-2016	Sunday											
26-Dec-2016	Monday											
27-Dec-2016	Tuesday											
28-Dec-2016	Wednesday											
29-Dec-2016	Thursday											
30-Dec-2016	Friday											
31-Dec-2016	Saturday											
MIN. REPORTED VALUE												
MIN. PERMIT VALUE												
AVG. REPORTED VALUE		Not Rcdd		Not Rcdd		No Test			No Test		No Test	
AVG. PERMIT VALUE									Req.Mon.			
MAX. REPORTED VALUE		Not Rcdd	Not Rcdd		Not Rcdd	No Test		No Test		No Test	No Test	
AVG. PERMIT VALUE										Req.Mon.		
REPORTED % REMOVAL						Insuf Data					Insuf Data	
PERMIT % REMOVAL						85%					65%	
PERMIT ANALYSIS FREQUENCY												
PERMIT SAMPLE TYPE												

STEM (NPDES)
R)

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040-0004

									2				
7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)	pH	TOTAL P (mg/L)	P CORRECTION	7-DAY AVG. P (mg/L)	P (LBS/DAY)	7-DAY P (LBS/DAY)	TOTAL MERCURY (ng/L)	<2Hg CORRECTION	7-DAY AVG. Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)
			No Test										
	No Test			No Test			No Test		No Test				
	Req.Mon.						**Req.Mon.**						
No Test		No Test	No Test			No Test			No Test				
		Req.Mon.											

EFFLUENT DISCHARGE

		2					2				
FLOW (MGD)	7-DAY AVG. FLOW (MGD)	BOD (mg/L)	<2 BOD CORRECTION	7-DAY AVG. BOD (mg/L)	BOD (LBS/DAY)	7-DAY BOD (LBS/DAY)	TSS (mg/L)	<2 TSS CORRECTION	7-DAY AVG. TSS (mg/L)	TSS (LBS/DAY)	7-DAY TSS (LBS/DAY)
No Data		No Test			No Test		No Test			No Test	
		30			68		60			135	
	No Data	No Test		No Test		No Test	No Test		No Test		No Test
				45		101			90		202

WI0036544

DATE:

MONITORING PERIOD:

FROM:

TO:

10				0.1					0.1		
E.COLI	E.COLI ND CORRECTION	D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	<0.1 NITROGEN CORRECTION	7-DAY AVG. NITROGEN (mg/l)	TOTAL NITROGEN (LBS/DAY)	7-DAY NITROGEN (LBS/DAY)	TOTAL P (mg/L)	TOTAL P CORRECTION	7-DAY TOTAL P (mg/L)
		No Test	No Test								
		4	**6**								
No Test		No Test		No Test					No Test		
126				**Req. Mon.**					**Req. Mon.**		
No Test			No Test	No Test		No Test	No Test				No Test
235			**9**				**Req. Mon.**				

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OMB No. 2040-0004

1-Dec-2016
31-Dec-2016

		2					2
TOTAL P (LBS/DAY)	7-DAY TOTAL P (LBS/DAY)	TOTAL SO4 (mg/L)	SO4 CORRECTION	7-DAY SO4 (mg/L)	SO4 (LBS/DAY)	7-DAY SO4 (LBS/DAY)	TOTAL MERCURY (ng/L)
No Test		No Test					No Test
1.17							
	No Test	No Test					No Test
	2.34						

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/1/2016	TO	12/31/2016

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

Hg CORRECTION	7-DAY Hg (mg/L)	Hg (LBS/DAY)	7-DAY Hg (LBS/DAY)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONC	
		VALUE	VALUE	UNITS	VALUE	VALUE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	No Test	******
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/d	******	30 MO AVG
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******
Solids, total suspended	SAMPLE MEASUREMENT	No Test	No Test	lb/d	******	No Test
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/d	******	60 MO AVG
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	No Test
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Philip Livingston, Utility Director

TYPED OR PRINTED

I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
VALUE	UNITS			
******	mg/L		Twice Every Week	GRAB
******	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
45 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	SU		Twice Every Week	GRAB
9 MAXIMUM	SU		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
90 WKLY AVG	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
No Test	mg/L		Twice Every Week	GRAB
Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

	TELEPHONE		DATE
'E OFFICER OR	**715-685-7878**		
	AREA CODE	NUMBER	MM/DD/YYYY

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/1/2016	TO	12/31/2016

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	Not Rcdd	******	in	******	******	******	******		Daily	RCOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Data	No Data	MGD	******	******	******	******		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Not Rcdd	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Test or Calc %	******	******	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******	Y=0;N=1	******	******	******	******		Weekly	VISUAL
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		715-685-7878		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

PERMITEE NAME/ADDRESS (*Include Facility Name/Location if Different*)

NATIONAL POLLUTION DICHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/1/2016	TO	12/31/2016

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
pH	SAMPLE MEASUREMENT	******	******	******	No Test	******	No Test	SU		Quarterly	GRAB
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Phosphorus, total [as P]	SAMPLE MEASUREMENT	No Test	******	lb/d	******	No Test	******	mg/L		Quarterly	COMP-4
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	******	Req. Mon. MO AVG	******	mg/L		Quarterly	COMP-4
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	No Test	ng/L		Quarterly	GRAB
71900 G 0 Raw sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Philip Livingston, Utility Director	I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	715-685-7878		
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
		ENTER METER			ENTER DATE			ENTER METER			ENTER DATE			ENTER METER			ENTER DATE			
1-Jan-16	Fri			1		0.00				1		0.00				1		0.00		
2-Jan-16	Sat			2		0.00				2		0.00				2		0.00		
3-Jan-16	Sun			3		0.00				3		0.00				3		0.00		
4-Jan-16	Mon			4		0.00				4		0.00				4		0.00		
5-Jan-16	Tue			5		0.00				5		0.00				5		0.00		
6-Jan-16	Wed			6		0.00				6		0.00				6		0.00		
7-Jan-16	Thu			7		0.00				7		0.00				7		0.00		
8-Jan-16	Fri			8		0.00				8		0.00				8		0.00		
9-Jan-16	Sat			9		0.00				9		0.00				9		0.00		
10-Jan-16	Sun			10		0.00				10		0.00				10		0.00		
11-Jan-16	Mon			11		0.00				11		0.00				11		0.00		
12-Jan-16	Tue			12		0.00				12		0.00				12		0.00		
13-Jan-16	Wed			13		0.00				13		0.00				13		0.00		
14-Jan-16	Thu			14		0.00				14		0.00				14		0.00		
15-Jan-16	Fri			15		0.00				15		0.00				15		0.00		
16-Jan-16	Sat			16		0.00				16		0.00				16		0.00		
17-Jan-16	Sun			17		0.00				17		0.00				17		0.00		
18-Jan-16	Mon			18		0.00				18		0.00				18		0.00		
19-Jan-16	Tue			19		0.00				19		0.00				19		0.00		
20-Jan-16	Wed			20		0.00				20		0.00				20		0.00		
21-Jan-16	Thu			21		0.00				21		0.00				21		0.00		
22-Jan-16	Fri			22		0.00				22		0.00				22		0.00		
23-Jan-16	Sat			23		0.00				23		0.00				23		0.00		
24-Jan-16	Sun			24		0.00				24		0.00				24		0.00		
25-Jan-16	Mon			25		0.00				25		0.00				25		0.00		
26-Jan-16	Tue			26		0.00				26		0.00				26		0.00		
27-Jan-16	Wed			27		0.00				27		0.00				27		0.00		
28-Jan-16	Thu			28		0.00				28		0.00				28		0.00		
29-Jan-16	Fri			29		0.00				29		0.00				29		0.00		
30-Jan-16	Sat			30		0.00				30		0.00				30		0.00		
31-Jan-16	Sun			31		0.00				31		0.00				31		0.00		
					0.0	0.0					0.0	0.0					0.0	0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Feb-16	Mon			42,401			0.00			42,401			0.00			42,401			0.00	
2-Feb-16	Tue			42,402			0.00			42,402			0.00			42,402			0.00	
3-Feb-16	Wed			42,403			0.00			42,403			0.00			42,403			0.00	
4-Feb-16	Thu			42,404			0.00			42,404			0.00			42,404			0.00	
5-Feb-16	Fri			42,405			0.00			42,405			0.00			42,405			0.00	
6-Feb-16	Sat			42,406			0.00			42,406			0.00			42,406			0.00	
7-Feb-16	Sun			42,407			0.00			42,407			0.00			42,407			0.00	
8-Feb-16	Mon			42,408			0.00			42,408			0.00			42,408			0.00	
9-Feb-16	Tue			42,409			0.00			42,409			0.00			42,409			0.00	
10-Feb-16	Wed			42,410			0.00			42,410			0.00			42,410			0.00	
11-Feb-16	Thu			42,411			0.00			42,411			0.00			42,411			0.00	
12-Feb-16	Fri			42,412			0.00			42,412			0.00			42,412			0.00	
13-Feb-16	Sat			42,413			0.00			42,413			0.00			42,413			0.00	
14-Feb-16	Sun			42,414			0.00			42,414			0.00			42,414			0.00	
15-Feb-16	Mon			42,415			0.00			42,415			0.00			42,415			0.00	
16-Feb-16	Tue			42,416			0.00			42,416			0.00			42,416			0.00	
17-Feb-16	Wed			42,417			0.00			42,417			0.00			42,417			0.00	
18-Feb-16	Thu			42,418			0.00			42,418			0.00			42,418			0.00	
19-Feb-16	Fri			42,419			0.00			42,419			0.00			42,419			0.00	
20-Feb-16	Sat			42,420			0.00			42,420			0.00			42,420			0.00	
21-Feb-16	Sun			42,421			0.00			42,421			0.00			42,421			0.00	
22-Feb-16	Mon			42,422			0.00			42,422			0.00			42,422			0.00	
23-Feb-16	Tue			42,423			0.00			42,423			0.00			42,423			0.00	
24-Feb-16	Wed			42,424			0.00			42,424			0.00			42,424			0.00	
25-Feb-16	Thu			42,425			0.00			42,425			0.00			42,425			0.00	
26-Feb-16	Fri			42,426			0.00			42,426			0.00			42,426			0.00	
27-Feb-16	Sat			42,427			0.00			42,427			0.00			42,427			0.00	
28-Feb-16	Sun			42,428			0.00			42,428			0.00			42,428			0.00	
29-Feb-16	Mon			42,429			0.00			42,429			0.00			42,429			0.00	
				42,430			0.00			42,430			0.00			42,430			0.00	
				42,431			0.00			42,431			0.00			42,431			0.00	
				0.0		0.0				0.0		0.0				0.0		0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Mar-16	Tue			42,430			0.00			42,430			0.00			42,430			0.00	
2-Mar-16	Wed			42,431			0.00			42,431			0.00			42,431			0.00	
3-Mar-16	Thu			42,432			0.00			42,432			0.00			42,432			0.00	
4-Mar-16	Fri			42,433			0.00			42,433			0.00			42,433			0.00	
5-Mar-16	Sat			42,434			0.00			42,434			0.00			42,434			0.00	
6-Mar-16	Sun			42,435			0.00			42,435			0.00			42,435			0.00	
7-Mar-16	Mon			42,436			0.00			42,436			0.00			42,436			0.00	
8-Mar-16	Tue			42,437			0.00			42,437			0.00			42,437			0.00	
9-Mar-16	Wed			42,438			0.00			42,438			0.00			42,438			0.00	
10-Mar-16	Thu			42,439			0.00			42,439			0.00			42,439			0.00	
11-Mar-16	Fri			42,440			0.00			42,440			0.00			42,440			0.00	
12-Mar-16	Sat			42,441			0.00			42,441			0.00			42,441			0.00	
13-Mar-16	Sun			42,442			0.00			42,442			0.00			42,442			0.00	
14-Mar-16	Mon			42,443			0.00			42,443			0.00			42,443			0.00	
15-Mar-16	Tue			42,444			0.00			42,444			0.00			42,444			0.00	
16-Mar-16	Wed			42,445			0.00			42,445			0.00			42,445			0.00	
17-Mar-16	Thu			42,446			0.00			42,446			0.00			42,446			0.00	
18-Mar-16	Fri			42,447			0.00			42,447			0.00			42,447			0.00	
19-Mar-16	Sat			42,448			0.00			42,448			0.00			42,448			0.00	
20-Mar-16	Sun			42,449			0.00			42,449			0.00			42,449			0.00	
21-Mar-16	Mon			42,450			0.00			42,450			0.00			42,450			0.00	
22-Mar-16	Tue			42,451			0.00			42,451			0.00			42,451			0.00	
23-Mar-16	Wed			42,452			0.00			42,452			0.00			42,452			0.00	
24-Mar-16	Thu			42,453			0.00			42,453			0.00			42,453			0.00	
25-Mar-16	Fri			42,454			0.00			42,454			0.00			42,454			0.00	
26-Mar-16	Sat			42,455			0.00			42,455			0.00			42,455			0.00	
27-Mar-16	Sun			42,456			0.00			42,456			0.00			42,456			0.00	
28-Mar-16	Mon			42,457			0.00			42,457			0.00			42,457			0.00	
29-Mar-16	Tue			42,458			0.00			42,458			0.00			42,458			0.00	
30-Mar-16	Wed			42,459			0.00			42,459			0.00			42,459			0.00	
31-Mar-16	Thu			42,460			0.00			42,460			0.00			42,460			0.00	
				0.0		0.0				0.0		0.0				0.0		0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Apr-16	Fri			42,461			0.00			42,461			0.00			42,461			0.00	
2-Apr-16	Sat			42,462			0.00			42,462			0.00			42,462			0.00	
3-Apr-16	Sun			42,463			0.00			42,463			0.00			42,463			0.00	
4-Apr-16	Mon			42,464			0.00			42,464			0.00			42,464			0.00	
5-Apr-16	Tue			42,465			0.00			42,465			0.00			42,465			0.00	
6-Apr-16	Wed			42,466			0.00			42,466			0.00			42,466			0.00	
7-Apr-16	Thu			42,467			0.00			42,467			0.00			42,467			0.00	
8-Apr-16	Fri			42,468			0.00			42,468			0.00			42,468			0.00	
9-Apr-16	Sat			42,469			0.00			42,469			0.00			42,469			0.00	
10-Apr-16	Sun			42,470			0.00			42,470			0.00			42,470			0.00	
11-Apr-16	Mon			42,471			0.00			42,471			0.00			42,471			0.00	
12-Apr-16	Tue			42,472			0.00			42,472			0.00			42,472			0.00	
13-Apr-16	Wed			42,473			0.00			42,473			0.00			42,473			0.00	
14-Apr-16	Thu			42,474			0.00			42,474			0.00			42,474			0.00	
15-Apr-16	Fri			42,475			0.00			42,475			0.00			42,475			0.00	
16-Apr-16	Sat			42,476			0.00			42,476			0.00			42,476			0.00	
17-Apr-16	Sun			42,477			0.00			42,477			0.00			42,477			0.00	
18-Apr-16	Mon			42,478			0.00			42,478			0.00			42,478			0.00	
19-Apr-16	Tue			42,479			0.00			42,479			0.00			42,479			0.00	
20-Apr-16	Wed			42,480			0.00			42,480			0.00			42,480			0.00	
21-Apr-16	Thu			42,481			0.00			42,481			0.00			42,481			0.00	
22-Apr-16	Fri			42,482			0.00			42,482			0.00			42,482			0.00	
23-Apr-16	Sat			42,483			0.00			42,483			0.00			42,483			0.00	
24-Apr-16	Sun			42,484			0.00			42,484			0.00			42,484			0.00	
25-Apr-16	Mon			42,485			0.00			42,485			0.00			42,485			0.00	
26-Apr-16	Tue			42,486			0.00			42,486			0.00			42,486			0.00	
27-Apr-16	Wed			42,487			0.00			42,487			0.00			42,487			0.00	
28-Apr-16	Thu			42,488			0.00			42,488			0.00			42,488			0.00	
29-Apr-16	Fri			42,489			0.00			42,489			0.00			42,489			0.00	
30-Apr-16	Sat			42,490			0.00			42,490			0.00			42,490			0.00	
				42,491			0.00			42,491			0.00			42,491			0.00	
					0.0	0.0					0.0	0.0					0.0	0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-May-16	Sun			42,491			0.00			42,491			0.00			42,491			0.00	
2-May-16	Mon			42,492			0.00			42,492			0.00			42,492			0.00	
3-May-16	Tue			42,493			0.00			42,493			0.00			42,493			0.00	
4-May-16	Wed			42,494			0.00			42,494			0.00			42,494			0.00	
5-May-16	Thu			42,495			0.00			42,495			0.00			42,495			0.00	
6-May-16	Fri			42,496			0.00			42,496			0.00			42,496			0.00	
7-May-16	Sat			42,497			0.00			42,497			0.00			42,497			0.00	
8-May-16	Sun			42,498			0.00			42,498			0.00			42,498			0.00	
9-May-16	Mon			42,499			0.00			42,499			0.00			42,499			0.00	
10-May-16	Tue			42,500			0.00			42,500			0.00			42,500			0.00	
11-May-16	Wed			42,501			0.00			42,501			0.00			42,501			0.00	
12-May-16	Thu			42,502			0.00			42,502			0.00			42,502			0.00	
13-May-16	Fri			42,503			0.00			42,503			0.00			42,503			0.00	
14-May-16	Sat			42,504			0.00			42,504			0.00			42,504			0.00	
15-May-16	Sun			42,505			0.00			42,505			0.00			42,505			0.00	
16-May-16	Mon			42,506			0.00			42,506			0.00			42,506			0.00	
17-May-16	Tue			42,507			0.00			42,507			0.00			42,507			0.00	
18-May-16	Wed			42,508			0.00			42,508			0.00			42,508			0.00	
19-May-16	Thu			42,509			0.00			42,509			0.00			42,509			0.00	
20-May-16	Fri			42,510			0.00			42,510			0.00			42,510			0.00	
21-May-16	Sat			42,511			0.00			42,511			0.00			42,511			0.00	
22-May-16	Sun			42,512			0.00			42,512			0.00			42,512			0.00	
23-May-16	Mon			42,513			0.00			42,513			0.00			42,513			0.00	
24-May-16	Tue			42,514			0.00			42,514			0.00			42,514			0.00	
25-May-16	Wed			42,515			0.00			42,515			0.00			42,515			0.00	
26-May-16	Thu			42,516			0.00			42,516			0.00			42,516			0.00	
27-May-16	Fri			42,517			0.00			42,517			0.00			42,517			0.00	
28-May-16	Sat			42,518			0.00			42,518			0.00			42,518			0.00	
29-May-16	Sun			42,519			0.00			42,519			0.00			42,519			0.00	
30-May-16	Mon			42,520			0.00			42,520			0.00			42,520			0.00	
31-May-16	Tue			42,521			0.00			42,521			0.00			42,521			0.00	
				0.0		0.0				0.0		0.0				0.0		0.0		0

DIAPERVILLE LIFT STATION

Day		PUMP #1 Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	75 gpm Calculated GPD		PUMP #2 Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	63 gpm Calculated GPD		COMBINED Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	gpm Calculated GPD		TOTAL CALCULATED GPD
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Jun-16	Wed			42,522			0.00			42,522			0.00			42,522			0.00	
2-Jun-16	Thu			42,523			0.00			42,523			0.00			42,523			0.00	
3-Jun-16	Fri			42,524			0.00			42,524			0.00			42,524			0.00	
4-Jun-16	Sat			42,525			0.00			42,525			0.00			42,525			0.00	
5-Jun-16	Sun			42,526			0.00			42,526			0.00			42,526			0.00	
6-Jun-16	Mon			42,527			0.00			42,527			0.00			42,527			0.00	
7-Jun-16	Tue			42,528			0.00			42,528			0.00			42,528			0.00	
8-Jun-16	Wed			42,529			0.00			42,529			0.00			42,529			0.00	
9-Jun-16	Thu			42,530			0.00			42,530			0.00			42,530			0.00	
10-Jun-16	Fri			42,531			0.00			42,531			0.00			42,531			0.00	
11-Jun-16	Sat			42,532			0.00			42,532			0.00			42,532			0.00	
12-Jun-16	Sun			42,533			0.00			42,533			0.00			42,533			0.00	
13-Jun-16	Mon			42,534			0.00			42,534			0.00			42,534			0.00	
14-Jun-16	Tue			42,535			0.00			42,535			0.00			42,535			0.00	
15-Jun-16	Wed			42,536			0.00			42,536			0.00			42,536			0.00	
16-Jun-16	Thu			42,537			0.00			42,537			0.00			42,537			0.00	
17-Jun-16	Fri			42,538			0.00			42,538			0.00			42,538			0.00	
18-Jun-16	Sat			42,539			0.00			42,539			0.00			42,539			0.00	
19-Jun-16	Sun			42,540			0.00			42,540			0.00			42,540			0.00	
20-Jun-16	Mon			42,541			0.00			42,541			0.00			42,541			0.00	
21-Jun-16	Tue			42,542			0.00			42,542			0.00			42,542			0.00	
22-Jun-16	Wed			42,543			0.00			42,543			0.00			42,543			0.00	
23-Jun-16	Thu			42,544			0.00			42,544			0.00			42,544			0.00	
24-Jun-16	Fri			42,545			0.00			42,545			0.00			42,545			0.00	
25-Jun-16	Sat			42,546			0.00			42,546			0.00			42,546			0.00	
26-Jun-16	Sun			42,547			0.00			42,547			0.00			42,547			0.00	
27-Jun-16	Mon			42,548			0.00			42,548			0.00			42,548			0.00	
28-Jun-16	Tue			42,549			0.00			42,549			0.00			42,549			0.00	
29-Jun-16	Wed			42,550			0.00			42,550			0.00			42,550			0.00	
30-Jun-16	Thu			42,551			0.00			42,551			0.00			42,551			0.00	
				42,552			0.00			42,552			0.00			42,552			0.00	
					0.0	0.0					0.0	0.0					0.0	0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Jul-16	Fri			42,552			0.00			42,552			0.00			42,552			0.00	
2-Jul-16	Sat			42,553			0.00			42,553			0.00			42,553			0.00	
3-Jul-16	Sun			42,554			0.00			42,554			0.00			42,554			0.00	
4-Jul-16	Mon			42,555			0.00			42,555			0.00			42,555			0.00	
5-Jul-16	Tue			42,556			0.00			42,556			0.00			42,556			0.00	
6-Jul-16	Wed			42,557			0.00			42,557			0.00			42,557			0.00	
7-Jul-16	Thu			42,558			0.00			42,558			0.00			42,558			0.00	
8-Jul-16	Fri			42,559			0.00			42,559			0.00			42,559			0.00	
9-Jul-16	Sat			42,560			0.00			42,560			0.00			42,560			0.00	
10-Jul-16	Sun			42,561			0.00			42,561			0.00			42,561			0.00	
11-Jul-16	Mon			42,562			0.00			42,562			0.00			42,562			0.00	
12-Jul-16	Tue			42,563			0.00			42,563			0.00			42,563			0.00	
13-Jul-16	Wed			42,564			0.00			42,564			0.00			42,564			0.00	
14-Jul-16	Thu			42,565			0.00			42,565			0.00			42,565			0.00	
15-Jul-16	Fri			42,566			0.00			42,566			0.00			42,566			0.00	
16-Jul-16	Sat			42,567			0.00			42,567			0.00			42,567			0.00	
17-Jul-16	Sun			42,568			0.00			42,568			0.00			42,568			0.00	
18-Jul-16	Mon			42,569			0.00			42,569			0.00			42,569			0.00	
19-Jul-16	Tue			42,570			0.00			42,570			0.00			42,570			0.00	
20-Jul-16	Wed			42,571			0.00			42,571			0.00			42,571			0.00	
21-Jul-16	Thu			42,572			0.00			42,572			0.00			42,572			0.00	
22-Jul-16	Fri			42,573			0.00			42,573			0.00			42,573			0.00	
23-Jul-16	Sat			42,574			0.00			42,574			0.00			42,574			0.00	
24-Jul-16	Sun			42,575			0.00			42,575			0.00			42,575			0.00	
25-Jul-16	Mon			42,576			0.00			42,576			0.00			42,576			0.00	
26-Jul-16	Tue			42,577			0.00			42,577			0.00			42,577			0.00	
27-Jul-16	Wed			42,578			0.00			42,578			0.00			42,578			0.00	
28-Jul-16	Thu			42,579			0.00			42,579			0.00			42,579			0.00	
29-Jul-16	Fri			42,580			0.00			42,580			0.00			42,580			0.00	
30-Jul-16	Sat			42,581			0.00			42,581			0.00			42,581			0.00	
31-Jul-16	Sun			42,582			0.00			42,582			0.00			42,582			0.00	
				0.0		0.0				0.0		0.0				0.0		0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Aug-16	Mon			42,583			0.00			42,583			0.00			42,583			0.00	
2-Aug-16	Tue			42,584			0.00			42,584			0.00			42,584			0.00	
3-Aug-16	Wed			42,585			0.00			42,585			0.00			42,585			0.00	
4-Aug-16	Thu			42,586			0.00			42,586			0.00			42,586			0.00	
5-Aug-16	Fri			42,587			0.00			42,587			0.00			42,587			0.00	
6-Aug-16	Sat			42,588			0.00			42,588			0.00			42,588			0.00	
7-Aug-16	Sun			42,589			0.00			42,589			0.00			42,589			0.00	
8-Aug-16	Mon			42,590			0.00			42,590			0.00			42,590			0.00	
9-Aug-16	Tue			42,591			0.00			42,591			0.00			42,591			0.00	
10-Aug-16	Wed			42,592			0.00			42,592			0.00			42,592			0.00	
11-Aug-16	Thu			42,593			0.00			42,593			0.00			42,593			0.00	
12-Aug-16	Fri			42,594			0.00			42,594			0.00			42,594			0.00	
13-Aug-16	Sat			42,595			0.00			42,595			0.00			42,595			0.00	
14-Aug-16	Sun			42,596			0.00			42,596			0.00			42,596			0.00	
15-Aug-16	Mon			42,597			0.00			42,597			0.00			42,597			0.00	
16-Aug-16	Tue			42,598			0.00			42,598			0.00			42,598			0.00	
17-Aug-16	Wed			42,599			0.00			42,599			0.00			42,599			0.00	
18-Aug-16	Thu			42,600			0.00			42,600			0.00			42,600			0.00	
19-Aug-16	Fri			42,601			0.00			42,601			0.00			42,601			0.00	
20-Aug-16	Sat			42,602			0.00			42,602			0.00			42,602			0.00	
21-Aug-16	Sun			42,603			0.00			42,603			0.00			42,603			0.00	
22-Aug-16	Mon			42,604			0.00			42,604			0.00			42,604			0.00	
23-Aug-16	Tue			42,605			0.00			42,605			0.00			42,605			0.00	
24-Aug-16	Wed			42,606			0.00			42,606			0.00			42,606			0.00	
25-Aug-16	Thu			42,607			0.00			42,607			0.00			42,607			0.00	
26-Aug-16	Fri			42,608			0.00			42,608			0.00			42,608			0.00	
27-Aug-16	Sat			42,609			0.00			42,609			0.00			42,609			0.00	
28-Aug-16	Sun			42,610			0.00			42,610			0.00			42,610			0.00	
29-Aug-16	Mon			42,611			0.00			42,611			0.00			42,611			0.00	
30-Aug-16	Tue			42,612			0.00			42,612			0.00			42,612			0.00	
31-Aug-16	Wed			42,613			0.00			42,613			0.00			42,613			0.00	
				0.0		0.0				0.0		0.0				0.0		0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Sep-16	Thu			42,614			0.00			42,614			0.00			42,614			0.00	
2-Sep-16	Fri			42,615			0.00			42,615			0.00			42,615			0.00	
3-Sep-16	Sat			42,616			0.00			42,616			0.00			42,616			0.00	
4-Sep-16	Sun			42,617			0.00			42,617			0.00			42,617			0.00	
5-Sep-16	Mon			42,618			0.00			42,618			0.00			42,618			0.00	
6-Sep-16	Tue			42,619			0.00			42,619			0.00			42,619			0.00	
7-Sep-16	Wed			42,620			0.00			42,620			0.00			42,620			0.00	
8-Sep-16	Thu			42,621			0.00			42,621			0.00			42,621			0.00	
9-Sep-16	Fri			42,622			0.00			42,622			0.00			42,622			0.00	
10-Sep-16	Sat			42,623			0.00			42,623			0.00			42,623			0.00	
11-Sep-16	Sun			42,624			0.00			42,624			0.00			42,624			0.00	
12-Sep-16	Mon			42,625			0.00			42,625			0.00			42,625			0.00	
13-Sep-16	Tue			42,626			0.00			42,626			0.00			42,626			0.00	
14-Sep-16	Wed			42,627			0.00			42,627			0.00			42,627			0.00	
15-Sep-16	Thu			42,628			0.00			42,628			0.00			42,628			0.00	
16-Sep-16	Fri			42,629			0.00			42,629			0.00			42,629			0.00	
17-Sep-16	Sat			42,630			0.00			42,630			0.00			42,630			0.00	
18-Sep-16	Sun			42,631			0.00			42,631			0.00			42,631			0.00	
19-Sep-16	Mon			42,632			0.00			42,632			0.00			42,632			0.00	
20-Sep-16	Tue			42,633			0.00			42,633			0.00			42,633			0.00	
21-Sep-16	Wed			42,634			0.00			42,634			0.00			42,634			0.00	
22-Sep-16	Thu			42,635			0.00			42,635			0.00			42,635			0.00	
23-Sep-16	Fri			42,636			0.00			42,636			0.00			42,636			0.00	
24-Sep-16	Sat			42,637			0.00			42,637			0.00			42,637			0.00	
25-Sep-16	Sun			42,638			0.00			42,638			0.00			42,638			0.00	
26-Sep-16	Mon			42,639			0.00			42,639			0.00			42,639			0.00	
27-Sep-16	Tue			42,640			0.00			42,640			0.00			42,640			0.00	
28-Sep-16	Wed			42,641			0.00			42,641			0.00			42,641			0.00	
29-Sep-16	Thu			42,642			0.00			42,642			0.00			42,642			0.00	
30-Sep-16	Fri			42,643			0.00			42,643			0.00			42,643			0.00	
				42,644			0.00			42,644			0.00			42,644			0.00	
					0.0	0.0					0.0	0.0					0.0	0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Oct-16	Sat			42,644			0.00			42,644			0.00			42,644			0.00	
2-Oct-16	Sun			42,645			0.00			42,645			0.00			42,645			0.00	
3-Oct-16	Mon			42,646			0.00			42,646			0.00			42,646			0.00	
4-Oct-16	Tue			42,647			0.00			42,647			0.00			42,647			0.00	
5-Oct-16	Wed			42,648			0.00			42,648			0.00			42,648			0.00	
6-Oct-16	Thu			42,649			0.00			42,649			0.00			42,649			0.00	
7-Oct-16	Fri			42,650			0.00			42,650			0.00			42,650			0.00	
8-Oct-16	Sat			42,651			0.00			42,651			0.00			42,651			0.00	
9-Oct-16	Sun			42,652			0.00			42,652			0.00			42,652			0.00	
10-Oct-16	Mon			42,653			0.00			42,653			0.00			42,653			0.00	
11-Oct-16	Tue			42,654			0.00			42,654			0.00			42,654			0.00	
12-Oct-16	Wed			42,655			0.00			42,655			0.00			42,655			0.00	
13-Oct-16	Thu			42,656			0.00			42,656			0.00			42,656			0.00	
14-Oct-16	Fri			42,657			0.00			42,657			0.00			42,657			0.00	
15-Oct-16	Sat			42,658			0.00			42,658			0.00			42,658			0.00	
16-Oct-16	Sun			42,659			0.00			42,659			0.00			42,659			0.00	
17-Oct-16	Mon			42,660			0.00			42,660			0.00			42,660			0.00	
18-Oct-16	Tue			42,661			0.00			42,661			0.00			42,661			0.00	
19-Oct-16	Wed			42,662			0.00			42,662			0.00			42,662			0.00	
20-Oct-16	Thu			42,663			0.00			42,663			0.00			42,663			0.00	
21-Oct-16	Fri			42,664			0.00			42,664			0.00			42,664			0.00	
22-Oct-16	Sat			42,665			0.00			42,665			0.00			42,665			0.00	
23-Oct-16	Sun			42,666			0.00			42,666			0.00			42,666			0.00	
24-Oct-16	Mon			42,667			0.00			42,667			0.00			42,667			0.00	
25-Oct-16	Tue			42,668			0.00			42,668			0.00			42,668			0.00	
26-Oct-16	Wed			42,669			0.00			42,669			0.00			42,669			0.00	
27-Oct-16	Thu			42,670			0.00			42,670			0.00			42,670			0.00	
28-Oct-16	Fri			42,671			0.00			42,671			0.00			42,671			0.00	
29-Oct-16	Sat			42,672			0.00			42,672			0.00			42,672			0.00	
30-Oct-16	Sun			42,673			0.00			42,673			0.00			42,673			0.00	
31-Oct-16	Mon			42,674			0.00			42,674			0.00			42,674			0.00	
				0.0		0.0				0.0		0.0				0.0		0.0		0

DIAPERVILLE LIFT STATION

		PUMP #1			75	gpm		PUMP #2			63	gpm		COMBINED				gpm		TOTAL CALCULATED GPD
Day		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	Calculated GPD		
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Nov-16	Tue			42,675			0.00			42,675			0.00			42,675			0.00	
2-Nov-16	Wed			42,676			0.00			42,676			0.00			42,676			0.00	
3-Nov-16	Thu			42,677			0.00			42,677			0.00			42,677			0.00	
4-Nov-16	Fri			42,678			0.00			42,678			0.00			42,678			0.00	
5-Nov-16	Sat			42,679			0.00			42,679			0.00			42,679			0.00	
6-Nov-16	Sun			42,680			0.00			42,680			0.00			42,680			0.00	
7-Nov-16	Mon			42,681			0.00			42,681			0.00			42,681			0.00	
8-Nov-16	Tue			42,682			0.00			42,682			0.00			42,682			0.00	
9-Nov-16	Wed			42,683			0.00			42,683			0.00			42,683			0.00	
10-Nov-16	Thu			42,684			0.00			42,684			0.00			42,684			0.00	
11-Nov-16	Fri			42,685			0.00			42,685			0.00			42,685			0.00	
12-Nov-16	Sat			42,686			0.00			42,686			0.00			42,686			0.00	
13-Nov-16	Sun			42,687			0.00			42,687			0.00			42,687			0.00	
14-Nov-16	Mon			42,688			0.00			42,688			0.00			42,688			0.00	
15-Nov-16	Tue			42,689			0.00			42,689			0.00			42,689			0.00	
16-Nov-16	Wed			42,690			0.00			42,690			0.00			42,690			0.00	
17-Nov-16	Thu			42,691			0.00			42,691			0.00			42,691			0.00	
18-Nov-16	Fri			42,692			0.00			42,692			0.00			42,692			0.00	
19-Nov-16	Sat			42,693			0.00			42,693			0.00			42,693			0.00	
20-Nov-16	Sun			42,694			0.00			42,694			0.00			42,694			0.00	
21-Nov-16	Mon			42,695			0.00			42,695			0.00			42,695			0.00	
22-Nov-16	Tue			42,696			0.00			42,696			0.00			42,696			0.00	
23-Nov-16	Wed			42,697			0.00			42,697			0.00			42,697			0.00	
24-Nov-16	Thu			42,698			0.00			42,698			0.00			42,698			0.00	
25-Nov-16	Fri			42,699			0.00			42,699			0.00			42,699			0.00	
26-Nov-16	Sat			42,700			0.00			42,700			0.00			42,700			0.00	
27-Nov-16	Sun			42,701			0.00			42,701			0.00			42,701			0.00	
28-Nov-16	Mon			42,702			0.00			42,702			0.00			42,702			0.00	
29-Nov-16	Tue			42,703			0.00			42,703			0.00			42,703			0.00	
30-Nov-16	Wed			42,704			0.00			42,704			0.00			42,704			0.00	
				42,705			0.00			42,705			0.00			42,705			0.00	
				0.0		0.0				0.0		0.0				0.0		0.0		0

DIAPERVILLE LIFT STATION

Day		PUMP #1 Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	75 gpm Calculated GPD		PUMP #2 Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	63 gpm Calculated GPD		COMBINED Hour Meter	Comp. for roll over	Average for missed days	Hours Per Day	gpm Calculated GPD		TOTAL CALCULATED GPD
METER LIMITS		100,000.00						100,000.00						100,000.00						
PREVIOUS MONTH		0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				0.00	0.00	0-Jan-00				
1-Dec-16	Thu			42,705			0.00			42,705			0.00			42,705			0.00	
2-Dec-16	Fri			42,706			0.00			42,706			0.00			42,706			0.00	
3-Dec-16	Sat			42,707			0.00			42,707			0.00			42,707			0.00	
4-Dec-16	Sun			42,708			0.00			42,708			0.00			42,708			0.00	
5-Dec-16	Mon			42,709			0.00			42,709			0.00			42,709			0.00	
6-Dec-16	Tue			42,710			0.00			42,710			0.00			42,710			0.00	
7-Dec-16	Wed			42,711			0.00			42,711			0.00			42,711			0.00	
8-Dec-16	Thu			42,712			0.00			42,712			0.00			42,712			0.00	
9-Dec-16	Fri			42,713			0.00			42,713			0.00			42,713			0.00	
10-Dec-16	Sat			42,714			0.00			42,714			0.00			42,714			0.00	
11-Dec-16	Sun			42,715			0.00			42,715			0.00			42,715			0.00	
12-Dec-16	Mon			42,716			0.00			42,716			0.00			42,716			0.00	
13-Dec-16	Tue			42,717			0.00			42,717			0.00			42,717			0.00	
14-Dec-16	Wed			42,718			0.00			42,718			0.00			42,718			0.00	
15-Dec-16	Thu			42,719			0.00			42,719			0.00			42,719			0.00	
16-Dec-16	Fri			42,720			0.00			42,720			0.00			42,720			0.00	
17-Dec-16	Sat			42,721			0.00			42,721			0.00			42,721			0.00	
18-Dec-16	Sun			42,722			0.00			42,722			0.00			42,722			0.00	
19-Dec-16	Mon			42,723			0.00			42,723			0.00			42,723			0.00	
20-Dec-16	Tue			42,724			0.00			42,724			0.00			42,724			0.00	
21-Dec-16	Wed			42,725			0.00			42,725			0.00			42,725			0.00	
22-Dec-16	Thu			42,726			0.00			42,726			0.00			42,726			0.00	
23-Dec-16	Fri			42,727			0.00			42,727			0.00			42,727			0.00	
24-Dec-16	Sat			42,728			0.00			42,728			0.00			42,728			0.00	
25-Dec-16	Sun			42,729			0.00			42,729			0.00			42,729			0.00	
26-Dec-16	Mon			42,730			0.00			42,730			0.00			42,730			0.00	
27-Dec-16	Tue			42,731			0.00			42,731			0.00			42,731			0.00	
28-Dec-16	Wed			42,732			0.00			42,732			0.00			42,732			0.00	
29-Dec-16	Thu			42,733			0.00			42,733			0.00			42,733			0.00	
30-Dec-16	Fri			42,734			0.00			42,734			0.00			42,734			0.00	
31-Dec-16	Sat			42,735			0.00			42,735			0.00			42,735			0.00	
				0.0		0.0				0.0		0.0					0.0	0.0		0