NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/03/2013	12/31/2013

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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 EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/03/2013	12/31/2013

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/03/2013	12/31/2013

DMR Mailing ZIP CODE: 54861
MINOR

INFLUENT MONITORING - QUARTERLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
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	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		******		******		******				
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		******		******		******				
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	******	******	******	******	******					
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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 EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

INFLUENT MONITORING - QUARTERLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
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	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		******		******		******				
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		******		******		******				
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	******	******	******	******	******					
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	235 DAILY MX	#/100mL		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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 EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	235 DAILY MX	#/100mL		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

INFLUENT MONITORING - QUARTERLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
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	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		******		******		******				
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		******		******		******				
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	******	******	******	******	******					
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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 EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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.	AREA Code / NUMBER	MM/DD/YYYY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	235 DAILY MX	#/100mL		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	235 DAILY MX	#/100mL		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	235 DAILY MX	#/100mL		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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 EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

INFLUENT MONITORING - QUARTERLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
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	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		******		******		******				
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		******		******		******				
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	******	******	******	******	******					
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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 EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

DMR Mailing ZIP CODE: 54861
MINOR

INFLUENT MONITORING - QUARTERLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******		******		******				
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	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		******		******		******				
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		******		******		******				
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	******	******	******	******	******					
71900 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	ng/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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 EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 00000

FACILITY: BAD RIVER INDIAN RESERVATION
LOCATION: P.O. BOX 39
BIRCH HILL, WI 54861

ATTN: PAUL GORDON, PUB. WKS. DIR.

PERMIT NUMBER	DISCHARGE NUMBER
WI0036579	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 54861
MINOR

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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