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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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)

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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)

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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

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ODANAH, WI 00000

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ODANAH, WI 00000

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LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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5/1/2013	5/31/2013

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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)

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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8/1/2013	8/31/2013

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DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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MINOR

DISCHARGE TO BAD RIVER

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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DISCHARGE TO BAD RIVER

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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)

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2013	9/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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ODANAH, WI 00000

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DISCHARGE TO BAD RIVER

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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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ODANAH, WI 00000

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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

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11/1/2013	11/30/2013

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DISCHARGE TO BAD RIVER

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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)

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2013	12/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: UNKNOWN
ODANAH, WI 00000

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LOCATION: P.O. BOX 39
ODANAH, WI 54861

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DISCHARGE MONITORING REPORT (DMR)

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DMR Mailing ZIP CODE: 54861

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DISCHARGE TO BAD RIVER

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

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

NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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NAME: BAD RIVER WTR & SWR UTIILITES

ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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

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ADDRESS: UNKNOWN
ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
ODANAH, WI 54861

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036587	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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	******	******	******	Req. Mon. MINIMUM	******	******	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	35 30DA AVG	53 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ODANAH, WI 00000

FACILITY: BAD RIVER BAND

LOCATION: P.O. BOX 39
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ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER
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			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT		******		******		******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	******	lb/d	******	1 30DA AVG	******	mg/L		Twice Every Week	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	MGD	******	******	******	******		Daily	CONTIN
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
80091 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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ODANAH, WI 00000

FACILITY: BAD RIVER BAND

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ODANAH, WI 54861

ATTN: PAT HUNT, PUB. WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036587	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 54861

MINOR

DISCHARGE TO BAD RIVER

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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	COMP24

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