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

NAME: BAD RIVER BAND - DIAPERVILLE

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

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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)*

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FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ADDRESS: P.O. BOX 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		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)

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

NAME: BAD RIVER BAND - DIAPERVILLE

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

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ODANAH, WI 54861

FACILITY: BAD RIVER BAND

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB

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

NAME: BAD RIVER BAND - DIAPERVILLE

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

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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 54861

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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ODANAH, WI 54861

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		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)

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

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

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ADDRESS: P.O. BOX 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB

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ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
E. coli	SAMPLE MEASUREMENT	******	******	******	******		******				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA GEO	******	#/100mL		Twice Every Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB

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

NAME: BAD RIVER BAND - DIAPERVILLE

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

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		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)

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ODANAH, WI 54861

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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ADDRESS: P.O. BOX 39
ODANAH, WI 54861

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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WI0036544	001-A

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12/1/2013	12/31/2013

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
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1/1/2014	1/31/2014

DMR Mailing ZIP CODE: 54861

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SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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 BAND - DIAPERVILLE

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

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

WI0036544	001-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

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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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 BAND - DIAPERVILLE

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

FACILITY: BAD RIVER BAND

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

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 30DA AVG	101 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4
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. SEMI MIN	******	Req. Mon. SEMI MAX	SU		Twice Per Yea	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	136 30DA AVG	202 7 DA AVG	lb/d	******	60 30DA AVG	90 7 DA AVG	mg/L		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. SEMI AVG	Req. Mon. SEMI MAX	mg/L		Twice Per Yea	COMP-4

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FACILITY: BAD RIVER BAND

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ODANAH, WI 54861

ATTN: PAT HUNT, PUBLIC WKS. DIR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

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

DMR Mailing ZIP CODE: 54861

MINOR

SECONDARY CELL 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			
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	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	mg/L		Twice Every Week	GRAB
Rainfall	SAMPLE MEASUREMENT				******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	in	******	******	******	******		Daily	MEASRD
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	******	******	******	******		Once Per Discharge	MEASRD
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	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Twice Every Week	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	GRAB

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