NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

Quarterly Reporting
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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: PATRICK HUNT, UTILITY MANAGER

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
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			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significantpenalties 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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OMB No. 2040-0004

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

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FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
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ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
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			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

Quarterly Reporting
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
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			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
	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 significantpenalties 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
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

WI0036544	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
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			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
	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 significantpenalties 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
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
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			
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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 significantpenalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

WI0036544	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

Quarterly Reporting
External Outfall

No Discharge ☐

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
	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 significantpenalties 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
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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 significantpenalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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 significantpenalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
	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 significantpenalties 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
TYPED OR PRINTED				

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

WI0036544	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 54861
MINOR

Quarterly Reporting
External Outfall

No Discharge ☐

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BAD RIVER BAND - DIAPERVILLE
ADDRESS: P.O. BOX 39
ODANAH, WI 54861
FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: PATRICK HUNT, UTILITY MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
WI0036544	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 54861
MINOR

OUTFALL 001 - FINAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT		******		******	******	******	******			
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD
Outfall observation,visual, y/n response	SAMPLE MEASUREMENT		******		******	******	******	******			
84130 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	Y=0;N=1	******	******	******	******		Weekly	VISUAL

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