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

Form Approved
OMB No. 2040-0004

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY **PERMIT NUMBER:** WI0036579 **DATE:** _____

BIRCH HILL WASTEWATER TREATMENT FACILITY - LAGOON

MONITORING PERIOD: **FROM:** 1-May-2017 **TO:** 31-May-2017

Month: May 2017 **INFLUENT**

									EFFLUENT DISCHARGE									
TEST LIMITS				2	2			2		2	2	10			0.1	0.1	2	2
DATE	DAY OF WEEK	RAINFALL (IN)	FLOW (MGD)	BOD (mg/L)	TSS (mg/L)	pH	TOTAL P (mg/L)	TOTAL MERCURY (ng/L)	FLOW (MGD)	BOD (mg/L)	TSS (mg/L)	E.COLI	D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	TOTAL P (mg/L)	TOTAL SO4 (mg/L)	TOTAL MERCURY (ng/L)
1-May-2017	Monday	1.04	0.015															
2-May-2017	Tuesday	0.05	0.017															
3-May-2017	Wednesday	0.00	0.009															
4-May-2017	Thursday	0.00	0.010															
5-May-2017	Friday	0.00	0.010															
6-May-2017	Saturday	0.00	0.011															
7-May-2017	Sunday	0.00	0.011															
8-May-2017	Monday	0.00	0.012															
9-May-2017	Tuesday	0.00	0.012															
10-May-2017	Wednesday	0.00	0.012															
11-May-2017	Thursday	0.00	0.011															
12-May-2017	Friday	0.00	0.011															
13-May-2017	Saturday	0.00	0.011															
14-May-2017	Sunday	0.00	0.011															
15-May-2017	Monday	1.80	0.012															
16-May-2017	Tuesday	0.13	0.014															
17-May-2017	Wednesday	1.55	0.014															
18-May-2017	Thursday	0.37	0.014															
19-May-2017	Friday	0.32	0.009															
20-May-2017	Saturday	0.07	0.010															
21-May-2017	Sunday	0.00	0.013															
22-May-2017	Monday	0.00	0.008															
23-May-2017	Tuesday	0.00	0.013															
24-May-2017	Wednesday	0.00	0.017															
25-May-2017	Thursday	0.00	0.009															
26-May-2017	Friday	0.05	0.011															
27-May-2017	Saturday	0.01	0.012															
28-May-2017	Sunday	0.52	0.012															
29-May-2017	Monday	0.06	0.013															
30-May-2017	Tuesday	0.02	0.014															
31-May-2017	Wednesday	0.00	0.017															
MIN. REPORTED VALUE						No Test							No Test	No Test				
MIN. PERMIT VALUE													4	6				
AVG. REPORTED VALUE		0.19	0.012	No Test	No Test		No Test	No Test	Not Rcdd	No Test	No Test	No Test	No Test		No Test	No Test	No Test	No Test
AVG. PERMIT VALUE										30	60	126			Req. Mon.	Req. Mon.		
MAX. REPORTED VALUE		5.990		No Test	No Test	No Test		No Test		No Test	No Test	No Test		No Test	No Test		No Test	No Test
AVG. PERMIT VALUE														9				
REPORTED % REMOVAL				Insuf Data	Insuf Data													
PERMIT % REMOVAL				85%	65%													
PERMIT ANALYSIS FREQUENCY																		
PERMIT SAMPLE TYPE																		

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

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: UNKNOWN
BIRCH HILL, WI 54861

WI0036579	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 54861
MINOR

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

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	5/1/2017	TO 5/31/2017

CONTROLLED DISCHARGE
External Outfall

No Discharge X

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	**No Test**	******	******	mg/L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MINIMUM	******	******	mg/L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	**No Test**	**No Test**	lb/d	******	**No Test**	**No Test**	mg/L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	93 MO AVG	139 WKLY AVG	lb/d	******	30 MO AVG	45 WKLY AVG	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	**No Test**	******	**No Test**	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	**No Test**	**No Test**	lb/d	******	**No Test**	**No Test**	mg/L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	186 MO AVG	278 WKLY AVG	lb/d	******	60 MO AVG	90 WKLY AVG	mg/L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	**No Test**	**No Test**	mg/L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	**No Test**	**No Test**	mg/L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	**No Test**	**No Test**	mg/L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Every Week	GRAB

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

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

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WI0036579	001-A
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	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	5/1/2017	TO	5/31/2017

CONTROLLED DISCHARGE
External Outfall

No Discharge X

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	**5.99**	******	in	******	******	******	******		Daily	RCOTOT
46529 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. VALUE	******	in	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	**Not Rcdd**	**Not Rcdd**	MGD	******	******	******	******		Daily	RCOTOT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	******	******	******	******		Daily	RCOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	**0.012**	******	MGD	******	******	******	******		Daily	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	******	******	******	******		Daily	RCOTOT
E. coli	SAMPLE MEASUREMENT	******	******	******	******	**No Test**	**No Test**	#/100		Twice Every Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30 DA GEO	235 DAILY MX	#/100		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	**No Test**	ng/L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ng/L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	**Insuf Data**	******	******	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	**Insuf Data**	******	******	%		Twice Every Week	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Twice Every Week	CALCTD

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