Discharge Monitoring Report - Oregon Department of Environmental Quality

Facility Name _____ **Phone Number** _____ **Month/Year** _____

DEQ Permit No. _____ **DEQ File No./Facility ID** _____ **EPA Reference No.** _____

Plant Type _____ **County** _____ **Population Served** _____

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 fines and imprisonment for knowing violations.

X

Authorized Signature **Date**

Name (Print)

Operator Certification

Collection Sys. Class _____ **Principal Operator Name (print)** _____ **Certification No. & Grade** _____

Treatment Sys. Class _____ **Principal Operator Name (print)** _____ **Certification No. & Grade** _____

INFLUENT

Date	Temperature •F / •C	pH	Flow	BOD Grab Concentration	BOD Comp. Loading	CBOD	TSS Grab Concentration	TSS Comp. Loading
		S.U.	MGD	mg/L	lbs.	mg/L	mg/L	lbs.
1								
2								
3								
4								
5								
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17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTAL								
DAILY MINIMUM								
DAILY MAXIMUM								
WKLY. AVG. MAX.								
MONTHLY AVG.								
DAILY LIMITS								
WEEKLY LIMITS								
MONTHLY LIMITS								

EFFLUENT (identify outfall number -- e.g. 001, 002, 003): _____

Temperature •F / •C	pH	Flow	DO	BOD Grab Concentration	BOD Comp. Removal	BOD Comp. Loading	CBOD Grab Concentration	CBOD Comp. Removal	CBOD Comp. Loading	TSS Grab Concentration	TSS Comp. Removal	TSS Comp. Loading	NUTRIENTS Grab Total Phosphorous	NUTRIENTS Composite Total Kjeldahl Nitrogen	NUTRIENTS Composite Ammonia Nitrogen	NUTRIENTS Composite Nitrate Nitrogen	DISINFECTION CHLORINE Used	DISINFECTION CHLORINE Total Residual	DISINFECTION UV Trans-mittance		Turbidity	COLIFORM MPN/MF E.coli	COLIFORM MPN/MF Fecal	COLIFORM MPN/MF Total	RECEIVING STREAM Ammonia	RECEIVING STREAM Dilution	RECEIVING STREAM Stream Flow	RECEIVING STREAM •F / •C Temperature	RECEIVING STREAM pH	DAILY LOG Regarding breakdowns, bypassing, odors, complaints, etc.	Date
	S.U.	MGD	mg/L	mg/L	%	lbs.	mg/L	%	lbs.	mg/L	%	lbs.	mg/L				lbs.	mg/L	%		N.T.U	CFU/100 ml					CFS		S.U.		
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																															TOTAL
																															DAILY MINIMUM
																															DAILY MAXIMUM
																															WEEKLY AVERAGE MAX.
																															MONTHLY AVERAGE
																															DAILY LIMITS
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