# Discharge Monitoring Report - Oregon Department of Environmental Quality (Page Two)

**Facility Name** _____ **Month/Year** _____

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

***MAIL ORIGINAL TO:***
Oregon Department Of Environmental Quality
Western Region - Salem Office
750 Front Street NE, #120
Salem, OR 97301-1039

**Notes:**
* Indicate test type for TSS, BOD, CBOD, nutrients, & coliform
* If a sewer system overflow occurs at more than one location, attach an additional report
* If groundwater monitoring is required, data reporting should be in accordance with permit conditions
* For additional information, refer to the Oregon DEQ guidance document for completing DMRs

**Explanation of exceeding permits limits:** Description & cause, steps taken or plans to reduce, eliminate, & prevent recurrence of noncompliance (attach additional pages if needed):

| Date | AERATION BASIN | | | | | | LAGOON OR POLISHING POND | | | | | | SOLIDS | | | | | | AEROBIC DIGESTER | | | | ANAEROBIC DIGESTER | | | | SEWER SYS. OVERFLOWS Outfall _____ | | SEWER SYS. BYPASS | | RECLAIMED WATER Outfall _____ | | | | | Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | PRIMARY CELL | | | SECONDARY CELL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MCRT | Sludge Volume Index | M.L.S.S. | pH | DO | Clarifier Depth of Blanket | Depth | DO | pH | Depth | DO | pH | TS to Digester | Transported to other WWTF | Quanity Land Applied | Volatile Solids Reduced | Alkaline Product (Type ____) | Septage Received | Total Solids | Temperature | pH | | VA/Alkalinity | Temperature | pH | | Flow | Duration | Flow | Duration | Quanity Irrigated | | Rainfall | Operator(s) Time On Site | |
| | Days | | S.U. | S.U. | mg/L | Ft. | Ft. | mg/L | S.U. | Ft. | mg/L | S.U. | | | Gal. | % | lbs./Gal. | Gal. | % | | S.U. | | Ratio | | S.U. | | Gal. | Hrs. | Gal. | Hrs. | In./acre | | In. | Hrs./day | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TOTAL | | |
| DAILY MINIMUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DAILY MINIMUM | | |
| DAILY MAXIMUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DAILY MAXIMUM | | |
| WKLY. AVG. MAX. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WKLY. AVG. MAX. | | |
| MONTHLY AVG. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MONTHLY AVG. | | |
| DAILY LIMITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DAILY LIMITS | | |
| WEEKLY LIMITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WEEKLY LIMITS | | |
| MONTHLY LIMITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MONTHLY LIMITS | | |

During this reporting period did all monitoring data & sampling frequencies meet permit requirements & limits (If "no", explain)? **Yes / No**

During this reporting period were there unanticipated bypasses or upsets which exceeded any effluent limits (if "yes", explain)? **Yes / No**

During this reporting period was there any sewer system overflow (if "yes", explain)? **Yes / No**

**Energy Tracking** (optional)

| ENERGY | USED | COST | COMMENTS |
|---|---|---|---|
| POWER KWH | | | |
| FUEL GAS | | | |
| OIL | | | |
| | | | |
| | | | |
| | | | |

**Additional Notes** (reference attachments here):