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
Northwest Region Office
700 NE Multnomah St., Suite 600
Portland, OR 97232

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	
1																																			1
2																																			2
3																																			3
4																																			4
5																																			5
6																																			6
7																																			7
8																																			8
9																																			9
10																																			10
11																																			11
12																																			12
13																																			13
14																																			14
15																																			15
16																																			16
17																																			17
18																																			18
19																																			19
20																																			20
21																																			21
22																																			22
23																																			23
24																																			24
25																																			25
26																																			26
27																																			27
28																																			28
29																																			29
30																																			30
31																																			31
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):