

# Oregon DEQ WPCF Evaporation/Seepage Lagoon Discharge Monitoring Report Form (11-WR-004)

Facility Name:	Phone #:	Reporting Period (MM/YY):
DEQ Permit #:	DEQ File # (Facility ID):	County:
System Type:	Population Served:	

## Operation Certification Information

Collection System Class:	Principal Operator Name:	Cert.# & Grade:
Treatment System Class:	Principal Operator Name:	Cert.# & Grade:

DATE	INFLUENT					EVAPORATION/SEEPAGE LAGOON							<b>LOG</b> Breakdowns, sanitary sewer overflows, flow meter calibration, odors, complaints, solids removal (quantity and location disposed), etc.	
	Flow	BOD	TSS	pH	Other:	Pollutant Parameters					Depth			Perimeter Inspection
						Total Phosphorous	Total Kjeldahl Nitrogen	Ammonia Nitrogen	Nitrate Nitrogen	Other:	Primary	Secondary		
	<input type="checkbox"/> MGD <input type="checkbox"/> GPD	<input type="checkbox"/> grab <input type="checkbox"/> comp	<input type="checkbox"/> grab <input type="checkbox"/> comp	<input type="checkbox"/> grab <input type="checkbox"/> comp	<input type="checkbox"/> grab <input type="checkbox"/> comp									<input type="checkbox"/> grab <input type="checkbox"/> comp
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TOTAL					<b>All monitoring data &amp; sampling frequencies met permit requirements?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; attach explanation  <b>Any sanitary sewer overflows?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes; attach explanation					I certify that I am familiar with the information contained in this report and that to the best of my knowledge such information is true, complete and accurate.  Authorized Signature: _____ Printed Name: _____  Title: _____ Date: _____  <b>Mail Original Signed DMR to:</b>				
DAILY MIN														
DAILY MAX														
WEEKLY AVG MAX														
MONTHLY AVG														
DAILY LIMITS														
WEEKLY LIMITS														
MONTHLY LIMITS														