WPCF Discharge Monitoring Report - Oregon Department of Environmental Quality

Facility Name		**Phone Number**		***From*** *- Month & Year*	
DEQ Permit No.		**DEQ File No./Facility ID**		***To*** *- Month & Year*	
System Type		**Population Served**		**County**	

Operator Certification

Collection sys. class		**Principal operator name (print)**		**Certification No. & grade**	
Treatment sys. class		**Principal operator name (print)**		**Certification No. & grade**	

DATE		**INFLUENT**					**EFFLUENT** - *Identify outfall number (e.g. 001, 002) or sampling location:*													
		MGD	BOD		TSS		BOD			TSS			NUTRIENTS				CHLORINE		COLIFORM		
			Grab / Comp.		Grab / Comp.		Grab / Composite			Grab / Composite			Grab / Composite						MPN / MF	MPN / MF	MPN / MF
		GPD																			
Month	**Day**	**Flow**	**Concentration**	**Loading**	**Concentration**	**Loading**	**Concentration**	**Removal**	**Loading**	**Concentration**	**Removal**	**Loading**	**Total Phosphorous**	**Total Kjeldahl Nitrogen**	**Ammonia Nitrogen**	**Nitrate Nitrogen**	**Used**	**Total Residual**	**Total**	**Fecal**	**E.coli**
			mg/L	lbs.	mg/L	lbs.	mg/L	%	lbs.	mg/L	%	lbs.	mg/L				lbs.	mg/L	CFU/100 ml		