

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	Comp.	Grab	Composite	Grab	Composite	Grab	Composite	Grab	Composite	Used	Total Residual	MPN	MPN	MPN				
			GPD																MF	MF	MF				
Month	Day	Flow	Concentration	Loading	Concentration	Loading	Concentration	Removal	Loading	Concentration	Removal	Loading	Total Phosphorous	Total Kjeldahl Nitrogen	Ammonia Nitrogen	Nitrate Nitrogen			Total	Fecal	E.coli				
																						mg/L	lbs.	mg/L	lbs.
TOTAL																									
DAILY MIN.																									
DAILY MAX.																									
WKLY. AVG.																									
MTHLY. AVG.																									
DAILY LIMITS																									
WKLY. LIMITS																									
MTHLY. LIMITS																									