

Controlled Discharge Lagoon Monthly Monitoring Report

Iowa Department of Natural Resources
NPDES - Operation Permit System

Facility Name: _____

Month/Year: _____

Facility Number: _____

Outfall # _____

D A Y	INFLUENT		EFFLUENT				
	FLOW	pH	FLOW	CBOD5	TSS	NH3-N	pH
Units	MGD	SU	MGD	mg/L	mg/L	mg/L	SU
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Total							
Average							
Maximum							
Minimum							

D A Y	BYPASS FLOW	PRECIPITATION	CELL DEPTH			
			CELL 1	CELL 2	CELL 3	CELL 4
Units	MGD	Inches	Feet	Feet	Feet	Feet
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Pre Draw Down Sample:

Date: mm/dd/yy

CBOD5: mg/l

TSS: mg/l

Influent Sample:

Date: mm/dd/yy

Flow: MGD

CBOD5: mg/l

CBOD5: #/day

TSS: mg/l

Comments: _____

SIGNATURE: _____ CERTIFICATE #: _____

LABORATORY CERTIFICATION #: _____