Controlled Discharge Lagoon Monthly Monitoring Report

Iowa Department of Natural Resources
NPDES - Operation Permit System

Facility Name: _____ **Month/Year:** _____

Facility Number: __ __ __ __ __ __ __ **Outfall #** __ __ __

DAY	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	0.000		0.000	0.00	0.00	0.00	
Average	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Maximum	0.000	0.0	0.000	0.00	0.00	0.00	0.0
Minimum	0.000	0.0	0.000				0.0

DAY	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: 0.00 **#/day**

TSS: _____ **mg/l**

Comments: _____

SIGNATURE: _____ **CERTIFICATE #:** _____

LABORATORY CERTIFICATION #: _____