



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER POLLUTION CONTROL PROGRAM
MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

NAME OF FACILITY				CITY				COUNTY/REGION			
FOR THE MONTH OF		OUTFALL NUMBER		PERMIT NUMBER				TYPE TREATMENT FACILITY			

INFLUENT						EFFLUENT										
DAY	FLOW: MGD GPD <input type="checkbox"/> INF. <input type="checkbox"/> OR EFF.		PH UNITS	BOD mg/L	SUSP. SOLIDS mg/L	TEMP F - C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER	OTHER	OTHER	RAIN	WEATHER	TIME
1																
2																
3																
4																
5																
6																
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27																
28																
29																
30																
31																
No. of Samp.																
Tot of Samp.																
Monthly Avg.																
Daily Max.																
Daily Min.																
Max 7/Avg																

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROLL PARAMETERS

DATE	PH UNITS	ALK ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUSP SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
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2									
3									
4									
5									
6									
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1. Fill out one copy of report each month and mail it monthly for each treatment facility.
2. Mail one copy of report to the appropriate **DNR regional office** as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain; S-snow; C-clear; P.C. – partly cloudy and O-overcast.
5. Use grab sample pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Suspended Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Conditions and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding tanks.

COMMENTS

TESTS PERFORMED BY	TITLE	PHONE NUMBER	DATE
REPORT APPROVED BY	TITLE	PHONE NUMBER	DATE