



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

**VOLUNTARY EARLY NUTRIENT MONITORING PROGRAM FOR
POINT SOURCES PARTICIPATION FORM**

FOR AGENCY USE ONLY

DATE RECEIVED

PART A – FACILITY INFORMATION

1. FACILITY

FACILITY NAME		EMAIL ADDRESS (REQUIRED)	
PERMIT NUMBER		COUNTY	

PART B – AGREEMENT

2. AGREEMENT

If you wish to participate in the Voluntary Early Nutrient Monitoring Program, please complete Table 1 and return to the Missouri Department of Natural Resources to the address below.

PRINTED NAME AND OFFICIAL TITLE (MUST BE AN OFFICER OF THE COMPANY OR CITY OFFICIAL)

SIGNATURE	DATE SIGNED
-----------	-------------

The facility plans to conduct sampling for nutrients as described in this form and report said data to the department as part of the Voluntary Early Nutrient Monitoring Program. I agree to submit voluntary early nutrient monitoring effluent and/or instream or lake monitoring data as part of our normal discharge monitoring report (DMR). At no time will the voluntary agreement generate a violation if sampling is not conducted and submitted. The department pledges to use this data to assist the Missouri Nutrient Loss Reduction Strategy.

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
ATTN: NPDES PERMITS AND ENGINEERING SECTION
P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

TABLE 1. VOLUNTARY SAMPLING INFORMATION

Below is additional information being requested from the Missouri Department of Natural Resources. Supplying the following information will assist the department in collecting voluntary nutrient sampling data from your facility. If you intend to participate in the Voluntary Early Nutrient Monitoring Program, please fill out applicable information below and return to the Missouri Department of Natural Resources. Please complete the Sample Location Information and analytical sampling methods for each outfall. For multiple outfalls, please copy the form and complete the information below for each outfall. Monitoring frequency is determined as follows based on design flow capacity of the facility; quarterly monitoring for facilities with a design flow capacity between 0.1 MGD and 1 MGD and monthly monitoring for facilities with a design capacity greater than 1 MGD.

1. SAMPLE LOCATION INFORMATION

OUTFALL # _____	OUTFALL(S)	UPSTREAM	DOWNSTREAM
UTM COORDINATES (Easting (X): Northing (Y)):			
RECEIVING STREAM NAME			

2. SAMPLE TYPE INFORMATION

If instream sampling will be conducted at a location upstream of the facility outfall, will upstream samples be collected from a fixed monitoring station with an ESP approved flow meter? Note: Upstream flow collection is optional. Answering "No" will not prevent participation.	<input type="checkbox"/> - Yes	<input type="checkbox"/> - No
--	--------------------------------	-------------------------------

PARAMETER	ANALYTICAL METHOD
Total Phosphorus	
Total Kjeldahl Nitrogen (TKN)	
Ammonia	
Nitrate	
Nitrite	
Total Nitrogen (TN = TKN + Nitrate + Nitrite)	Calculated.