



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
OPERATIONAL MONITORING REPORT – LAGOON

This report covers the period of:

GENERAL INFORMATION

FACILITY NAME	PERMIT NUMBER
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LAGOON OPERATIONAL CONTROL PARAMETERS

DATE	Precipitation	Flow	pH	Dissolved Oxygen	Other (ex: TRC, UV, etc.)		
		<input type="checkbox"/> Influent <input type="checkbox"/> Effluent	Primary Cell	Primary Cell	Effluent		
	Inches †	MGD	SU	mg/L			
	Twice/Week*	Twice/Week*	Twice/Week*	Twice/Week*	Daily (M-F)		
1	S / R						
2	S / R						
3	S / R						
4	S / R						
5	S / R						
6	S / R						
7	S / R						
8	S / R						
9	S / R						
10	S / R						
11	S / R						
12	S / R						
13	S / R						
14	S / R						
15	S / R						
16	S / R						
17	S / R						
18	S / R						
19	S / R						
20	S / R						
21	S / R						
22	S / R						
23	S / R						
24	S / R						
25	S / R						
26	S / R						
27	S / R						
28	S / R						
29	S / R						
30	S / R						
31	S / R						

* If the facility is designed to operate as a No-Discharge system the operational monitoring frequency is Twice/Month.

† Indicate reported amount as snow (S) or rain (R)

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE		DATE SIGNED