



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

**This report covers the period of:**  
 \_\_\_\_\_

**GENERAL INFORMATION**

FACILITY NAME \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_

**LAGOON OPERATIONAL CONTROL PARAMETERS**

DATE	Flow	pH	Dissolved Oxygen	Cloud Cover	Ambient Air Temperature	Precipitation	Other (ex. Total Residual Chlorine)
	<input type="checkbox"/> Influent <input type="checkbox"/> Effluent	Primary Cell	Primary Cell				
	MGD	SU	mg/L	R, S, C, PC, O	°C	Inches	
	Twice/Week	Twice/Week	Twice/Week	Twice/Week	Twice/Week	Twice/Week	
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