

Notes:

Included with these submittal pages are Extra Comments and Data sheets and a Pond influent DMR for Influent flow. This will be filled out for you automatically when you fill in your Supplemental.

* Ponds Supplemental uses Effluent flow to calculate loading rates. So therefore any facility that has a pond system be sure to use this supplemental form.

* Mechanical, Industrial, and other facilities use the Inflo Supplemental form. This form uses Influent flow to calculate the loading rates.

* Should you need more titles, simply delete a title that you are not using and replace it with the Analyte name that you need. Make sure not to delete the formulas.

* The columns that do the math automatically for you are color coated, so you will never have to do any work in these areas.

Should you have any question contact the MPCA Data Management staff or your compliance person.

* Values reported as BDL and 0 should be reported as "<" the lab reportable limit.

DATE	DAY OF WEEK	PRECIPITATION (INCHES)	INFLUENT FLOW (MGD)	EFFLUENT FLOW (MGD)	INFLUENT CBOD5 (mg/L)	EFFLUENT CBOD5 (mg/L)	PERCENT REMOVAL (CBOD5)	EFFLUENT CBOD5 (kg/day)	INFLUENT TSS (mg/L)	EFFLUENT TSS (mg/L)	PERCENT REMOVAL TSS (%)	EFFLUENT TSS (kg/day)	INFLUENT pH	EFFLUENT pH	INFLUENT PHOSPHORUS (mg/L)	EFFLUENT PHOSPHORUS (mg/L)	EFFLUENT PHOSPHORUS (kg/day)	EFFLUENT AMMONIA (mg/L)	EFFLUENT D.O. (mg/L)	FECAL COLIFORM (number/100 ml)	EFFLUENT CHLORINE RESIDUAL (mg/L)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
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	0.000	0.000	0.000		0.000	0.000	0.000		0.000			0.000	0.000	0.000	0.000			0.000



SUPPLEMENTAL DATA and COMMENTS

Comments--Include information on violations, bypasses/overflows, maintenance conducted, etc. (Attach additional pages if necessary.)

Weekly Observations for Stabilization, Aerated, Polishing or Absorption Ponds

TYPE OF POND (AERATED, PRIMARY, ETC.)	_____ POND _____ ACRES					_____ POND _____ ACRES					_____ POND _____ ACRES				
WEEK OF THE MONTH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH
1. DATE OF OBSERVATION															
2. ODOR (YES OR NO)															
3. AQUATIC PLANTS (% OF COVERAGE, TYPE)															
4. FLOATING MATS (% OF COVERAGE, TYPE)															
5. WATER DEPTH (UNITS _____)															
6. MUSKRATS, RODENTS, ETC. (YES OR NO)															
7. DIKE CONDITION (EROSION, ETC.)															
8. ICE COVER (% OF COVERAGE)															

Send with DMRs to:

Minnesota Pollution Control
520 Lafayette Road North
Saint Paul, Minnesota 55155-4194

Signature of Authorized Agent

Signature and Phone Number of Certified Operator



SUPPLEMENTAL DATA and COMMENTS

Comments--Include information on violations, bypasses/overflows, maintenance conducted, etc. (Attach additional pages if necessary.)

Weekly Observations for Stabilization, Aerated, Polishing or Absorption Ponds

TYPE OF POND (AERATED, PRIMARY, ETC.)	POND _____ ACRES					POND _____ ACRES					POND _____ ACRES				
	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH
WEEK OF THE MONTH															
1. DATE OF OBSERVATION															
2. ODOR (YES OR NO)															
3. AQUATIC PLANTS (% OF COVERAGE, TYPE)															
4. FLOATING MATS (% OF COVERAGE, TYPE)															
5. WATER DEPTH (UNITS _____)															
6. MUSKRATS, RODENTS, ETC. (YES OR NO)															
7. DIKE CONDITION (EROSION, ETC.)															
8. ICE COVER (% OF COVERAGE)															

Send with DMRs to:

Minnesota Pollution Control
520 Lafayette Road North
Saint Paul, Minnesota 55155-

Signature of Authorized

Signature and Phone Number of Certified Operator