



## Stabilization Ponds

National Pollutant Discharge Elimination System (NPDES) Permit Program

Doc Type: Discharge Monitoring Report

**Instructions:** This form needs to be completed if a discharge occurs during a “Problem Discharge Period” or to an ice-covered receiving water, and an adequate dilution ration is not available. Effluent, upstream and downstream sample results, to be included on this form, must be from two samples per every seven days of discharge. Samples must be taken three to four days apart. Submit these forms with the Discharge Monitoring Reports (DMRs). For detailed guidance on the completion of this form, refer to the *Stabilization Discharge Guidance* document at <http://www.pca.state.mn.us/publications/wq-wwtp7-06.pdf>.

Facility name: \_\_\_\_\_ Year(s) constructed: \_\_\_\_\_  
 Operator name: \_\_\_\_\_ Design flow (MGD): \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Design BOD capacity (mg/L): \_\_\_\_\_  
*MGD = million gallons per day      mg/L = milligrams per liter*

List numbers and types of cells, cell sizes, and operating depths (minimum to maximum):

Aerated cells: \_\_\_\_\_  
 Primary(s): \_\_\_\_\_  
 Secondary(s): \_\_\_\_\_

Are the ponds operated in: ☐ Series ☐ Parallel When?

Date of last flow meter calibration: \_\_\_\_\_ Dates of previous discharge(s): \_\_\_\_\_

Volume of previous discharge (million gallons/MG):

Month	Flow (MGD)
<b>Total average:</b>	

Primary(s): \_\_\_\_\_  
Secondary(s): \_\_\_\_\_

Total volume pumped last six months: \_\_\_\_\_ MG  
Monthly average: \_\_\_\_\_ MGD

Volumes	Dates (mm/dd/yy)

Precipitation total last six months: \_\_\_\_\_

Unusual storms (inches/dates):

Does the collection system have excessive infiltration (groundwater)? ☐ Yes ☐ No

If yes, list sources (sump pumps, deteriorated pipe, etc.):

Does the collection system have excessive inflow (surface water)? ☐ Yes ☐ No

If yes, list sources (storm sewers, tile lines, etc.): \_\_\_\_\_

Does the city have a "Sump Pump" Ordinance? ☐ Yes ☐ No      If yes, is it enforced? ☐ Yes ☐ No

Provide dates if the collection system has been – Televised date: Smoke tested:

Describe investigation results:

Have problems been corrected – explain:

## Organic Capacity Evaluation

### Influent samples (last four quarterly sample)

Sample dates (mm/dd/yy)				
Influent flow (MGD)				
CBOD <sub>5</sub> (mg/L)				
TSS (mg/L)				
pH				

CBOD<sub>5</sub> = Five-Day Carbonaceous Biochemical Oxygen Demand  
million gallons per day (mgd)

TSS = Total Suspended Solids  
pH = potential of Hydrogen

Any significant industrial users of the wastewater facility? ☐ Yes ☐ No

If yes, does the city have Industrial User Agreements with them? ☐ Yes ☐ No

If yes, are the industries in compliance with the agreements? ☐ Yes ☐ No

### Discharge evaluation

Date discharge began: \_\_\_\_\_ Date discharge ended: \_\_\_\_\_

Volume discharged (MG): \_\_\_\_\_ Pond discharge rate (CFS): \_\_\_\_\_

Receiving water ice cover (%): \_\_\_\_\_ Dilution ratio: \_\_\_\_\_

Receiving water flow rate (CFS): \_\_\_\_\_

*CFS = Cubic feet per second*

### Effluent quality

Sample dates (mm/dd/yy)						
CBOD <sub>5</sub> (mg/L)						
TSS (mg/L)						
pH						
Fecal Coliform						
Dissolved Oxygen (mg/L)						
Total Phosphorus (mg/L)						

**Receiving water quality** (Upstream sampling station) Location: \_\_\_\_\_

Sample dates (mm/dd/yy)						
Dissolved Oxygen (mg/L)						
pH						
Fecal Coliform						
Total Phosphorus (mg/L)						

**Receiving water quality** (Downstream sampling station) Location: \_\_\_\_\_

Sample dates (mm/dd/yy)						
Dissolved Oxygen (mg/L)						
pH						
Fecal Coliform						
Total Phosphorus (mg/L)						