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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Discharge Evaluation Report  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. 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 Pond Discharge Guidance*](http://www.pca.state.mn.us/index.php/view-document.html?gid=8808)document on the Minnesota Pollution Control Agency (MPCA) Wastewater webpage at <http://www.pca.state.mn.us/enzqb31>.

## **Facility Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 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? |  |

**Hydraulic Capacity Evaluation** (For dates, please use the format mm/dd/yyyy.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of last flow meter calibration: |  | | Dates of previous discharge(s): |  |  |  |
| Volume of previous discharge (million gallons/MG): | |  | | | | |

**Influent flow rates (last six months)**

|  |  |
| --- | --- |
| **Month** | **Flow (MGD)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total average:** |  |

**Pond levels after previous discharge (inches)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary(s): |  |  |  |  |  |
| Secondary(s): |  |  |  |  |  |

**City Well(s)**

|  |  |  |
| --- | --- | --- |
| Total volume pumped last six months: |  | MG |
| Monthly average: |  | MGD |

**Collection system bypasses**

|  |  |
| --- | --- |
| **Volumes** | **Dates** (mm/dd/yyyy) |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Precipitation total last six months: | |  | | | | | | | |
| Unusual storms (inches/date): |  | | | | | | | | |
| 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 samples)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample dates (mm/dd/yyyy): |  |  |  |  |
| Influent flow (MGD): |  |  |  |  |
| CBOD5 (mg/L): |  |  |  |  |
| TSS (mg/L): |  |  |  |  |
| pH: |  |  |  |  |

*CBOD5 = Five-Day Carbonaceous Biochemical Oxygen Demand TSS = Total Suspended Solids*

*mgd = million gallons per day 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/yyyy): |  |  |  |  |  |  |
| CBOD5 (mg/L): |  |  |  |  |  |  |
| TSS (mg/L): |  |  |  |  |  |  |
| pH: |  |  |  |  |  |  |
| Fecal Coliform: |  |  |  |  |  |  |
| Dissolved Oxygen (mg/L): |  |  |  |  |  |  |
| Total Phosphorus (mg/L): |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **R****eceiving water quality** (Upstream sampling station) Location: | | | |  | | | |
| Sample dates (mm/dd/yyyy): |  |  |  | |  |  |  |
| Dissolved Oxygen (mg/L): |  |  |  | |  |  |  |
| pH: |  |  |  | |  |  |  |
| Fecal Coliform: |  |  |  | |  |  |  |
| Total Phosphorus (mg/L): |  |  |  | |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Receiving water quality** (Downstream sampling station) Location: | | | |  | | | |
| Sample dates (mm/dd/yyyy): |  |  |  | |  |  |  |
| Dissolved Oxygen (mg/L): |  |  |  | |  |  |  |
| pH: |  |  |  | |  |  |  |
| Fecal Coliform: |  |  |  | |  |  |  |
| Total Phosphorus (mg/L): |  |  |  | |  |  |  |