## DISCHARGE MONITORING REPORT FORM

ITORING REPORT FORM

Year:\_\_\_\_\_\_

Contaminated Groundwater from Remedial Action Operations - Surface Water Discharge Permit No. WI-0046531-05-0 Rev. December 16, 2013

Please indicate the type of wastewater discharge below

☐ Petroleum Contaminated Water ☐ Tank Bottom Water ☐ Scrap and Waste Storage Area Oily Water ☐ Secondary Containment Water

**Facility Name and Location** 

Madison Kipp Corporation 201 Waubesa St Madison, WI 53704

FIN#:

| = secondary contaminen                          | it water |  |                             |  |                                   |                                 |                           |                                       |                         |               |
|---|----------|--|-----------------------------|--|-----------------------------------|---------------------------------|---------------------------|---------------------------------------|-------------------------|---------------|
| Outfall # and Description                       |          | Flow<br>(gal/day)  | Oil & Grease<br>(mg/L)      | BOD <sub>5</sub><br>(mg/L)                 | Total BETX<br>(µg/L)              | PAHs group<br>of 10 (µg/L)      | Benzo(a)<br>pyrene (µg/L) | Naphthalene (µg/L)                    | Benzene<br>(µg/L)       | TSS<br>(mg/L) |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
| See Footnotes                                   |          |  |                             |  | (1)                               | (2)                             |                           |                                       |                         |               |
| Effluent Limits (refer to sec. 4 of the permit) |          |  | 15 mg/l                     | 20 mg/L                                    | 750 μg/L                          | 0.1 μg/l                        | 0.1 μg/l                  | 70 μg/l                               | 50 μg/l                 | 40 mg/L       |
| Sample Frequency: Pre-treatment                 |          | Monthly  | Monthly                     | Monthly                                    | Monthly                           | Monthly                         | Monthly                   | Monthly                               | Monthly                 | Monthly       |
| Sample Frequency: Post-treatment                |          | Monthly  | Monthly                     | Monthly                                    | Monthly                           | Monthly                         | Monthly                   | Monthly                               | Monthly                 | Monthly       |
| Sample Type                                     |          | Estimate   | Grab                        | Grab                                       | Grab                              | Grab                            | Grab                      | Grab                                  | Grab                    | Grab          |
| Impaired or TMDL surface waters                 |          | Does this facility discharge a pollutant of concern to an impaired surface water or to a surface water with a TMDL allocation? |                             |  |                                   |                                 |                           |                                       | □ Yes                   |               |
| Outfall # and Description                       |          | VOCs<br>(µg/L)   | Vinyl<br>Chloride<br>(µg/L) | trans-1,2-<br>Dichloroethen<br>e<br>(µg/L) | 1,1-<br>Dichloroethen<br>e (µg/L) | Tetrachloroeth<br>ene<br>(ug/L) | Chloride<br>(mg/L)        | cis-1,2-<br>Dichloroethen<br>e (µg/L) | Trichloroethe ne (µg/L) |               |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
|   | Month:   |  |                             |  |                                   |                                 |                           |                                       |                         |               |
| See Footnotes                                   |          |  |                             |  |                                   |                                 |                           |                                       |                         |               |
| Effluent Limits (refer to sec. 4 of the permit) |          |  | 10 ug/L                     |  | 50 ug/L                           | 50 ug/L                         | 0.25 mg/L                 |                                       | 50 μg/L                 |               |
| Sample Frequency: Pre-treatment                 |          | Monthly  | Monthly                     | Monthly                                    | Monthly                           | Monthly                         | Monthly                   | Monthly                               | Monthly                 |               |
| Sample Frequency: Post-treatment                |          | 3.6 (1.1   | 34 (11                      | M = 41-1                                   | Monthly                           | Monthly                         | Monthly                   | Monthly                               | Monthly                 |               |
| Sample Frequency: Post-ti                       | reatment | Monthly  | Monthly                     | Monthly                                    | Monuny                            | Monuny                          | Monuny                    | Wildining                             | Monung                  |               |

## FOOTNOTES:

- (1) Total BETX is the sum of the benzene, ethylbenzene, toluene and xylene concentrations.
- (2) PAH group of 10 (Polynuclear Aromatic Hydrocarbons) include the sum of the following individual compounds: benzo(a)anthracene, benzo(b)fluoranthene, benzo(g,h,i)perylene, benzo(k)fluoranthene, chrysene, dibenzo(a,h)anthracene, fluoranthene, indeno(1,2,3-cd)pyrene, phenanthrene, and pyrene

## DIRECTIONS:

- For "Outfall # and Description" enter the number of the outfall you are reporting (001 or 002, etc.) and the source of wastewater (petroleum contact, tank bottom water, scrap and waste storage area oily water, or secondary containment). Copy and use a new form for each outfall
- Monitoring for a given parameter depends on if the discharge is to surface waters or groundwater, and petroleum category.
- The value entered must be the highest value of all samples analyzed for that day.
- For each quarter, indicate the month monitoring occurred next to "Month."
- Finclude as separate attachments to this form the annual reports for (a) waste oil and solids removed, and (b) tank bottom water disposal.

RETURN REPORT BY: February 15, of the year following completion of monitoring

RETURN TO: ATTN: Nicholas Bertolas

Department of Natural Resources
3911 Fish Hatchery Rd.

Fitchburg, WI 53711

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment, (40 CFR 122.5). I also certify that the values being submitted are the actual values found in the samples; no values have been modified or changed in any manner. Wherever I believe a value being reported is inaccurate, I have added an explanation indicating the reasons why the value is inaccurate.

| Signature of Person Completing Form              | Date |  |  |
|--|------|--|--|
|  |      |  |  |
| Signature of Principal Exec. or Authorized Agent | Date |  |  |