

**Wastewater Discharge Monitoring Long Report**

For DNR Use Only

Facility Name: MADISON GAS & ELECTRIC COMPENSATORY RECHARGE  
 Contact Address: P O Box 1231  
 Madison, WI 53701-  
 Facility Contact: Steve Pitts, Construction Engineer  
 Phone Number: (608)252-7935  
 Reporting Period: 02/01/2007 - 02/28/2007  
 Form Due Date: 03/15/2007  
 Permit Number: 0063088

Date Received:  
 DOC: 179248  
 FIN: 31792  
 FID: 113353020  
 Region: South Central  
 Permit Drafter: Robert Liska  
 Reviewer: Robert Liska  
 Office: Fitchburg

Sample Point	001	001	001	001	001	701	
Description	Treated pond water	Treated pond water	Treated pond water	Treated pond water	Treated pond water	Golf course pond	
Parameter	211	105	451	330	277	105	
Description	Flow Rate	Chloride	Sodium, Total Recoverable	Nitrogen, Nitrite + Nitrate Total	Manganese, Total Recoverable	Chloride	
Units	MGD	mg/L	mg/L	mg/L	mg/L	mg/L	
Sample Type	Continuous	Grab	Grab	Grab	Grab	Grab	
Frequency	Daily	Monthly	Monthly	Monthly	Monthly	Monthly	
Footnotes				(1)			
Sample Results	Day 1	0.090					
	2	0.200					
	3	0.200					
	4	0.200					
	5	0.103	94	69	<0.50	0.030	93
	6	0.000					
	7	0.000					
	8	0.000					
	9	0.000					
	10	0.000					
	11	0.000					
	12	0.000					
	13	0.000					
	14	0.000					
	15	0.000					
	16	0.000					
	17	0.000					
	18	0.000					
	19	0.000					
	20	0.000					
	21	0.000					
	22	0.004					
	23	0.000					
	24	0.000					
	25	0.000					
	26	0.000					
	27	0.000					
	28	0.000					
	29						
	30						
	31						
Total	0.797						

	Sample Point	001	001	001	001	001	701
	Description	Treated pond water	Treated pond water	Treated pond water	Treated pond water	Treated pond water	Golf course pond
	Parameter	211	105	451	330	277	105
	Description	Flow Rate	Chloride	Sodium, Total Recoverable	Nitrogen, Nitrite + Nitrate Total	Manganese, Total Recoverable	Chloride
	Units	MGD	mg/L	mg/L	mg/L	mg/L	mg/L
<b>Summary Values</b>	Monthly Avg	0.028	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
	Daily Max Amount	0.200	94	69	<0.50	0.030	93
	Daily Min Amount	0.000	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
<b>Limit(s) In Effect</b>	Monthly Avg						
	Daily Max Amount						
	Daily Min Amount						
<b>QA/QC Information</b>	LOD	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.5	XXXXXXXX	XXXXXXXX
	LOQ	XXXXXXXX	XXXXXXXX	XXXXXXXX	1.7	XXXXXXXX	XXXXXXXX
	QC Exceedence						
	Lab Certification No.	XXXXXXXX	128053530	128053530	128053530	128053530	128053530

	<b>Sample Point</b>	701	701	701			
	<b>Description</b>	<b>Golf course pond</b>	<b>Golf course pond</b>	<b>Golf course pond</b>			
	<b>Parameter</b>	451	330	277			
	<b>Description</b>	<b>Sodium, Total Recoverable</b>	<b>Nitrogen, Nitrite + Nitrate Total</b>	<b>Manganese, Total Recoverable</b>			
	<b>Units</b>	mg/L	mg/L	mg/L			
	<b>Sample Type</b>	Grab	Grab	Grab			
	<b>Frequency</b>	Monthly	Monthly	Monthly			
	<b>Footnotes</b>		(1)				
<b>Sample Results</b>	Day 1						
	2						
	3						
	4						
	5	67	<.50	0.057			
	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						
		<b>Total</b>					

	Sample Point	701	701	701				
	Description	Golf course pond	Golf course pond	Golf course pond				
	Parameter	451	330	277				
	Description	Sodium, Total Recoverable	Nitrogen, Nitrite + Nitrate Total	Manganese, Total Recoverable				
	Units	mg/L	mg/L	mg/L				
<b>Summary Values</b>	Monthly Avg	XXXXXXX	XXXXXXX	XXXXXXX				
	Daily Max Amount	67	<.50	0.057				
	Daily Min Amount	XXXXXXX	XXXXXXX	XXXXXXX				
<b>Limit(s) In Effect</b>	Monthly Avg							
	Daily Max Amount							
	Daily Min Amount							
<b>QA/QC Information</b>	LOD	XXXXXXX	0.5	XXXXXXX				
	LOQ	XXXXXXX	1.7	XXXXXXX				
	QC Exceedence							
	Lab Certification No.	128053530	128053530	128053530				

General Remarks

1 - Nitrate as N, per the permit

Laboratory Quality Control Comments

MHA Due to high levels of analyte in the sample, the MS/MSD calculation does not provide useful spike recovery information.

Submittal of this form is required by section 283.55, Wis. Stats. and chapters NR 205 and 214, Wis. Adm. Code.

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If you have any questions about this form, please call Alice Miramontes at (608)275-3287.

Return Form To

Authorized Representative Signature

Date

WI Department of Natural Resources  
Alice Miramontes  
3911 Fish Hatch  
Fitchburg, WI 53711

Operator Signature

Certificate Number

Date

**Make two copies of the completed form. Keep one copy and return the original and one copy to the DNR address provided.**