

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: 07/01/2007 - 07/31/2007
 Form Due Date: 08/15/2007
 Permit Number: 0063088

Date Received:
 DOC: 187074
 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	0.145					
	2	0.180					
	3	0.246					
	4	0.298					
	5	0.305					
	6	0.261					
	7	0.109					
	8	0.000					
	9	0.255	68	52	<0.50	0.042	81
	10	0.264					
	11	0.132					
	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	0.000					
	23	0.000					
	24	0.001					
	25	0.000					
	26	0.000					
	27	0.293					
	28	0.316					
	29	0.270					
	30	0.268					
	31	0.263					
	Total	3.606					

	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
Summary Values	Monthly Avg	0.116	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
	Daily Max Amount	0.316	68	52	<0.50	0.042	81
	Daily Min Amount	0.000	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
Limit(s) In Effect	Monthly Avg						
	Daily Max Amount						
	Daily Min Amount						
QA/QC Information	LOD	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.50	XXXXXXXX	XXXXXXXX
	LOQ	XXXXXXXX	XXXXXXXX	XXXXXXXX	1.7	XXXXXXXX	XXXXXXXX
	QC Exceedence						
	Lab Certification No.	XXXXXXXX	128053530	128053530	128053530	128053530	128053530

	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			
	Sample Type	Grab	Grab	Grab			
	Frequency	Monthly	Monthly	Monthly			
	Footnotes						
Sample Results	Day 1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9	54	< .50	0.17			
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
		Total					

	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			
Summary Values	Monthly Avg	XXXXXXXX	XXXXXXXX	XXXXXXXX			
	Daily Max Amount	54	<.50	0.17			
	Daily Min Amount	XXXXXXXX	XXXXXXXX	XXXXXXXX			
Limit(s) In Effect	Monthly Avg						
	Daily Max Amount						
	Daily Min Amount						
QA/QC Information	LOD	XXXXXXXX	0.50	XXXXXXXX			
	LOQ	XXXXXXXX	1.7	XXXXXXXX			
	QC Exceedence						
	Lab Certification No.	128053530	128053530	128053530			

General Remarks

1 - Nitrate as N, per the permit

Laboratory Quality Control Comments

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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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Return Form To

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

Authorized Representative Signature

Date

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.