

Wastewater Discharge Monitoring Long Report

For DNR Use Only

Facility Name: MADISON GAS & ELECTRIC COMPENSATORY RECHARGE
 Contact Address: PO Box 1231
 Madison, WI 53701-
 Facility Contact: Steve Pitts, Construction Engineer
 Phone Number: (608)252-7935
 Reporting Period: 12/01/2006 - 12/31/2006
 Form Due Date: 01/15/2007
 Permit Number: 0063088

Date Received:
 DOC: 172411
 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		(2)		(1)		(2)	
Sample Results	Day 1	0.0					
	2	0.0					
	3	0.0					
	4	0.0					
	5	0.0					
	6	0.0					
	7	0.0					
	8	0.0					
	9	0.0					
	10	0.0					
	11	0.0					
	12	0.0					
	13	0.0					
	14	0.0					
	15	0.0					
	16	0.0					
	17	0.0					
	18	0.049					
	19	0.048	54	40	<0.50	0.087	56
	20	0.030					
	21	0.080					
	22	0.060					
	23	0.050					
	24	0.037					
	25	0.038					
	26	0.010					
	27	0.0					
	28	0.0					
	29	0.0					
	30	0.0					
	31						
	Total	0.402					

	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	0.013	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
	Daily Max Amount	0.080	54	40	<0.50	0.087	56
	Daily Min Amount	0.000	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
Limit(s) In Effect	Monthly Avg						
	Daily Max Amount						
	Daily Min Amount						
QA/QC Information	LOD	XXXXXXX	XXXXXXX	XXXXXXX	0.5	XXXXXXX	XXXXXXX
	LOQ	XXXXXXX	XXXXXXX	XXXXXXX	1.5	XXXXXXX	XXXXXXX
	QC Exceedence						
	Lab Certification No.	XXXXXXX	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		(1)					
Sample Results	Day 1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							
	18							
		19	37	< .50	0.091			
		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	XXXXXXX	XXXXXXX	XXXXXXX				
	Daily Max Amount	37	<.50	0.091				
	Daily Min Amount	XXXXXXX	XXXXXXX	XXXXXXX				
Limit(s) In Effect	Monthly Avg							
	Daily Max Amount							
	Daily Min Amount							
QA/QC Information	LOD	XXXXXXX	0.5	XXXXXXX				
	LOQ	XXXXXXX	1.5	XXXXXXX				
	QC Exceedence							
	Lab Certification No.	128053530	128053530	128053530				

General Remarks

1 - Nitrate as N, per the permit

Laboratory Quality Control Comments

2 - Results reported between the Method Detection Limit (MDL) and Limit of Quantitation (LOQ) are less certain than results at or above the LOQ.

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

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

Authorized Representative Signature

Date

[Signature Line]

Operator Signature

Certificate Number

Date

[Signature Line]

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