

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: 01/01/2007 - 01/31/2007
 Form Due Date: 02/15/2007
 Permit Number: 0063088

Date Received:
 DOC: 179247
 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	0.000					
	2	0.000					
	3	0.000					
	4	0.082					
	5	0.047					
	6	0.036					
	7	0.034					
	8	0.139	76	49	<0.50	0.0034	76
	9	0.045					
	10	0.043					
	11	0.016					
	12	0.096					
	13	0.068					
	14	0.086					
	15	0.103					
	16	0.186					
	17	0.259					
	18	0.251					
	19	0.223					
	20	0.226					
	21	0.245					
	22	0.132					
	23	0.052					
	24	0.145					
	25	0.174					
	26	0.200					
	27	0.199					
	28	0.200					
	29	0.004					
	30	0.000					
	31	0.000					
	Total	3.291					

	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	0.106	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
	Daily Max Amount	0.259	76	49	<0.50	0.0034	76
	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	0.5	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		(1)				
Sample Results	Day 1						
	2						
	3						
	4						
	5						
	6						
	7						
	8	50	<.50	0.062			
	9						
	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	50	<.50	0.062				
	Daily Min Amount	XXXXXXXX	XXXXXXXX	XXXXXXXX				
Limit(s) In Effect	Monthly Avg							
	Daily Max Amount							
	Daily Min Amount							
QA/QC Information	LOD	XXXXXXXX	0.5	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

Matrix Spike QC for Sodium resulted in MS and/or MSD above the acceptance limits. LCS QC result was 88%.

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.