

(June 2001)

## **Illinois Environmental Protection Agency Guidelines for the Completion of Preprinted Discharge Monitoring Report Forms**

Adherence to the following guidelines is important to the proper processing of DMR forms. Please note that you should also disregard the preprinted instructions as they appear on the back of the DMR form because they do not apply for DMR processing in Illinois. Questions regarding proper DMR completion should be directed to the DMR Coordinator, Illinois EPA, Bureau of Water, Compliance Assurance Section at (217)782-9720.

### **General**

1. DMR forms **MUST BE TYPED**. Corrections should be made to all copies of the DMR.
2. If you have received new forms due to a correction, renewal, or modified permit, be sure to discard the unused old forms since they will not be correctly processed.
3. Submit all DMR forms for the correct month of interest. If you did not sample and/or have no data to report on a particular page of the DMR, please explain in the comment section. Be sure that forms for all required monitoring are submitted.
4. The DMR form is a four-part form. After completion, submit the original and two copies, unfolded and unstapled, to the Agency as scheduled in your NPDES permit. Retain the last copy for your records. If you are submitting attachment(s) with your DMR forms, indicate the facility name and NPDES permit number on each page of the attachment(s).
5. Send completed DMRs to:  

Illinois Environmental Protection Agency  
BOW CAS #19  
1021 North Grand Ave. East  
P.O. Box 19276  
Springfield, Illinois 62794-9276
6. The NPDES permit supersedes the preprinted DMR forms. Therefore, should discrepancies exist, submit as required by the NPDES permit and notify the Agency at once so that we can send you a supply of corrected forms.
7. If you need to submit corrected data, photocopy the DMR to be corrected, indicate the correction(s) on the form by highlighting the corrected area(s). Indicate in the comment section or in the upper right hand corner that this is a "Corrected DMR". Sign and date in the comment section and submit the form.

### **Completion**

1. Type your data values within the allocated areas. Avoid making any extraneous markings on the forms. Do not attempt to type data in allocated areas which contain preprinted asterisks (\*\*\*\*\*).
2. Flow should be estimated when other measuring methods are not available. When reporting flow data that is estimated, type ES in the "Sample Type" column.

3. If NO DISCHARGE of effluent occurred during the month for a particular outfall, type an X in the No Discharge box located in the upper right hand corner of the effluent page of the DMR form and leave all data areas blank. Effluent monitoring is not required when there is no effluent discharge. Marking the No Discharge box on an influent page of the DMR would indicate no influent received for the reporting period. No discharge should only be reported once the monitoring period has lapsed and no discharge has occurred during the entire period. If no discharge is reported prior to the end of the monitoring period, an explanation must be provided in the comment section of the DMR. Please note that a signature is still required on the form.
4. In the allocated areas for load and concentration measurement data, type only numeric data with decimal points as appropriate. Do not use any alphabetical characters (i.e. NA) or symbols such as degree symbols, hyphens, commas, parentheses, quotation marks, @ , /, \, \*, etc. Round results containing more than eight characters down to eight, including the decimal point. (Example: 0.000327) Type 9999 for reporting "too numerous to count."
5. A "Less Than" (<) symbol should be used for reporting measurement data below the detection limit when the NPDES limit is above the analytical detection/quantitation level. Mass loadings and concentration values shall be reported as < the Instrument Detection Limit (IDL). "Less Than" data should be considered as the recorded value for calculation purposes, i.e. < 1 mg/l recorded as 1. When a data set includes "Less Than" values, calculation results should be reported with "Less Than" symbols on the DMR form. (Example: <1mg/l for TSS).
6. When the NPDES limit is below the analytical detection/quantitation level, zero (0) should be used for any individual analytical test result which is below the detection level for loading and concentration calculations and reporting. In addition, the comment section of the DMR should identify the detection limit (DL) achieved. (Example: DL for mercury=2 ug/l).
7. For once a month sampling, your single sample result represents the daily minimum, monthly average, weekly average and maximum concentration data values. Therefore, type your single sample result in all required concentration data boxes. (For quantity calculating and reporting, see the enclosed procedures.)
8. Make certain to convert measurement data as necessary in order to report the data in the same units that are specified in the "Units" columns for each parameter on the DMR form. Do not change the units which are specified in the "Units" column on the form unless units have not been preprinted and the allocated areas do not contain asterisks.
9. Under the "No. Ex" column, type the total number of times the value of the quantity and/or concentration permit limits for 7-day average or daily maximum were exceeded for the parameter. If the 7-day average or daily maximum limits were not exceeded, but the monthly average quantity or concentration limits were exceeded, type 1. If the 7-day average or daily maximum limits were not exceeded, but both the quantity and concentration monthly average limits were exceeded, type 2. If no exceedances occurred, type 0.
10. Under the "Frequency of Analysis" column, type the code from Table 1 which best reflects the actual frequency of sampling and analysis which occurred during the monitoring period for each parameter. If there is not a code from Table 1 that specifically reflects the actual frequency of sampling and analysis which occurred, type 495 in the "Frequency of Analysis" column and describe the actual frequency in the comment section.
11. In some cases (i.e. Chlorine Residual), the NPDES permit may require the monitoring/analysis of a specific parameter only during certain conditions. If the conditions did not occur during the reporting period and an analysis was not performed for the parameter, type 500 in the "Frequency of Analysis" column and leave all other data areas for the parameter blank. For any specific parameter, do not use the 500 code when there are sample results to report for that parameter.
12. Under the "Sample Type" column, type the code from Table 2 which best reflects the actual type of sampling used during the monitoring period for each parameter. Use uppercase letters. If there is not a code from Table 2 that specifically reflects the actual type of sampling used during the monitoring period, type OT in the "Sample Type" column and describe the actual sample type in the comment section.
13. Under the "Name/Title of Principal Executive Officer" area, please type the name and title and provide a handwritten signature of principal executive officer or authorized agent, telephone number, and date at the bottom of each form.
14. COMMENTS, if any, may be written in the allocated area at the bottom of the form or on a separate sheet of paper submitted with the DMR. Do not staple attachments to the DMR form. Please be certain that all attachments to the DMR clearly indicate the facility name and NPDES permit number.

TABLE 1

FREQUENCY OF ANALYSIS CODES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
100	INSTANTANEOUS	285	MONTHLY
105	CONTINUOUS	290	TWO TIMES A MONTH
110	WHEN CHLORINATION OCCURS	295	THREE TIMES A MONTH
115	MEASURE WHEN MONITORING	300	FOURS TIMES A MONTH
120	ONCE DURING A RAIN EVENT	305	FIVE TIMES A MONTH
		310	SIX TIMES A MONTH
125	EVERY 1/2 HOUR	315	SEVEN TIMES A MONTH
130	HOURLY	320	EIGHT TIMES A MONTH
		325	NINE TIMES A MONTH
135	DAILY	330	TEN TIMES A MONTH
140	TWO TIMES A DAY	335	TWELVE TIMES A MONTH
145	THREE TIMES A DAY	340	FIFTEEN TIMES A MONTH
150	FOUR TIMES A DAY		
155	FIVE TIMES A DAY	345	BI-MONTHLY
160	SIX TIMES A DAY		
165	EIGHT TIMES A DAY	350	QUARTERLY
170	NINE TIMES A DAY	355	TWO TIMES A QUARTER
175	TWELVE TIMES A DAY		
180	SIXTEEN TIMES A DAY	360	SEMI-ANNUALLY
185	EIGHTEEN TIMES A DAY	365	ANNUALLY
190	ONCE EVERY 2 DAYS	370	WHEN DISCHARGING
195	ONCE EVERY 3 DAYS	375	DAILY WHEN DISCHARGING
200	ONCE EVERY 4 DAYS	380	ONCE A DISCHARGE
205	ONCE EVERY 5 DAYS	385	TWO TIMES A DISCHARGE
210	ONCE EVERY 6 DAYS	390	THREE TIMES A DISCHARGE
215	ONCE EVERY 8 DAYS	395	ONCE A DISCHARGE EACH DAY
220	ONCE EVERY 9 DAYS	400	ONCE A DISCHARGE EACH WEEK
225	ONCE EVERY 10 DAYS	405	ONCE A DISCHARGE EAC MONTH
230	ONCE EVERY 11 DAYS		
235	ONCE EVERY 12 DAYS	410	ONCE A SHIFT
		415	TWO TIMES A SHIFT
240	WEEKLY	420	SIX TIMES A SHIFT
245	TWO TIMES A WEEK		
250	THREE TIMES A WEEK	425	ONCE A BATCH
252	THREE DAYS A WEEK	430	TWO TIMES A BATCH
255	FOUR TIMES A WEEK	435	THREE TIMES A BATCH
260	FIVE TIMES A WEEK	440	FOUR TIMES A BATCH
262	FIVE DAYS A WEEK	445	FIVE TIMES A BATCH
265	SIX TIMES A WEEK	450	EIGHT TIMES A BATCH
270	ONCE EVERY TWO WEEKS	495	OTHER (SPECIFY IN COMMENT)
275	ONCE EVERY THREE WEEKS		
280	ONCE EVERY FOUR WEEKS	500	ANALYSIS NOT REQUIRED THIS MONITORING PERIOD.

TABLE 2

SAMPLE TYPE CODES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
CA	CALCULATED	MP	MATHEMATICAL COMPOSITE
CN	CONTINUOUS	MS	MEASURED
CP	COMPOSITE	OC	OCCURS
CU	CURVE	RC	RECORDER
DA	DAILY AVERAGE	RT	RECORDING AND TOTALIZING
ES	ESTIMATE	SR	SINGLE READING
FI	FLOW INDICATOR	TM	TOTALIZER
GH	FIVE GRABS IN 24 HOURS	EC	8-HOUR COMPOSITE
GR	GRAB	DC	24-HOUR COMPOSITE
IN	INSTANTANEOUS	OT	OTHER (SPECIFY IN COMMENT)