



General Permit #5 "Discharge From Mining and Processing Facilities" Annual Monitoring Report

| NPDES Use Only | |
|----------------|-------|
| Date Received | _____ |
| Date Entered: | _____ |
| Field Office: | _____ |

Site Name: _____ Authorization #: _____
 Permittee: _____ County: _____

Permit Numeric Effluent Limitations:

| Parameter | 30-Day Average | Daily Maximum | Unit of Measure |
|-------------------------------------|----------------|---------------|-----------------------------|
| Total Suspended Solids (TSS) | 30 | 45 | mg/L (concentration) |
| Parameter | minimum | maximum | |
| pH | 6.0 | 9.0 | standard units |

If the sample test result for a specific month is greater than the numeric effluent limitation, you should make operational changes repeat the tests until results show compliance. All analysis data must be reported whether in compliance or noncompliance with permit limits.

| Year _____ | Outfall 001 | | | | Outfall 002 | | | | Outfall 003 | | | |
|---------------|-------------|---------|---------|----|-------------|---------|---------|----|-------------|---------|---------|----|
| | Date | TSS | | pH | Date | TSS | | pH | Date | TSS | | pH |
| | | average | maximum | | | average | maximum | | | average | maximum | |
| January | | | | | | | | | | | | |
| February | | | | | | | | | | | | |
| March | | | | | | | | | | | | |
| April | | | | | | | | | | | | |
| May | | | | | | | | | | | | |
| June | | | | | | | | | | | | |
| July | | | | | | | | | | | | |
| August | | | | | | | | | | | | |
| September | | | | | | | | | | | | |
| October | | | | | | | | | | | | |
| November | | | | | | | | | | | | |
| December | | | | | | | | | | | | |

Submit by January 15 for previous year to: npdes.mail@dnr.iowa.gov

I swear that, to the extent of my knowledge, all data entered on this form is representative and accurate:

Signature: _____ Title: _____ Date: _____

Instructions for Filing the General Permit #5 Annual Discharge Monitoring Report:

Site Name: Facility site name - enter the common use name of the quarry or pit as on the authorization page of General Permit #5 (e.g. Dallas Quarry, Buck Pit).

Authorization Number: Number denoted as "IAG140xxx" on the authorization page of GP #5.

Permittee: Operator as on the authorization page of GP#5. This is not necessarily the land owner.

County: County where the facility is located.

Year: This is the calendar year of permit coverage.

Date: This is the date sample is taken, not the date that you receive the analysis results from the lab.

TSS: Total Suspended Solids samples shall be analyzed by a certified laboratory.

If one value is obtained and it is within the permit limit of 30 mg/L or less, report this value in both the average TSS and maximum TSS columns for the month that the sample was taken in.

If the sample value is between 30 and 45 mg/L, make operational changes to decrease solids discharged. Repeat TSS sampling and analysis. Continue to repeat until the average of all test results for that month is less than 30 mg/L. Report the maximum sample value and the average of all the analysis results for the month.

If the sample analysis value is greater than 45 mg/L, report the noncompliance to the Field Office (General Permit #5 Standard Condition 13), make operational changes and repeat sampling and analysis. Report maximum value and the average of all analysis results for the month. Always make operational changes to decrease solids discharged before re-sampling.

pH: Value shall be obtained from a grab sample and the pH shall be measured on site.

Collect data for each discharge point as necessary.

For discharges that do not include materials wash water, a representative sample shall be collected at least annually.

When a wash plant is operating at the facility and for one calendar month after the wash plant ceases operation, the discharge must be sampled at least monthly.

If you DO NOT DISCHARGE during the calendar year, you MUST STILL SUBMIT an Annual Monitoring Report. You must enter the Site Name, Authorization #, Permittee Name. You must sign and date the report. Put a large X in the outfall 001 box and write NO DISCHARGE across the bottom of the page.

Signatory requirements: Each record of operation shall contain the signature of a duly authorized representative of the corporation, partnership, sole proprietorship, or public agency that is authorized to discharge under the permit.

Please do not submit the report (or a copy of the report) you received from the laboratory. It is not necessary to return these instructions, the reminder letter, or the facility list.

If submitting multiple reports, please place in order by authorization number.

Send the Annual Monitoring Report by January 15 of each year (for the previous year's data) to npdes.mail@dnr.iowa.gov.