

## Annual Monitoring Report

**\*\*Must be submitted to the regional DNR Field Office of the facility of origin.\*\*  
567 Iowa Administrative Code Chapter 63 (455B)**

Facility Name: \_\_\_\_\_

Operation Permit No: \_\_\_\_\_ County: \_\_\_\_\_

### Why is this Required?

This facility was issued a land application permit pursuant to the authority of Iowa Code section 4558.174 and rule 567 - 64.3, Iowa Administrative Code. The permittee is authorized to operate the disposal system in accordance with the terms set forth in the permit and to submit an annual report. The facility shall submit an annual report by January 15<sup>th</sup> of each year to the regional Iowa DNR Field Office.

This form may be used for your written report as long as the following information is provided and attachments provided, if needed:

1. The freeboard measurement representing the **highest water level** for each lagoon/storage structure observed during the month shall be recorded for each month.

Month	Structure 1 (feet)	Structure 2 (feet)	Structure 3 (feet)	Structure 4 (feet)
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

2. If application occurred to a golf course, was the treated wastewater disinfected?  
 Yes  No      If yes, how: \_\_\_\_\_
3. Groundwater monitoring wells for all application fields must be obtained annually. The results of the required monitoring samples must be provided on the enclosed table and all analytical lab results maintained on-site. **\*\*Time of year? \*\***
4. Land Application Records, sheet attached. Must be filled out for each field where application occurred.
5. One sample of the wastewater just prior to application for total nitrogen and/or total phosphorus in units of pounds/1000 gallons. The sample analysis must be provided and include the date, exact place and time of the sampling, dates the analyses were performed, who performed the analyses, the analytical techniques or methods used, and the results of such analyses. **\*\*This requirement only applies to facilities that have a maximum nitrogen loading rate and/or a maximum phosphorus loading rate in their facility plan approval letter or construction permit.\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Groundwater Monitoring Well Sampling Form

	Field Name		Field Name		Field Name		Field Name		Field Name	
	Date _____		Date _____		Date _____		Date _____		Date _____	
	MW1	MW2	MW1	MW2	MW1	MW2	MW1	MW2	MW1	MW2
<input type="checkbox"/> Total organic carbon (TOC)										
<input type="checkbox"/> Total Dissolved Solids (TDS)										
<input type="checkbox"/> Sodium Absorption Ratio										
<input type="checkbox"/> Electrical Conductivity										
<input type="checkbox"/> Total Nitrogen										
<input type="checkbox"/> Ammonia Nitrogen										
<input type="checkbox"/> Organic Nitrogen										
<input type="checkbox"/> Nitrate Nitrogen										
<input type="checkbox"/> Total Phosphorus										
<input type="checkbox"/> Chloride										
<input type="checkbox"/> pH										
<input type="checkbox"/> Alkalinity										
<input type="checkbox"/> Hardness										
<input type="checkbox"/> Aluminum (mg/L)										
<input type="checkbox"/> Arsenic (mg/L)										
<input type="checkbox"/> Beryllium (mg/L)										
<input type="checkbox"/> Boron (mg/L)										
<input type="checkbox"/> Cadmium (mg/L)										
<input type="checkbox"/> Chromium (mg/L)										
<input type="checkbox"/> Cobalt (mg/L)										
<input type="checkbox"/> Copper (mg/L)										
<input type="checkbox"/> Fluoride (mg/L)										
<input type="checkbox"/> Iron (mg/L)										
<input type="checkbox"/> Lead (mg/L)										
<input type="checkbox"/> Lithium (mg/L)										
<input type="checkbox"/> Manganese (mg/L)										
<input type="checkbox"/> Molybdenum (mg/L)										
<input type="checkbox"/> Nickel (mg/L)										
<input type="checkbox"/> Selenium (mg/L)										
<input type="checkbox"/> Zinc (mg/L)										
<input type="checkbox"/> Coliform bacteria (if sanitary wastewater is applied or discharged to the ground surface)										

\*\* Monitoring for these parameters is not required if no monitoring wells were required by the facility plan and/or construction permit.\*\*

## Land Application Records

Field Name: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Township Name: \_\_\_\_\_ County: \_\_\_\_\_

**\*\*Aerial Photos recommended with application records documenting application locations in each**

Date	Time	Acres	Rate (gal/acre)	On the Day of Application			Crop Grown	Crop to Be Grown	Application Type
				Precipitation	Snow Cover	Temp			
	<input type="checkbox"/> am <input type="checkbox"/> pm			<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Duration: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> Surface <input type="checkbox"/> Incorporation <input type="checkbox"/> Injection
	<input type="checkbox"/> am <input type="checkbox"/> pm			<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Duration: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> Surface <input type="checkbox"/> Incorporation <input type="checkbox"/> Injection
	<input type="checkbox"/> am <input type="checkbox"/> pm			<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Duration: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> Surface <input type="checkbox"/> Incorporation <input type="checkbox"/> Injection
	<input type="checkbox"/> am <input type="checkbox"/> pm			<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Duration: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> Surface <input type="checkbox"/> Incorporation <input type="checkbox"/> Injection
	<input type="checkbox"/> am <input type="checkbox"/> pm			<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Duration: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> Surface <input type="checkbox"/> Incorporation <input type="checkbox"/> Injection
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	<input type="checkbox"/> am <input type="checkbox"/> pm			<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Duration: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> corn <input type="checkbox"/> beans <input type="checkbox"/> alfalfa <input type="checkbox"/> other	<input type="checkbox"/> Surface <input type="checkbox"/> Incorporation <input type="checkbox"/> Injection
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Comments: \_\_\_\_\_