

Michigan Department of Environmental Quality Monthly Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING POINT: 049F
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	539	999	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	50000	lbs/day	*****	*****	6	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	(report) Maximum Daily		*****	*****	(report) Maximum Daily		Daily	24-Hr Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	106900	lbs/day	*****	13.5	19.0	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	(report) Maximum Daily		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	0.00	mg/l	0	3X Daily	Grab
	Permit Requirement	*****	*****		*****	*****	0.11 Maximum Daily		Daily	Grab	
Available Cyanide PARAM CODE: 01257 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	21	lbs/day	*****	*****	5.24	ug/l	0	Monthly	Grab
	Permit Requirement	*****	(report) Maximum Daily		*****	*****	(report) Maximum Daily		Monthly	Grab	
Total Mercury PARAM CODE: 71900 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	0.008	*****	lbs/day	*****	2	2	ng/l	0	2X Monthly	Calculation
	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		2X Monthly	Calculation	
Total Polychlorinated Biphenyls (PCBs) PARAM CODE: 39516 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	0.00	*****	lbs/day	*****	0.00	*****	ug/l	0	Weekly	24-Hr Composite
	Permit Requirement	0.0002 Maximum Monthly Average	*****		*****	0.000026 Maximum Monthly Average	*****		Weekly	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

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PERMIT NUMBER: MI0022802
MONITORING GROUP: 049F
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Oil and Grease PARAM CODE: 00556 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	*****		*****	*****	2	mg/l	0	Daily	Grab
	Permit Requirement	*****	*****	*****	*****	*****	15 Maximum 7-Day Average			Daily	Grab
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	*****		*****	26	33	cts/100 ml	0	3X Daily	Grab
	Permit Requirement	*****	*****	*****	*****	200 Max Monthly Geometric Mean	400 Max 7-Day Geometric Mean			Daily	Grab
pH PARAM CODE: 00400 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	*****		6.9	*****	7.2	S.U.	0	3X Daily	Grab
	Permit Requirement	*****	*****	*****	6.5 Minimum Daily	*****	9.0 Maximum Daily			Daily	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 049F Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	*****	mg/l	0	3X Daily	Grab
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****			Daily	Grab
Total Mercury PARAM CODE: 71900 Mon. Site No.: 049F Stage Code: X	Sample Measurement	0.016	*****		*****	3	*****	ng/l	0	2X Monthly	Calculation
	Permit Requirement	0.078 12-Month Rolling Average	*****	lbs/day	*****	10 12-Month Rolling Average	*****			2X Monthly	Calculation
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
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LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 109A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Oil and Grease PARAM CODE: 00556 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Daily Average		Daily when Discharging	Grab	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
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PERMIT NUMBER: MI0022802
MONITORING GROUP: 109A
Monitoring Period : 2014-12-01To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily				
pH PARAM CODE: 00400 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	S.U.	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	(report) Maximum Daily				
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****				
Flow PARAM CODE: 50050 Mon. Site No.: 109A Stage Code: G	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****				
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COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly	(report) Maximum Daily		See Permit Requirements	Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		See Permit Requirements	Grab	
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PERMIT NUMBER: MI0022802
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Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH PARAM CODE: 00400 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	(report) Maximum Daily	S.U.		Daily when Discharging	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****	mg/l		Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 108A Stage Code: G	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	MGD	*****	*****	*****	*****		Daily	Report Total Daily Flow

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 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 107A
Monitoring Period : 2014-12-01To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	0.8	14.3		*****	*****	*****		0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	MGD	*****	*****	*****	*****		Daily	Report Total Daily Flow
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****		*****	*G	*G		0	Quarterly	Grab
	Permit Requirement	*****	*****	*****	*****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Quarterly	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****		*****	*G	*G		0	Quarterly	Grab
	Permit Requirement	*****	*****	*****	*****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Quarterly	Grab
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****		*****	*G	*G		0	Quarterly	Grab
	Permit Requirement	*****	*****	*****	*****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Quarterly	Grab
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****		*****	*G	*G		0	Quarterly	Grab
	Permit Requirement	*****	*****	*****	*****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Quarterly	Grab
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****		*****	1.61	1.77		0	See Permit Requirements	Grab
	Permit Requirement	*****	*****	*****	*****	(report) Daily Average	(report) Maximum Daily	mg/l		See Permit Requirements	Grab
Oil and Grease PARAM CODE: 00556 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****		*****	12	12		0	Daily when Discharging	Grab
	Permit Requirement	*****	*****	*****	*****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Daily when Discharging	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
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PERMIT NUMBER: MI0022802
MONITORING GROUP: 107A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01To: 2014-12-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	20	cts/100 ml	0	See Permit Requirements	Grab
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		See Permit Requirements	Grab	
pH PARAM CODE: 00400 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****	*****	6.9	*****	7.4	S.U.	0	Daily when Discharging	Grab
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	(report) Maximum Daily		Daily when Discharging	Grab	
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****	*****	7.5	*****	*****	mg/l	0	Daily	Grab
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****		Daily	Grab	
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	5.6	167	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	64	64	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	20	20	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	2.2	2.2	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	1.16	1.16	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	1.88	2.00	mg/l	0	See Permit Requirements	Grab
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	20	cts/100 ml	0	See Permit Requirements	Grab
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		See Permit Requirements	Grab	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
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COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH PARAM CODE: 00400 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****		6.7	*****	6.7	S.U.	0	Daily when Discharging	Grab
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	(report) Maximum Daily			Daily when Discharging	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 104A Stage Code: 1	Sample Measurement	*****	*****		8.5	*****	*****	mg/l	0	Daily when Discharging	Grab
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 104A Stage Code: G	Sample Measurement	7.6	229		*****	*****	*****	MGD	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	*****	*****	*****	*****		*****	Daily	Report Total Daily Flow

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan		Majid Khan	313-297-4301	2015-01-15

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 106A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		See Permit Requirements	Grab	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 106A
Monitoring Period : 2014-12-01To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH PARAM CODE: 00400 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	S.U.	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	(report) Maximum Daily			Daily when Discharging	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 106A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 105A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Quarterly	Grab	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		Daily	Grab	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 105A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH PARAM CODE: 00400 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	S.U.	0	*****	*****
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	(report) Maximum Daily			Daily when Discharging	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 105A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 103A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		See Permit Requirements	Grab	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 103A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH PARAM CODE: 00400 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	(report) Maximum Daily	S.U.		Daily when Discharging	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 103A Stage Code: 1	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****	mg/l		Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 103A Stage Code: G	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	MGD	*****	*****	*****	*****		Daily	Report Total Daily Flow

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan		Majid Khan	313-297-4301	2015-01-15

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 102A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		See Permit Requirements	Grab	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 102A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH PARAM CODE: 00400 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	S.U.	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	(report) Maximum Daily		Daily when Discharging	Grab	
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 102A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****		Daily	Grab	
Flow PARAM CODE: 50050 Mon. Site No.: 102A Stage Code: G	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan		Majid Khan	313-297-4301	2015-01-15

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Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 101A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	0.5	7.4	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	53	53	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	27	27	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	1.8	1.8	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	0.82	0.82	mg/l	0	See Permit Requirements	Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		See Permit Requirements	Composite	
Total Residual Chlorine PARAM CODE: 50060 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	1.98	1.98	mg/l	0	See Permit Requirements	Grab
	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily		See Permit Requirements	Grab	
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	20	cts/100 ml	0	See Permit Requirements	Grab
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily		See Permit Requirements	Grab	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

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Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 101A
Monitoring Period : 2014-12-01To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH PARAM CODE: 00400 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****		7.2	*****	7.2	S.U.	0	Daily when Discharging	Grab
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	(report) Maximum Daily			Daily when Discharging	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 101A Stage Code: 1	Sample Measurement	*****	*****		8.7	*****	*****	mg/l	0	Daily when Discharging	Grab
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 101A Stage Code: G	Sample Measurement	1.9	30.3		*****	*****	*****	MGD	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	*****	*****	*****	*****		*****	Daily	Report Total Daily Flow

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan		Majid Khan	313-297-4301	2015-01-15

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 084A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 50050 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	MGD	****	****	****	****		Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 00530 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	****	****	****	****	70 Maximum Monthly Average	(report) Maximum Daily	mg/l		Daily	24-Hr Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 80082 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	****	****	****	****	40 Maximum Monthly Average	(report) Maximum Daily	mg/l		Daily	24-Hr Composite
Ammonia Nitrogen (as N)	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 00610 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	****	****	****	****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Daily	24-Hr Composite
Total Phosphorus (as P)	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 00665 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	****	****	****	****	1.5 Maximum Monthly Average	(report) Maximum Daily	mg/l		Daily	24-Hr Composite
Total Residual Chlorine	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 50060 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	****	****	****	****	****	0.038 Maximum Daily	mg/l		Daily	Grab
Available Cyanide	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 01257 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	****	****	****	****	****	44 Maximum Daily	ug/l		Daily	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 084A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Total Copper PARAM CODE: 01042 Mon. Site No.: 084A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	ug/l	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	(report) Maximum Daily			Monthly	24-Hr Composite
Total Mercury PARAM CODE: 71900 Mon. Site No.: 084A Stage Code: 1	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ng/l	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			2X Monthly	Calculation
Total Polychlorinated Biphenyls (PCBs) PARAM CODE: 39516 Mon. Site No.: 084A Stage Code: 1	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ug/l	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	*****			Weekly	24-Hr Composite
Oil and Grease PARAM CODE: 00556 Mon. Site No.: 084A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	15 Maximum 7-Day Average			Daily	Grab
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 084A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	200 Max Monthly Geometric Mean	400 Max 7-Day Geometric Mean			Daily	Grab
pH PARAM CODE: 00400 Mon. Site No.: 084A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	S.U.	0	*****	*****
	Permit Requirement	*****	*****		6.5 Minimum Daily	*****	9.0 Maximum Daily			Daily	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 084A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No		Date (MM/DD/YY)	
Majid Khan						Majid Khan		313-297-4301		2015-01-15	

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 084A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Total Mercury	Sample Measurement	****	****		****	****	****		0	****	****
PARAM CODE: 71900 Mon. Site No.: 084A Stage Code: X	Permit Requirement	.25 12-Month Rolling Average	****	lbs/day	****	36 12-Month Rolling Average	****	ng/l		2X Monthly	Calculation
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	0	0	MGD	****	****	****	****	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		****	****	****		****	Daily	Report Total Daily Flow
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	****	*F	lbs/day	****	****	*F	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	****	(report) Maximum Daily		****	****	(report) Maximum Daily		(report) Maximum Daily	Daily	24-Hr Composite
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	****	*F	lbs/day	****	*F	*F	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	****	(report) Maximum Daily		****	(report) Maximum Monthly Average	(report) Maximum Daily		(report) Maximum Daily	Daily	24-Hr Composite
Available Cyanide PARAM CODE: 01257 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	****	****	****	****	****	*F	ug/l	0	Daily	Grab
	Permit Requirement	****	****		****	****	89 Maximum Daily		89 Maximum Daily	Daily	Grab
Total Mercury PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	*F	****	lbs/day	****	*F	*F	ng/l	0	2X Monthly	Calculation
	Permit Requirement	(report) Maximum Monthly Average	****		****	(report) Maximum Monthly Average	(report) Maximum Daily		(report) Maximum Daily	2X Monthly	Calculation
Total Polychlorinated Biphenyls (PCBs) PARAM CODE: 39516 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	*F	****	lbs/day	****	*F	****	ug/l	0	Weekly	24-Hr Composite
	Permit Requirement	0.0002 Maximum Monthly Average	****		****	0.000026 Maximum Monthly Average	****		****	Weekly	24-Hr Composite
Oil and Grease PARAM CODE: 00556 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	****	****	****	****	****	*F	mg/l	0	Daily	Grab
	Permit Requirement	****	****		****	****	15 Maximum 7-Day Average		15 Maximum 7-Day Average	Daily	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	*****	*****		*****	*F	*F	cts/100 ml	0	Daily	Grab
	Permit Requirement	*****	*****	*****	*****	(report) Max Monthly Geometric Mean	(report) Max 7-Day Geometric Mean			Daily	Grab
pH PARAM CODE: 00400 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	*****	*****		*F	*****	*F	S.U.	0	Daily	Grab
	Permit Requirement	*****	*****	*****	6.5 Minimum Daily	*****	9.0 Maximum Daily			Daily	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	*****	*****		*F	*****	*****	mg/l	0	Daily	Grab
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****			Daily	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 050A Stage Code: U	Sample Measurement	2	50		*****	*****	*****	MGD	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	*****	*****	*****	*****		*****	Daily	Report Total Daily Flow
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****		*****	38	60	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****	*****	*****	94 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****		*****	18	26	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****	*****	*****	40 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****		*****	6.70	7.40	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****	*****	*****	(report) Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****	*****	*****	0.69	0.90	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	1.5 Maximum Monthly Average	(report) Maximum Daily				Daily
Available Cyanide PARAM CODE: 01257 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****	*****	*****	*****	81.8	ug/l	0	Daily	Grab
	Permit Requirement	*****	*****		*****	*****	89 Maximum Daily				Daily
Total Copper PARAM CODE: 01042 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****	*****	*****	*****	15	ug/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	*****	(report) Maximum Daily				Daily
Total Mercury PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: U	Sample Measurement	0.007	*****	lbs/day	*****	17	17	ng/l	0	2X Monthly	Grab
	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily				2X Monthly
Total Polychlorinated Biphenyls (PCBs) PARAM CODE: 39516 Mon. Site No.: 050A Stage Code: U	Sample Measurement	0.00	*****	lbs/day	*****	0.00	*****	ug/l	0	Weekly	24-Hr Composite
	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	*****				Weekly
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****	*****	*****	240000	240000	cts/100 ml	0	3X Daily	Grab
	Permit Requirement	*****	*****		*****	(report) Max Monthly Geometric Mean	(report) Max 7-Day Geometric Mean				Daily
pH PARAM CODE: 00400 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****	*****	7.0	*****	7.0	S.U.	0	3X Daily	Grab
	Permit Requirement	*****	*****		6.5 Minimum Daily	*****	9.0 Maximum Daily				Daily
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 050A Stage Code: U	Sample Measurement	****	****		6.8	****	****		0	3X Daily	Grab
	Permit Requirement	****	****	****	(report) Minimum Daily	****	****	mg/l		Daily	Grab
Total Mercury PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: V	Sample Measurement	0.016	****		****	18	****		0	2X Monthly	Calculation
	Permit Requirement	0.25 12-Month Rolling Average	****	lbs/day	****	36 12-Month Rolling Average	****	ng/l		2X Monthly	Calculation
Total Mercury PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: X	Sample Measurement	*F	****		****	*F	****		0	2X Monthly	Calculation
	Permit Requirement	0.078 12-Month Rolling Average	****	lbs/day	****	10 12-Month Rolling Average	****	ng/l		2X Monthly	Calculation
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 049B

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2014-12-01 To: 2014-12-31

NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	614	948	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	41000	58900	lbs/day	*****	8	9	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	233000 Maximum Monthly Average	349000 Maximum 7-Day Average		*****	30 Maximum Monthly Average	45 Maximum 7-Day Average		Daily	24-Hr Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	24400	31100	lbs/day	*****	5	5	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	194000 Maximum Monthly Average	310000 Maximum 7-Day Average		*****	25 Maximum Monthly Average	40 Maximum 7-Day Average		Daily	24-Hr Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	*****	*****	*****	*****	13.6	18.7	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	1520	*****	lbs/day	*****	0.30	0.46	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	7800 Maximum Monthly Average	*****		*****	1.0 Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
pH PARAM CODE: 00400 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	*****	*****	*****	7.0	*****	7.1	S.U.	0	See Permit Requirements	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily		Daily	Grab	
CBOD5 Minimum % Removal PARAM CODE: 80091 Mon. Site No.: 049B Stage Code: K	Sample Measurement	*****	*****	*****	95.0	*****	*****	%	0	Monthly	Calculation
	Permit Requirement	*****	*****		85 Minimum Monthly % Removal	*****	*****		Monthly	Calculation	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 049B
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Total Suspended Solids Minimum % Removal PARAM CODE: 81011 Mon. Site No.: 049B Stage Code: K	Sample Measurement	*****	*****		92.9	*****	*****		0	Monthly	Calculation
	Permit Requirement	*****	*****	*****	85 Minimum Monthly % Removal	*****	*****	%		Monthly	Calculation
Flow PARAM CODE: 50050 Mon. Site No.: 049B Stage Code: U	Sample Measurement	35	45		*****	*****	*****		0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	MGD	*****	*****	*****	*****		Daily	Report Total Daily Flow
Flow PARAM CODE: 50050 Mon. Site No.: 049B Stage Code: V	Sample Measurement	45.8	49.4		*****	*****	*****		0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily	MGD	*****	*****	*****	*****		Daily	Report Total Daily Flow
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 049B Stage Code: W	Sample Measurement	*****	*****		*****	*****	6		0	Daily	24-Hr Composite
	Permit Requirement	*****	*****	*****	*****	*****	(report) Maximum Daily	mg/l		Daily	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
MAILING ADDRESS: 9300 West Jefferson Avenue
 Detroit, MI 48209
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 049A
Monitoring Period : 2014-12-01 To: 2014-12-31

DISTRICT: Southeast Michigan
COUNTY: Wayne
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Flow PARAM CODE: 50050 Mon. Site No.: 049A Stage Code: 11	Sample Measurement	5	98	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		Daily	Report Total Daily Flow	
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 049A Stage Code: 11	Sample Measurement	*****	*****	*****	*****	35	49	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	94 Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 049A Stage Code: 11	Sample Measurement	*****	*****	*****	*****	19	29	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	40 Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 049A Stage Code: 11	Sample Measurement	*****	*****	*****	*****	5.8	6.7	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 049A Stage Code: 11	Sample Measurement	*****	*****	*****	*****	0.82	1.08	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	1.5 Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date (MM/DD/YY)		
Majid Khan						Majid Khan		313-297-4301	2015-01-15		

When completed mail this report to: PCS-Data Entry, MDEQ-WD, P.O. Box 30273, Lansing, MI, 48909-7773

Non-Numeric Code Legend (for monthly data entry purpose)	
*A	Sampling Equipment Failure
*B	Insufficient Flow for Sampling
*C	Laboratory Problem/Error
*D	Laboratory Results Not Received in Time for Report
*E	This Effluent Limit Not Applicable this Reporting Period
*F	No Operations this Reporting Period
*G	Monitoring is a Permit Condition/Not Required this Reporting Period
*Y	Fecal Coliform (too numerous to count)
*T	Alternative to TTO Monitoring

Stage Code Legend	
1	Final Effluent
11	Primary Treatment Only
22	Secondary Treatment Only
G	Influent
K	Percent Removal
U	Comment 1
V	Comment 2
W	Comment 3