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

PERMITTEE NAME: Detroit WWTP
PERMIT NUMBER: *MI0022802*
DISTRICT: Southeast Michigan
MAILING ADDRESS: 9300 West Jefferson Avenue, Detroit, MI 48209
MONITORING POINT: 049F
COUNTY: Wayne
FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue, Detroit, MI 48209
Monitoring Period : **2015-02-01** **To:** **2015-02-28**
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	Sample Measurement	459	513	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
PARAM CODE: 50050 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	34800	lbs/day	*****	*****	9	mg/l	0	Daily	24-Hr Composite
PARAM CODE: 80082 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	(report) Maximum Daily		*****	*****	(report) Maximum Daily			Daily	24-Hr Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	64300	lbs/day	*****	14.6	16.2	mg/l	0	Daily	24-Hr Composite
PARAM CODE: 00610 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	(report) Maximum Daily		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	0	mg/l	0	3X Daily	Grab
PARAM CODE: 50060 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	*****		*****	*****	0.11 Maximum Daily			Daily	Grab
Available Cyanide	Sample Measurement	*****	75	lbs/day	*****	*****	18.80	ug/l	0	2X Monthly	Grab
PARAM CODE: 01257 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	(report) Maximum Daily		*****	*****	(report) Maximum Daily			Monthly	Grab
Total Mercury	Sample Measurement	0.012	*****	lbs/day	*****	3	4	ng/l	0	2X Monthly	Calculation
PARAM CODE: 71900 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			2X Monthly	Calculation
Total Polychlorinated Biphenyls (PCBs)	Sample Measurement	0.00	*****	lbs/day	*****	0.00	*****	ug/l	0	Weekly	24-Hr Composite
PARAM CODE: 39516 Mon. Site No.: 049F Stage Code: 1	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		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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
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FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
Detroit, MI 48209

PERMIT NUMBER: *MI0022802*
MONITORING GROUP: 049F
Monitoring Period : 2015-02-01To: 2015-02-28

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	Sample Measurement	*****	*****	*****	*****	*****	2	mg/l	0	Daily	Grab
PARAM CODE: 00556 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	*****		*****	*****	15 Maximum 7-Day Average			Daily	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	22	26	cts/100 ml	0	3X Daily	Grab
PARAM CODE: 74055 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	*****		*****	200 Max Monthly Geometric Mean	400 Max 7-Day Geometric Mean			Daily	Grab
pH	Sample Measurement	*****	*****	*****	6.9	*****	7.1	S.U.	0	3X Daily	Grab
PARAM CODE: 00400 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	*****		6.5 Minimum Daily	*****	9.0 Maximum Daily			Daily	Grab
Dissolved Oxygen	Sample Measurement	*****	*****	*****	6.6	*****	*****	mg/l	0	Daily	Grab
PARAM CODE: 00300 Mon. Site No.: 049F Stage Code: 1	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily	Grab
Total Mercury	Sample Measurement	0.014	*****	lbs/day	*****	3	*****	ng/l	0	2X Monthly	Calculation
PARAM CODE: 71900 Mon. Site No.: 049F Stage Code: X	Permit Requirement	0.078 12-Month Rolling Average	*****		*****	10 12-Month Rolling Average	*****			2X Monthly	Calculation

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Majid Khan		Majid Khan	313-297-4301	2015-03-16

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

PERMIT NUMBER: *MI0022802*
MONITORING GROUP: 109A
Monitoring Period : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 109A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 109A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 109A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 109A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 109A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 109A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Oil and Grease	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00556 Mon. Site No.: 109A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Daily Average			Daily when Discharging	Grab

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
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LOCATION: 9300 West Jefferson Avenue
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PERMIT NUMBER: *MI0022802*
MONITORING GROUP: 109A
Monitoring Period : 2015-02-01 To: 2015-02-28

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			See Permit Requirements	Grab
pH PARAM CODE: 00400 Mon. Site No.: 109A 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.: 109A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 109A Stage Code: G	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow

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Monitoring Period : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 108A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 108A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 108A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly	(report) Maximum Daily			See Permit Requirements	Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 108A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 108A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 108A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 108A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily			See Permit Requirements	Grab

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PERMIT NUMBER: *MI0022802*
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Monitoring Period : 2015-02-01To: 2015-02-28

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	*****	*****	*****	*****	*****	*****	S.U.	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	(report) Maximum Daily			Daily when Discharging	Grab
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 108A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 108A Stage Code: G	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow

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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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 107A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 107A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 107A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 107A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 107A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 107A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Oil and Grease	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00556 Mon. Site No.: 107A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Daily when Discharging	Grab

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Monitoring Period : 2015-02-01To: 2015-02-28

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.: 107A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily			See Permit Requirements	Grab
pH PARAM CODE: 00400 Mon. Site No.: 107A 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.: 107A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily	Grab

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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	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 104A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 104A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 104A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 104A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 104A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 104A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 104A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily			See Permit Requirements	Grab

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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.: 104A 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.: 104A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 104A 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	2015-03-16

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 : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 106A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 106A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 106A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 106A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 106A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 106A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 106A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily			See Permit Requirements	Grab

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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 : 2015-02-01To: 2015-02-28

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		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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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: 105A
Monitoring Period : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Quarterly	Grab
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	1000 Maximum Daily			Daily	Grab

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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 : 2015-02-01To: 2015-02-28

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		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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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: 103A
Monitoring Period : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 103A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 103A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 103A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 103A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 103A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 103A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 103A Stage Code: 1	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	2015-03-16

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
Monitoring Period : 2015-02-01To: 2015-02-28

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.: 103A 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.: 103A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 103A 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	2015-03-16

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 : 2015-02-01 To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 102A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 102A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 102A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 102A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 102A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 102A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 102A Stage Code: 1	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	2015-03-16

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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: 102A
Monitoring Period : 2015-02-01To: 2015-02-28

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		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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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 : 2015-02-01 To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 101A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 101A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 101A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 101A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 101A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			See Permit Requirements	Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 101A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Daily Average	(report) Maximum Daily			See Permit Requirements	Grab
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 101A Stage Code: 1	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	2015-03-16

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: 101A
Monitoring Period : 2015-02-01To: 2015-02-28

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.: 101A 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.: 101A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily when Discharging	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 101A 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	2015-03-16

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 : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	*****	*****		*****	70 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	*****	*****		*****	40 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	*****	*****		*****	1.5 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Total Residual Chlorine	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 50060 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	0.038 Maximum Daily			Daily	Grab
Available Cyanide	Sample Measurement	*****	*****	*****	*****	*****	*****	ug/l	0	*****	*****
PARAM CODE: 01257 Mon. Site No.: 084A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	44 Maximum Daily			Daily	Grab

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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 : 2015-02-01To: 2015-02-28

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	2015-03-16

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 : 2015-02-01To: 2015-02-28

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		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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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: 050A
Monitoring Period : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	*****	(report) Maximum Daily		*****	*****	(report) Maximum Daily			Daily	24-Hr Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	*****	(report) Maximum Daily		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Available Cyanide	Sample Measurement	*****	*****	*****	*****	*****	*****	ug/l	0	*****	*****
PARAM CODE: 01257 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	89 Maximum Daily			Daily	Grab
Total Mercury	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ng/l	0	*****	*****
PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			2X Monthly	Calculation
Total Polychlorinated Biphenyls (PCBs)	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ug/l	0	*****	*****
PARAM CODE: 39516 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	0.0002 Maximum Monthly Average	*****		*****	0.000026 Maximum Monthly Average	*****			Weekly	24-Hr Composite
Oil and Grease	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00556 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	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	2015-03-16

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 : 2015-02-01To: 2015-02-28

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	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	*****	*****	*****	*****	(report) Max Monthly Geometric Mean	(report) Max 7-Day Geometric Mean	cts/100 ml		Daily	Grab
pH	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
PARAM CODE: 00400 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	*****	*****	*****	6.5 Minimum Daily	*****	9.0 Maximum Daily	S.U.		Daily	Grab
Dissolved Oxygen	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
PARAM CODE: 00300 Mon. Site No.: 050A Stage Code: 1	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****	mg/l		Daily	Grab
Flow	Sample Measurement	*****	*****		*****	*****	*****		0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 050A Stage Code: U	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.: 050A Stage Code: U	Permit Requirement	*****	*****	*****	*****	94 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.: 050A Stage Code: U	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.: 050A Stage Code: U	Permit Requirement	*****	*****	*****	*****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Daily	24-Hr Composite

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
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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 : 2015-02-01To: 2015-02-28

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 Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 050A Stage Code: U	Permit Requirement	*****	*****		*****	1.5 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Available Cyanide	Sample Measurement	*****	*****	*****	*****	*****	*****	ug/l	0	*****	*****
PARAM CODE: 01257 Mon. Site No.: 050A Stage Code: U	Permit Requirement	*****	*****		*****	*****	89 Maximum Daily			Daily	Grab
Total Copper	Sample Measurement	*****	*****	*****	*****	*****	*****	ug/l	0	*****	*****
PARAM CODE: 01042 Mon. Site No.: 050A Stage Code: U	Permit Requirement	*****	*****		*****	*****	(report) Maximum Daily			Daily	24-Hr Composite
Total Mercury	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ng/l	0	*****	*****
PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: U	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			2X Monthly	Grab
Total Polychlorinated Biphenyls (PCBs)	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ug/l	0	*****	*****
PARAM CODE: 39516 Mon. Site No.: 050A Stage Code: U	Permit Requirement	(report) Maximum Monthly Average	*****		*****	(report) Maximum Monthly Average	*****			Weekly	24-Hr Composite
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 050A Stage Code: U	Permit Requirement	*****	*****		*****	(report) Max Monthly Geometric Mean	(report) Max 7-Day Geometric Mean			Daily	Grab
pH	Sample Measurement	*****	*****	*****	*****	*****	*****	S.U.	0	*****	*****
PARAM CODE: 00400 Mon. Site No.: 050A Stage Code: U	Permit Requirement	*****	*****		6.5 Minimum Daily	*****	9.0 Maximum Daily			Daily	Grab

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
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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 : 2015-02-01To: 2015-02-28

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				
Dissolved Oxygen	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00300 Mon. Site No.: 050A Stage Code: U	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****			Daily	Grab
Total Mercury	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ng/l	0	*****	*****
PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: V	Permit Requirement	0.25 12-Month Rolling Average	*****		*****	36 12-Month Rolling Average	*****			2X Monthly	Calculation
Total Mercury	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ng/l	0	*****	*****
PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: X	Permit Requirement	0.078 12-Month Rolling Average	*****		*****	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)
Majid Khan		Majid Khan	313-297-4301	2015-03-16

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 : 2015-02-01 To: 2015-02-28

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	Sample Measurement	539	597	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
PARAM CODE: 50050 Mon. Site No.: 049B Stage Code: 22	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	46400	54400	lbs/day	*****	10	12	mg/l	0	Daily	24-Hr Composite
PARAM CODE: 00530 Mon. Site No.: 049B Stage Code: 22	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)	Sample Measurement	27300	31400	lbs/day	*****	6	7	mg/l	0	Daily	24-Hr Composite
PARAM CODE: 80082 Mon. Site No.: 049B Stage Code: 22	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)	Sample Measurement	*****	*****	*****	*****	15.2	17.0	mg/l	0	Daily	24-Hr Composite
PARAM CODE: 00610 Mon. Site No.: 049B Stage Code: 22	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Total Phosphorus (as P)	Sample Measurement	2240	*****	lbs/day	*****	0.50	0.79	mg/l	0	Daily	24-Hr Composite
PARAM CODE: 00665 Mon. Site No.: 049B Stage Code: 22	Permit Requirement	5400 Maximum Monthly Average	*****		*****	0.7 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
pH	Sample Measurement	*****	*****	*****	*G	*****	*G	S.U.	0	Daily	Grab
PARAM CODE: 00400 Mon. Site No.: 049B Stage Code: 22	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily			Daily	Grab
CBOD5 Minimum % Removal	Sample Measurement	*****	*****	*****	94.5	*****	*****	%	0	Monthly	Calculation
PARAM CODE: 80091 Mon. Site No.: 049B Stage Code: K	Permit Requirement	*****	*****		85 Minimum Monthly % Removal	*****	*****			Monthly	Calculation

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
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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: 049B
Monitoring Period : 2015-02-01 To: 2015-02-28

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	Sample Measurement	*****	*****	*****	91.8	*****	*****	%	0	Monthly	Calculation
PARAM CODE: 81011 Mon. Site No.: 049B Stage Code: K	Permit Requirement	*****	*****		85 Minimum Monthly % Removal	*****	*****			Monthly	Calculation
Flow	Sample Measurement	37	50	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
PARAM CODE: 50050 Mon. Site No.: 049B Stage Code: U	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Flow	Sample Measurement	44.1	48.4	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
PARAM CODE: 50050 Mon. Site No.: 049B Stage Code: V	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	10	mg/l	0	Daily	24-Hr Composite
PARAM CODE: 80082 Mon. Site No.: 049B Stage Code: W	Permit Requirement	*****	*****		*****	*****	(report) Maximum Daily			Daily	24-Hr Composite

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
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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: 049A
Monitoring Period : 2015-02-01To: 2015-02-28

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	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 049A Stage Code: 11	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00530 Mon. Site No.: 049A Stage Code: 11	Permit Requirement	*****	*****		*****	94 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 80082 Mon. Site No.: 049A Stage Code: 11	Permit Requirement	*****	*****		*****	40 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Ammonia Nitrogen (as N)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00610 Mon. Site No.: 049A Stage Code: 11	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite
Total Phosphorus (as P)	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
PARAM CODE: 00665 Mon. Site No.: 049A Stage Code: 11	Permit Requirement	*****	*****		*****	1.5 Maximum Monthly Average	(report) Maximum Daily			Daily	24-Hr Composite

Name/Title of Principal Executive Officer Or Authorized Agent		Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date (MM/DD/YY)
Majid Khan	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.	Majid Khan	313-297-4301	2015-03-16

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