

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 : 2015-03-01 To: 2015-03-31

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	675	1001	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	*****	243800	lbs/day	*****	*****	31	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	*****	70700	lbs/day	*****	10.8	14	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	*****	122	lbs/day	*****	*****	21.8	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	0.013	*****	lbs/day	*****	3	3	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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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 : 2015-03-01To: 2015-03-31

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	*****	*****		*****	39	80	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	*****	*****		6.8	*****	7.3	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	*****	*****		7.8	*****	*****	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	0.012	*****		*****	2	*****	ng/l	0	2X Monthly	Calculation
	Permit Requirement	0.078 12-Month Rolling Average	*****	lbs/day	*****	10 12-Month Rolling Average	*****			2X Monthly	Calculation
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LOCATION: 9300 West Jefferson Avenue
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PERMIT NUMBER: MI0022802
MONITORING GROUP: 109A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2015-03-01 To: 2015-03-31

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)		
Majid Khan/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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Monitoring Period : 2015-03-01 To: 2015-03-31

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				See Permit Requirements
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
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
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
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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.: 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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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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Monitoring Period : 2015-03-01 To: 2015-03-31

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	0.5	11.1		****	****	****		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	****	****		****	30	30		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	****	****		****	23	23		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	****	****		****	4.4	4.4		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	****	****		****	0.65	0.65		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	****	****		****	1.39	1.53		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	****	****		****	9	10		0	Daily when Discharging	Grab
	Permit Requirement	****	****	****	****	(report) Maximum Monthly Average	(report) Maximum Daily	mg/l		Daily when Discharging	Grab
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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				
Fecal Coliform PARAM CODE: 74055 Mon. Site No.: 107A Stage Code: 1	Sample Measurement	*****	*****	*****	*****	*****	23	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	*****	*****	*****	7.1	*****	7.3	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	*****	*****	*****	6.2	*****	*****	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	10.7	172.3	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	*****	*****	*****	*****	55	55	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	*****	*****	*****	*****	33	33	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	*****	*****	*****	*****	4.1	4.1	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	*****	*****	*****	*****	1.05	1.05	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	*****	*****	*****	*****	2.00	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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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	*****	7.1	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	*****	*****	*****	9.2	*****	*****	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	19.0	234.0	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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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 : 2015-03-01 To: 2015-03-31

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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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 : 2015-03-01 To: 2015-03-31

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.: 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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2015-03-01 To: 2015-03-31

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	Sample Measurement	*****	*****	MGD	*****	*****	*****	*****	0	*****	*****
PARAM CODE: 50050 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****		*****		Daily
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
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
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
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
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
Fecal Coliform	Sample Measurement	*****	*****	*****	*****	*****	*****	cts/100 ml	0	*****	*****
PARAM CODE: 74055 Mon. Site No.: 105A Stage Code: 1	Permit Requirement	*****	*****		*****	*****	1000 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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2015-03-01 To: 2015-03-31

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.: 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/ Plant Manager					Majid Khan		313-297-4301	2015-04-17			

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 : 2015-03-01 To: 2015-03-31

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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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 : 2015-03-01To: 2015-03-31

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.: 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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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 : 2015-03-01 To: 2015-03-31

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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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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

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2015-03-01 To: 2015-03-31

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.: 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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

PERMITTEE NAME: Detroit WWTP
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PERMIT NUMBER: MI0022802
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DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2015-03-01 To: 2015-03-31

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.: 101A 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.: 101A 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.: 101A 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.: 101A 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.: 101A 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.: 101A 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.: 101A 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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

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: 101A
Monitoring Period : 2015-03-01 To: 2015-03-31

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.: 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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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 : 2015-03-01 To: 2015-03-31

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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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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LOCATION: 9300 West Jefferson Avenue
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PERMIT NUMBER: MI0022802
MONITORING GROUP: 084A

DISTRICT: Southeast Michigan
COUNTY: Wayne

Monitoring Period : 2015-03-01 To: 2015-03-31

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				
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/ Plant Manager		Majid Khan	313-297-4301	2015-04-17

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Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

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LOCATION: 9300 West Jefferson Avenue
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PERMIT NUMBER: MI0022802
MONITORING GROUP: 084A
Monitoring Period : 2015-03-01 To: 2015-03-31

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 PARAM CODE: 71900 Mon. Site No.: 084A Stage Code: X	Sample Measurement	****	****		****	****	****		0	****	****
	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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A
Monitoring Period : 2015-03-01 To: 2015-03-31

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.: 050A Stage Code: 1	Sample Measurement	****	****	MGD	****	****	****	****	0	****	****
	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	****	****	lbs/day	****	****	****	mg/l	0	****	****
	Permit Requirement	****	(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	****	****	lbs/day	****	****	****	mg/l	0	****	****
	Permit Requirement	****	(report) Maximum Daily		****	(report) Maximum Monthly Average	(report) Maximum Daily		Daily	24-Hr Composite	
Available Cyanide PARAM CODE: 01257 Mon. Site No.: 050A Stage Code: 1	Sample Measurement	****	****	****	****	****	****	ug/l	0	****	****
	Permit Requirement	****	****		****	****	89 Maximum Daily		Daily	Grab	
Total Mercury PARAM CODE: 71900 Mon. Site No.: 050A 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.: 050A Stage Code: 1	Sample Measurement	****	****	lbs/day	****	****	****	ug/l	0	****	****
	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	****	****	****	****	****	****	mg/l	0	****	****
	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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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LOCATION: 9300 West Jefferson Avenue
 Detroit, MI 48209

PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A
Monitoring Period : 2015-03-01To: 2015-03-31

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.: 050A Stage Code: 1	Sample Measurement	*****	*****		*****	*****	*****	cts/100 ml	0	*****	*****
	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	*****	*****		*****	*****	*****	S.U.	0	*****	*****
	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	*****	*****		*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****	*****	(report) Minimum Daily	*****	*****			Daily	Grab
Flow PARAM CODE: 50050 Mon. Site No.: 050A Stage Code: U	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.: 050A Stage Code: U	Sample Measurement	*****	*****		*****	*****	*****	mg/l	0	*****	*****
	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	*****	*****		*****	*****	*****	mg/l	0	*****	*****
	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	*****	*****		*****	*****	*****	mg/l	0	*****	*****
	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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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FACILITY: Detroit WWTP
LOCATION: 9300 West Jefferson Avenue
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PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A
Monitoring Period : 2015-03-01To: 2015-03-31

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

Name/Title of Principal Executive Officer Or Authorized Agent Majid Khan/ Plant Manager	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	313-297-4301	2015-04-17

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FACILITY: Detroit WWTP
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PERMIT NUMBER: MI0022802
MONITORING GROUP: 050A
Monitoring Period : 2015-03-01 To: 2015-03-31

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				
Dissolved Oxygen PARAM CODE: 00300 Mon. Site No.: 050A Stage Code: U	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/l	0	*****	*****
	Permit Requirement	*****	*****		(report) Minimum Daily	*****	*****		Daily	Grab	
Total Mercury PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: V	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ng/l	0	*****	*****
	Permit Requirement	0.25 12-Month Rolling Average	*****		*****	36 12-Month Rolling Average	*****		2X Monthly	Calculation	
Total Mercury PARAM CODE: 71900 Mon. Site No.: 050A Stage Code: X	Sample Measurement	*****	*****	lbs/day	*****	*****	*****	ng/l	0	*****	*****
	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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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Michigan Department of Environmental Quality Discharge Monitoring Report (DMR)

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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 : 2015-03-01 To: 2015-03-31

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.: 049B Stage Code: 22	Sample Measurement	743	942	MGD	*****	*****	*****	*****	0	Daily	Report Total Daily Flow
	Permit Requirement	(report) Maximum Monthly Average	(report) Maximum Daily		*****	*****	*****				
Total Suspended Solids PARAM CODE: 00530 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	136100	227900	lbs/day	*****	21	30	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				
Carbonaceous Biochemical Oxygen Demand (CBOD5) PARAM CODE: 80082 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	88700	141000	lbs/day	*****	14	18	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				
Ammonia Nitrogen (as N) PARAM CODE: 00610 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	*****	*****	*****	*****	11.3	15	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	*****	*****		*****	(report) Maximum Monthly Average	(report) Maximum Daily				
Total Phosphorus (as P) PARAM CODE: 00665 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	3650	*****	lbs/day	*****	0.57	1.34	mg/l	0	Daily	24-Hr Composite
	Permit Requirement	5400 Maximum Monthly Average	*****		*****	0.7 Maximum Monthly Average	(report) Maximum Daily				
pH PARAM CODE: 00400 Mon. Site No.: 049B Stage Code: 22	Sample Measurement	*****	*****	*****	6.8	*****	7.6	S.U.	0	Daily	Grab
	Permit Requirement	*****	*****		6.0 Minimum Daily	*****	9.0 Maximum Daily				
CBOD5 Minimum % Removal PARAM CODE: 80091 Mon. Site No.: 049B Stage Code: K	Sample Measurement	*****	*****	*****	86.1	*****	*****	%	0	Monthly	Calculation
	Permit Requirement	*****	*****		85 Minimum Monthly % Removal	*****	*****				
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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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PERMIT NUMBER: MI0022802
MONITORING GROUP: 049B
Monitoring Period : 2015-03-01 To: 2015-03-31

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	*****	*****		79.7	*****	*****		1	Monthly	Calculation
	Permit Requirement	*****	*****	*****	85 Minimum Monthly % Removal	*****	*****	%		Monthly	Calculation
Flow PARAM CODE: 50050 Mon. Site No.: 049B Stage Code: U	Sample Measurement	30	43		*****	*****	*****		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	50.7	53.5		*****	*****	*****		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	*****	*****		*****	*****	34		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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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PERMIT NUMBER: MI0022802
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Monitoring Period : 2015-03-01 To: 2015-03-31

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	14	112	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	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.: 049A Stage Code: 11	Sample Measurement	*****	*****	*****	*****	27	42	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	*****	*****	*****	*****	7.2	9.0	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	*****	*****	*****	*****	0.94	1.48	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/ Plant Manager						Majid Khan		313-297-4301	2015-04-17		

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

107A Ammonia Nitrogen (as N)
 107A Total Phosphorus (as P)
 049B Total Suspended Solids Minimum %
 Removal

Concentration-Col# 2:
 Concentration-Col# 2:
 Concentration-Col# 1:

C2: No field blank was analyzed with this sample.
 C2: No field blank was analyzed with this sample.
 C1: A process upset in the Secondary System resulted in sludge with poor settling characteristics, which contributed to poor solids removal for much of the month.

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