

Discharge Monitoring Report (DMR) Instructions

for the Irrigation System Aquatic Weed NPDES and State Waste Discharge Permit
(2008-2012)

You must submit a DMR every month, according to the following schedule.

For all irrigation districts (see S11.A1 of the permit for details):

<u>Discharge Monitoring Report:</u>	<u>Due Date:</u>
April results	May 30
May results	June 30
June results	July 30
July results	August 30
August results	September 30
September results	October 30
October results	November 30

For irrigation districts applying fluridone or imazapyr (see S11.A2 of the permit for details)

<u>Discharge Monitoring Report:</u>	<u>Due Date:</u>
October results	November 30
November results	December 30
December results	January 30
January results	March 2
February results	March 30
March results	April 30

DMR Instructions

Your Permit Number

Enter the permit number. The permit number starts with “WAG – 9910___.”

Name of Irrigation District

Enter the name of your irrigation district.

DMR Year and DMR Month

Enter the year and month for the results you are submitting. For example, if you are submitting May results during June, the “DMR Month” is May.

No Applications

Enter an ‘X’ in the box if you did not apply any pesticides during the month. Then sign and date the form and mail it to Ecology.

Treatment Site

Enter every treatment site where pesticides are applied.

Pesticide Used

Enter the name of the pesticide used (copper, acrolein, xylene, sodium carbonate peroxyhydrate, fluridone, or imazapyr). Even though monitoring is not required for sodium carbonate peroxyhydrate, fluridone, and imazapyr, you are required to report their use.

Date of Treatment

Enter the date of the pesticide treatment. (Use any format you want: 8/4/09, August 4, 2009, etc)

Start Time of Treatment

Enter the time the pesticide treatment started. Indicate if the time was am or pm.

End Time of Treatment

Enter the time the pesticide treatment ended. If the treatment was a slug treatment, leave this blank. If the treatment lasted over a period of time (for example, a three-hour acrolein application), enter the time the pesticide treatment ended. Indicate if the time was am or pm.

Point of Compliance Site

Enter the point of compliance site where the sampling occurred.

Date and Time of Sampling

Enter the date and time the pesticide was sampled at the point of compliance. If you include sampling that did not occur at the point of compliance, you need to include an explanation in the "comments" column.

Laboratory Sample Number

Enter the sample number assigned by the laboratory. This allows for complete tracking of the sample to help prevent mix-ups.

Concentration (Laboratory Result)

Enter the value from the laboratory.

Units

Enter the units as milligrams per liter (mg/l) or micrograms per liter (ug/l). Be sure the units are correct; otherwise, it may appear that you have one thousand times more pesticides at the point of compliance than you really have.

Hardness

Enter the hardness value. If you sampled for copper, you must also sample for hardness. Report hardness is milligrams per liter (mg/l). If you did not sample for copper, leave this column blank.

Flow

Enter the flow at the point of compliance.

Comments

Provide any additional clarifying comments. If you did not sample because of one of the special situations listed in permit condition S6.B, you must indicate which special situation applies (cite the section in the permit). If anything on the DMR is unusual or violates permit conditions,

please provide explanatory comments. If there was no discharge from this treatment site as described in permit condition S6.B3, write “no discharge” in this column. Provide additional evidence according to permit condition S6.B3.

Laboratory Method Used

Enter the method number that the laboratory used to analyze the sample.

Method Detection Limit

Enter the laboratory’s method detection limit (MDL) for each pesticide. Remember to include the units (ug/l or mg/l). The method detection limits must be less than 5 ug/l for copper, less than 2 ug/l for acrolein, and less than 1 mg/l for xylene. See permit condition S6.A1.

Signature Box

The DMR must be properly signed and dated. Only someone with signature authority as identified by permit general condition G2 is authorized to sign the DMR. The DMR will be returned to you if there is any question whether or not the signature is an original or whether that person has authority to sign the DMR.

Additional Instructions:

If you need more space to list applications, simply add rows to the spreadsheet. If you need more space in a cell, either make the column wider or the row taller.

If you want to include the duration of a pesticide application, simply insert a column. You are not required to include the duration (but the starting and ending time is required).

Mail DMRs to:

Andrew Kolosseus
Dept. of Ecology
PO Box 47600
Olympia, WA 98504-7600

and

Ken Merrill
Dept. of Ecology, ERO
N. 4601 Monroe
Spokane, WA 99205-1295

or
Ray Latham
Dept. of Ecology, CRO
15 West Yakima Ave -- Suite 200
Yakima, WA 98902-3452

(for Columbia Basin Project Irrigation Districts)

(for all other irrigation districts)

If you have any questions, please contact Andrew Kolosseus at 360-407-7543 or AKOL461@ECY.WA.GOV.