



# Discharge Monitoring Report ( DMR ) General Instructions

1. Check the “[Permittee Name/Mailing Address](#) (and facility name/location, if different),” “[Permit Number](#)”, and “[Discharge Number](#)” where indicated. (A separate form is required for each discharge.) If these are not correct, a Signatory Authorization Form (SAF) needs to be completed and returned to the address listed below. A copy of the SAF can be found on the NDEQ website:

<http://deq.ne.gov/>

**To locate:**

- Go to the left-hand side of the screen, “Publications, Forms - Grants”;
- Next, in the Center, click on “Water Quality”;
- Then pull the slide bar down until you see “Applications and Forms”;
- Finally, look for the form with the full title of: “NPDES/NPP Signatory Authorization Form. (*Please remember the form is two sided.*)

**For convenience, follow this link to the form:**

<http://deq.ne.gov/publica.nsf/pages/WAT014>

2. Check the dates to ensure they are the correct beginning and ending “[Monitoring Period](#)” covered by the form.
3. Enter “[Sample Measurement](#)” data for each parameter under “[Loading](#)” and “[Concentration](#)” **in units specified by the permit.**
4. If “no discharge” occurs during monitoring period, enter “[No Discharge](#)” one time in large print across the face of the form in place of data entry, and/or check the “[No Discharge](#)” box in the upper right-hand corner of the DMR.
5. Under “[No Ex](#)” enter number of non-compliant sample measurements during monitoring period for each parameter. If none, enter “0”.

**Do Not** use commas in the numeric parameter reporting. *Example:*

Not 1,619 or 10,241

Instead, use 1619 or 10241.

**LOADING:**

- a. Calculated from concentration, using the flow the day the sample was taken in MGD\*, as follows:
  - $\text{mg/l} \times \text{MGD} \times 3.78 = \text{kg/d}^*$
  - $\text{GPD}^* \times .000001 = \text{MGD}$
- b. Report average and maximum as required.
- c. When concentration is below the detection limit make sure to put in the **less than sign and the detection value.**  
Example: < **0.02** Non-detect, or N.D. is **NOT** an acceptable code.

\*Definitions:

MGD = Million Gallons Per Day

GPD = Gallons Per Day

kg/d = Kilograms (metric weight) Per Day

**CONCENTRATION:**

- a. If only one sample is required for the monitoring period and only one is taken, use that value for all the required blanks. (The minimum, average, and maximum values will all have the same number.)
- b. Report minimum, average, and maximum as required by the permit.
- c. For results listed below the detection limit be sure to put in the **less than sign and the detection value**.  
Example: < 0.02 Non-Detect, or N.D. is **NOT** an acceptable code.

If these tests were not conducted, fill in the test results blanks with one of the following codes:

<b>NODI CODE</b>	<b>DESCRIPTION OF CODE</b>
ANC	Analysis Not Conducted (Due to an error – human or otherwise. <b>MUST</b> send in an explanation with use of this code.)
MCN	Monitoring is Conditional / Not Required This Monitoring Period
OTH	Other – You <b>MUST</b> attach an explanation to describe what is meant by “Other”. <i>If an explanation does not accompany the DMR, it will be considered incomplete and out of compliance.</i>

- 6. Enter “Frequency of Analysis” (actual sample type used during monitoring period) specified in permit. (e.g., Enter “Cont,” for continuous monitoring, “1/7” for one day per week, “1/30” for one day per month, “1/90” for one day per quarter, etc.)
- 7. Enter “Sample Type” (e.g., Enter “Grab” for individual sample, “24HC” for 24-hour composite, “N/A” for continuous monitoring, etc.)
- 8. In the comments line at the bottom of the form, write in the “Dates Sampled, Flow the Day of Sampling” & “Who Conducted the Sampling”.
- 9. Enter “Name & Title of the Authorized Signatory” then the “Signature of the Authorized Signatory,” “Telephone Number,” and “Date” at the bottom of the form.

**DMR Due Dates:**

*(Unless otherwise required by the permit)*

- January – March..... due April 28th
- April – June..... due July 28th
- July – September ..... due October 28th
- October – December..... due January 28th

**Please also note:** It is **no longer necessary** to send more than one copy of the DMRs. Only submit one set with the **original signature** to the address below.

RETAIN A COPY FOR YOUR RECORDS.

Thank you.

**Nebraska Department  
of Environmental Quality**

**Wastewater Section / DMR  
P.O. Box 98922  
Lincoln, Nebraska 68509-8922**



Nebraska Department  
of Environmental Quality

**Legal Notice**

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$ 10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.