Oklahoma Department of Environmental Quality
Environmental Complaints and Local Services
TOTAL RETENTION LAGOON MONTHLY OPERATION REPORT

Facility Name: _____ Facility ID: _____

Mailing Address: _____
Mailing Address City State Zip

Physical Address: _____
Physical Address City State Zip

Month: _____ Year: _____

Flow for the month (in gallons): _____

Indicate the date of each site visit: _____

_____

Indicate any analyses done:

Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results: _____
Date: _____ Parameter: _____ Results:

Land Application Records:

Site: _____ Method: _____ Crop: _____

Application Began		Application Ended		Effluent Applied (in gallons)	Area (in acres)	Cl residual	Beginning		Ending	
Date	Time	Date	Time				Temp.	Rainfall	Temp.	Rainfall

Maintenance performed: _____

_____

Report by: _____ Title: _____

Signed: _____ Date: _____

Do not submit this report to DEQ
Retain this report on site for 3 years – subject to DEQ inspection