

## DISCHARGE MONITORING REPORT (DMR) - DAILY

**Facility Name:** Ludington WWTP  
**Permittee Name:** City of Ludington

**Permit Number:** MI0021334 v5.1  
**DMR Period:** 4/1/2025 - 4/30/2025  
**DMR Version:** 1

I **Limit Set Name:** 002A -

**Set:** 1 of 5

Parameter	Flow	Total Suspended Solids	Total Suspended Solids	Total Suspended Solids	Total Suspended Solids	Carbonaceous Biochemical Oxygen Demand (CBOD5)	Carbonaceous Biochemical Oxygen Demand (CBOD5)
Mon. Loc.	Final Effluent (1)	Prior to Disinfection (B)	Prior to Disinfection (B)	Conventional Daily	Conventional Daily	Prior to Disinfection (B)	Prior to Disinfection (B)
Limit	(Report) MGD	45 mg/L	1700 lbs/day	(Report) mg/L	(Report) lbs/day	40 mg/L	1500 lbs/day
Stat. Base	Maximum Daily	Maximum 7-Day Average	Maximum 7-Day Average	Maximum Daily	Maximum Daily	Maximum 7-Day Average	Maximum 7-Day Average
4/1/2025	1.89			3	47		
4/2/2025	2.47			2	41		
4/3/2025	2.20			6	110		
4/4/2025	2.09						
4/5/2025	1.95						
4/6/2025	2.04			8	136		
4/7/2025	1.02			4	34		
4/8/2025	1.87			14	218		
4/9/2025	1.93			10	161		
4/10/2025	1.89			10	157		
4/11/2025	2.07						
4/12/2025	1.75						
4/13/2025	2.04			10	170		
4/14/2025	2.00			10	167		
4/15/2025	1.78			16	238		
4/16/2025	1.93			11	177		
4/17/2025	2.15			17	305		
4/18/2025	2.37						
4/19/2025	2.01						
4/20/2025	1.79			7	105		
4/21/2025	1.92		219	17	272		

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			231-843-3190				
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA CODE</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>MO</b>	<b>DAY</b>

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4/22/2025	2.07			8	138		
4/23/2025	2.15			7	126		
4/24/2025	2.12			13	230		
4/25/2025	1.93						
4/26/2025	1.75						
4/27/2025	1.72			6	86		
4/28/2025	1.80			11	165		
4/29/2025	1.63			25	340		
4/30/2025	1.54	15		20	257	10	150

Set: 2 of 5

Parameter	Carbonaceous Biochemical Oxygen Demand (CBOD5)	Carbonaceous Biochemical Oxygen Demand (CBOD5)	Ammonia Nitrogen (as N)	Ammonia Nitrogen (as N)	Total Phosphorus (as P)	Total Phosphorus (as P)	Total Residual Chlorine
Mon. Loc.	Conventional Daily	Conventional Daily	Prior to Disinfection (B)	Prior to Disinfection (B)	Prior to Disinfection (B)	Prior to Disinfection (B)	Final Effluent (1)
Limit	(Report) mg/L	(Report) lbs/day	(Report) mg/L	(Report) lbs/day	(Report) mg/L	(Report) lbs/day	38 ug/L
Stat. Base	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily
4/1/2025	6	95	4.7	74.7	0.50	8	2
4/2/2025	6	124	4.3	88.6	0.50	10	13
4/3/2025	5	92	4.1	74.3	0.50	9	2
4/4/2025							14
4/5/2025							22
4/6/2025	5	85	2.0	34.0	0.50	8	2
4/7/2025	5	43	2.0	17.0	0.50	4	36
4/8/2025	6	93	2.0	31.1	0.50	8	14
4/9/2025	6	97	2.0	32.2	0.50	8	15
4/10/2025	8	126	2.0	31.4	0.50	8	36
4/11/2025							2
4/12/2025							19

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4/13/2025	6	102	2.0	34.0	0.50	9	6
4/14/2025	6	100	2.0	33.4	0.50	8	32
4/15/2025	6	89	2.0	29.7	0.50	7	2
4/16/2025	9	145	2.0	32.2	0.50	8	2
4/17/2025	9	161	2.0	35.9	0.51	9	2
4/18/2025							36
4/19/2025							37
4/20/2025	8	119	2.1	31.1	0.53	8	19
4/21/2025	6	96	2.0	32.0	0.52	8	9
4/22/2025	8	138	2.0	34.5	0.53	9	1
4/23/2025	7	126	2.0	35.9	0.50	9	2
4/24/2025	8	141	2.2	39.6	0.52	9	33
4/25/2025							15
4/26/2025							23
4/27/2025	7	100	2.3	33.0	0.53	8	12
4/28/2025	11	165	2.0	30.0	0.57	9	2
4/29/2025	10	136	2.0	27.2	0.67	9	21
4/30/2025	16	205	2.2	28.3	0.80	10	16

Set: 3 of 5

Parameter	Total Mercury	Total Mercury	Total Mercury - uncorrected	Total Mercury - field duplicate	Total Mercury - field blank	Total Mercury - laboratory method blank	Acute Toxicity (Ceriodaphnia dubia)
Mon. Loc.	Final Effluent (1)	Final Effluent (1)	Mercury QA-Effluent	Mercury QA-Effluent	Mercury QA-Effluent	Mercury QA-Effluent	Final Effluent (1)
Limit	(Report) ng/L	(Report) lbs/day	(Report) ng/L	(Report) ng/L	(Report) ng/L	(Report) ng/L	(Report) TUA
Stat. Base	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily
4/1/2025	0.94	0.0000148	0.94	0.71	<0.20	<0.20	
4/2/2025							
4/3/2025							0
4/4/2025							
4/5/2025							

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4/6/2025							
4/7/2025							
4/8/2025							
4/9/2025							
4/10/2025							
4/11/2025							
4/12/2025							
4/13/2025							
4/14/2025							
4/15/2025							
4/16/2025							
4/17/2025							
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4/24/2025							
4/25/2025							
4/26/2025							
4/27/2025							
4/28/2025							
4/29/2025							
4/30/2025							

Set: 4 of 5

Parameter	Chronic Toxicity (Ceriodaphnia dubia)	Perfluorooctane Sulfonate (PFOS)	Perfluorooctane Sulfonate (PFOS)	Perfluorooctanoic Acid (PFOA)	Perfluorooctanoic Acid (PFOA)	Fecal Coliform	Fecal Coliform
Mon. Loc.	Final Effluent (1)	Final Effluent (1)	Final Effluent (1)	Final Effluent (1)	Final Effluent (1)	Final Effluent (1)	Fecal Daily

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Limit	(Report) TUC	(Report) ng/L	(Report) lbs/day	(Report) ug/L	(Report) lbs/day	400 #/100mL	(Report) #/100mL
Stat. Base	Individual Chronic Value	Maximum Daily	Maximum Daily	Maximum Daily	Maximum Daily	Max 7-Day Geometric Mean	Maximum Daily
4/1/2025		2.4	0.0000378	15	0.000236		6
4/2/2025							2
4/3/2025	0						6
4/4/2025							2
4/5/2025							
4/6/2025							
4/7/2025							28
4/8/2025							210
4/9/2025							18
4/10/2025							6
4/11/2025							4
4/12/2025							
4/13/2025							
4/14/2025							2
4/15/2025							2
4/16/2025							2
4/17/2025							12
4/18/2025							120
4/19/2025							
4/20/2025							
4/21/2025							12
4/22/2025							4
4/23/2025							192
4/24/2025						34	40
4/25/2025							4
4/26/2025							
4/27/2025							
4/28/2025							10
4/29/2025							8
4/30/2025							16

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Parameter	CBOD5 Minimum % Removal	Total Suspended Solids Minimum % Removal	pH	pH	Dissolved Oxygen		
Mon. Loc.	Percent Removal (K)	Percent Removal (K)	Final Effluent (1)	Final Effluent (1)	Final Effluent (1)		
Limit	(Report) %	(Report) %	6.5 SU	9.0 SU	4.0 mg/L		
Stat. Base	Minimum Daily % Removal	Minimum Daily % Removal	Minimum Daily	Maximum Daily	Minimum Daily		
4/1/2025	96	98	7.1	7.1	7.3		
4/2/2025	96	99	7.0	7.0	7.0		
4/3/2025	95	96	6.9	6.9	7.4		
4/4/2025			6.9	6.9	7.4		
4/5/2025			7.1	7.1	7.3		
4/6/2025	98	95	6.9	6.9	7.3		
4/7/2025	99	99	6.9	6.9	7.6		
4/8/2025	99	96	6.9	6.9	7.2		
4/9/2025	99	96	6.9	6.9	7.2		
4/10/2025	99	97	7.1	7.1	7.1		
4/11/2025			6.9	6.9	6.4		
4/12/2025			6.9	6.9	6.4		
4/13/2025	98	96	6.9	6.9	6.6		
4/14/2025	99	98	7.0	7.0	6.2		
4/15/2025	99	96	7.1	7.1	6.2		
4/16/2025	98	97	6.8	6.8	6.2		
4/17/2025	98	97	7.0	7.0	6.5		
4/18/2025			7.3	7.3	5.2		
4/19/2025			7.3	7.3	5.1		
4/20/2025	93	93	7.4	7.4	5.4		
4/21/2025	98	91	6.8	6.8	5.7		
4/22/2025	99	97	7.0	7.0	5.7		

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4/23/2025	99	97	7.1	7.1	6.2		
4/24/2025	98	96	7.2	7.2	5.1		
4/25/2025			6.9	6.9	4.5		
4/26/2025			7.3	7.3	5.5		
4/27/2025	98	97	7.1	7.1	5.0		
4/28/2025	98	97	7.4	7.4	4.7		
4/29/2025	98	94	7.0	7.0	4.1		
4/30/2025	97	95	7.1	7.1	4.3		

**DMR Instructions:**

**DMR Comments:** (none)

•

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**Limit Set:** 002A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow (50050) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	1.93	2.47	MGD	*****	*****	*****	*****		Daily	Report Total Daily Flow
	PERMIT REQUIREMENT	REPORT Maximum Monthly Average	REPORT Maximum Daily		*****	*****	*****			Daily	Report Total Daily Flow
Total Suspended Solids (00530) Prior to Disinfection (B)  Lab ID:	SAMPLE MEASUREMENT	167	219	lbs/day	*****	11	16	mg/L		5X Weekly	24-Hr Composite
	PERMIT REQUIREMENT	1100 Maximum Monthly Average	1700 Maximum 7-Day Average		*****	30 Maximum Monthly Average	45 Maximum 7-Day Average			5X Weekly	24-Hr Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082) Prior to Disinfection (B)  Lab ID:	SAMPLE MEASUREMENT	117	152	lbs/day	*****	7	11	mg/L		5X Weekly	24-Hr Composite
	PERMIT REQUIREMENT	940 Maximum Monthly Average	1500 Maximum 7-Day Average		*****	25 Maximum Monthly Average	40 Maximum 7-Day Average			5X Weekly	24-Hr Composite
Ammonia Nitrogen (as N) (00610) Prior to Disinfection (B)  Lab ID:	SAMPLE MEASUREMENT	37	89	lbs/day	*****	2.36	4.74	mg/L		5X Weekly	24-Hr Composite
	PERMIT REQUIREMENT	REPORT Maximum Monthly Average	REPORT Maximum Daily		*****	REPORT Maximum Monthly Average	REPORT Maximum Daily			5X Weekly	24-Hr Composite

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Total Phosphorus (as P) (00665) Prior to Disinfection (B)  Lab ID:	SAMPLE MEASUREMENT	8	10	lbs/day	*****	0.53	0.80	mg/L		5X Weekly	24-Hr Composite
	PERMIT REQUIREMENT	29 Maximum Monthly Average	REPORT Maximum Daily		*****	1.0 Maximum Monthly Average	REPORT Maximum Daily				24-Hr Composite
Total Residual Chlorine (50060) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	ug/L		Daily	Grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	38 Maximum Daily				Daily
Total Mercury (71900) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	0.0000148	0.0000148	lbs/day	*****	0.94	0.94	ng/L		Quarterly	Calculation
	PERMIT REQUIREMENT	REPORT Maximum Monthly Average	REPORT Maximum Daily		*****	REPORT Maximum Monthly Average	REPORT Maximum Daily				Quarterly
Total Mercury (71900) Hg Calculation (X)  Lab ID:	SAMPLE MEASUREMENT	0.0000102	*****	lbs/day	*****	0.955	*****	ng/L		Quarterly	Calculation
	PERMIT REQUIREMENT	0.00008 12-Month Rolling Average	*****		*****	2.0 12-Month Rolling Average	*****				Quarterly
Acute Toxicity (Ceriodaphnia dubia) (61425) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	TUA		Quarterly	24-Hr Composite
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT Maximum Daily				Quarterly

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Chronic Toxicity (Ceriodaphnia dubia) (03599) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	TUC		Quarterly	24-Hr Composite
	PERMIT REQUIREMENT	*****	*****		*****	REPORT Maximum Monthly Average	REPORT Individual Chronic Value			Quarterly	24-Hr Composite
Perfluorooctane Sulfonate (PFOS) (51526) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	0.0000378	0.0000378	lbs/day	*****	2.4	2.4	ng/L		2X Annually	Grab
	PERMIT REQUIREMENT	REPORT Maximum Monthly Average	REPORT Maximum Daily		*****	REPORT Maximum Monthly Average	REPORT Maximum Daily			2X Annually	Grab
Perfluorooctanoic Acid (PFOA) (51521) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	0.000236	0.000236	lbs/day	*****	15	15	ug/L		2X Annually	Grab
	PERMIT REQUIREMENT	REPORT Maximum Monthly Average	REPORT Maximum Daily		*****	REPORT Maximum Monthly Average	REPORT Maximum Daily			2X Annually	Grab
Fecal Coliform (74055) Final Effluent (1)  Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	10	34	*****	#/100mL		5X Weekly	Grab
	PERMIT REQUIREMENT	*****	*****		200 Max Monthly Geometric Mean	400 Max 7-Day Geometric Mean	*****			5X Weekly	Grab
CBOD5 Minimum % Removal (80091) Percent Removal (K)  Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	93	%		Monthly	Calculation
	PERMIT REQUIREMENT	*****	*****		85 Minimum Monthly % Removal	*****	REPORT Minimum Daily % Removal			Monthly	Calculation

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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.	Christopher Cossette, Superintendent City of Ludington	<b>TELEPHONE</b>		<b>DATE</b>		
			231-843-3190				
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA CODE</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>MO</b>	<b>DAY</b>

## DISCHARGE MONITORING REPORT (DMR)

**Facility Name:** Ludington WWTP  
**Permittee Name:** City of Ludington

**Permit Number:** MI0021334 v5.1  
**DMR Period:** 4/1/2025 - 4/30/2025  
**DMR Version:** 1

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Total Suspended Solids Minimum % Removal (81011) Percent Removal (K) Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	91	%		Monthly	Calculation
	PERMIT REQUIREMENT	*****	*****		85 Minimum Monthly % Removal	*****	REPORT Minimum Daily % Removal			Monthly	Calculation
pH (00400) Final Effluent (1) Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4	SU		Daily	Grab
	PERMIT REQUIREMENT	*****	*****		6.5 Minimum Daily	*****	9.0 Maximum Daily			Daily	Grab
Dissolved Oxygen (00300) Final Effluent (1) Lab ID:	SAMPLE MEASUREMENT	*****	*****	*****	4.1	*****	*****	mg/L		Daily	Grab
	PERMIT REQUIREMENT	*****	*****		4.0 Minimum Daily	*****	*****			Daily	Grab

**DMR Instructions:**

**DMR Comments:** (none)

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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.	Christopher Cossette, Superintendent City of Ludington		<b>TELEPHONE</b>		<b>DATE</b>		
				231-843-3190				
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>MO</b>	<b>DAY</b>

**Submission Identifier:** DMR-MI0021334-20250430-1  
**Submission Signature Hash:** YJdrqww902lpGPrWe+bGvICdKbManymRwJJC6ywR65o=  
**Submitter Name:** Christopher Cossette, Superintendent  
**Submitter Email:** ccosette@ci.ludington.mi.us  
**Submitted Date/Time:** 5/9/2025 11:47:01 AM