

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME _____

ADDRESS _____

FACILITY _____
LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Check here if No Discharge

NOTE: Read Instructions before completing this form

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for completing and reviewing the collection of information, including suggestion for reducing the burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that entry already preprinted.
2. Enter "*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.)
3. Enter Dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" in units specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*". "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipals with secondary requirement - enter 30-day average of sample measurements under "*Average*" and enter maximum 7-Day average of sample measurements obtained during monitoring period under "*Maximum*".)
6. Enter "*Permit Requirement*" for each parameter under "*Quality*" and "*Quantity*" as specified in permit.
7. Under "*No Ex*" Enter number of sample measurements during each monitoring period that exceed maximum (and/or minimum of 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" 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.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*" (e.g. enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of entry data.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*", "*Telephone Number*" and "*Date*" at the bottom of the form.
13. Mail signed report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of their *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or 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.