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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004

ADDRESS

FACILITY LOCATION

						`	,	
	PERMIT NUMBER				DIS	DISCHARGE NUMBER		
	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM				то				

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	\searrow	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE		
		$\overline{\ }$	VALUE	VALUE	UNITS	VALU	JE	VALUE	VALUE	UNIT		ANALYSI	S TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			UNDER PENALTY OF LAW THA Y DIRECTION OR SUPERVISIO	T THIS DOCUMENT AND ALL A ON IN ACCORDANCE WITH A S	TTACHMENTS WER	RE PREPARED				TELE	PHONE		DATE
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TYPED OR PRINTED		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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO DAY

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