PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME ADDRESS			NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)  PERMIT NUMBER DISCHARGE NUMBER					Form Approved. OMB No. 2040-0004 Approval expires 05-31-98			
FACILITY LOCATION			YEAR (20-21)		TO (26-27) (2	8-29) (30-31)	☐ No Discharge NOTE: Read Instru	ıctions before	compl	eting this fo	orm
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QU. (38-45)	ALITY OR CONCE (46-53)	CENTRATION (54-61)		I ⊢V I OF	FREQUENCY OF	SAIVIFLL
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIV	T THIS DOCUMENT AND ALLA ON IN ACCORDANCE WITH A S	TTACHMENTS WER	E PREPARED O TO ASSURE			TELEPHON	NE.	D/	ATE		
	THAT QU BASED ( PERSON SUBMIT	ALIFIED PERSONNEL PROPER ON MY INQUIRY OF THE PERS IS DIRECTLY RESPONSIBLE I TED IS, TO THE BEST OF MY KN ARE THAT THERE ARE SIGNIF NG THE POSSIBILITY OF FINE	LY GATHER AND EVALUATE T ON OR PERSONS WHO MAN FOR GATHERING THE INFO IOW! EDGE AND BELIEF TRUE	THE INFORMATION IAGE THE SYSTEN RMATION, THE IN F ACCURATE AND	SUBMITTED. I, OR THOSE IFORMATION O COMPLETE	ATLIBE OF PRINCIPA	U EXECUTIVE	1			

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

YEAR

AREA

NUMBER

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DAY