PERMITTEE NAME/ADDRESS (Incl NAME ADDRESS	ude Facility Name/Loca	ation if Different)		(2-16) IT NUMBER	DISCH	STEM (NPDES) (DMR) (17-19) ARGE NUMBER		(OMB No	oproved. o. 2040-000 al expires 0)4 5-31-98
FACILITY LOCATION	FROM MONITORING PERIOD Check here if No Discharge NOTE: Read Instructions before completing to										
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61			NO. EX		FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
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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.							TELEPHO	NE	D	ATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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