

Permittee Name/Address
(Include Facility Name/Location, if different.)

Name _____
Address _____

Facility Name _____
Facility Location _____

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

From			Monitoring Period			To		
Year	Mo	Day	Year	Mo	Day	Year	Mo	Day

PETROLEUM PRODUCTS OTHER THAN GASOLINE

Check Here If NO Discharge

Note: Read Instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Avg Monthly	Max Daily	Instantaneous Max	Units			
Flow	Sample Measurement		****	MGD	****	****	****	****			
	Permit Requirement	Report Avg Monthly	****		****	****	****		****		2/month
Benzene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		.001	****	.0025			2/month	Grab
Naphthalene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		0.01	****	0.025			2/month	Grab
Fluorene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		1.0	****	2.5			2/month	Grab
Toluene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
Ethylbenzene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
Cumene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
Pyrene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
Chrysene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab

3800-PM-WSFR0171g Rev. 9/2007
DMR Petroleum Products Other Than Gasoline

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

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Parameter		Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Avg Monthly	Max Daily	Instantaneous Max	Units			
Phenanthrene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
pH	Sample Measurement	****	****	****		****		Std Unit			
	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			2/month	Grab
Oil and Grease	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		15	****	30			once every six months	Grab
Iron (Dissolved)	Sample Measurement	****	****	****	****	****		mg/L			
	Permit Requirement	****	****		****	****	7.0			1/year	Grab
Total Suspended Solids	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		30	****	75			1/year	Grab
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.)											