Discharge Monitoring Report (DMR) for Combined Sewer Overflows

Outfall No.: Overflow Location: Permittee Name: County: Municipality:				Month: Prepared By: Signature/Date: Title/Position: NPDES#:						
						DATE	FLOW (mg)*	DURATION	CAUSE	COMMENTS (Rainfall, Intensity, etc.)
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Use one report form each month for each monitored overflow point; use separate sheets for additional comments or narrative explanations.

^{*}Identify the method used to determine overflow volumes, (for example, 10 MG C):

O = Observed duration and rate of flow to approximate overflow volume.

C = Calculated overflow volume utilizing a model or empirical analysis.

M = Measured overflow volume from data collected by a calibrated flow monitor.