



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____
 WATERSHED _____

| | |
|---------------|--|
| PERMIT NUMBER | |
| | |

| | |
|----------------|--|
| OUTFALL NUMBER | |
| | |

Reporting Frequency: _____
 DMR Effective From: _____
 DMR Effective To: _____
 Permit Expires: _____
 Permit Application Due: _____

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| | | | | | |
| FROM | | | TO | | |

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 |
|---|--|-------|--------------------------|--|-------|-----------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | UNITS | | | |
| SAMPLE MEASUREMENT PERMIT REQUIREMENT | | | | | | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify, under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that certified personnel gather and evaluate the information reported. Based on the information and knowledge of the person(s) in 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 Pa. C.S. § 4904 (relating to unsworn falsification). | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | TELEPHONE | | DATE |
| | | | | | | | | |
| TYPED OR PRINTED | | | | | | | | |
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| COMMENTS (Report all violations on the "Non-Compliance Reporting Form") | | | | | | | | |
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