

NAME:
ADDRESS:
FACILITY LOCATION:
ATTN:

Contained Water >10,000 Gallons

2009DB0004-

001 A

PERMIT NUMBER

DISCHARGE NUMBER

Estimated Total Discharge

GPD	Days	Total	Gallons
			Gallons

MONITORING PERIOD

MONTH.DAY.YEAR

MONTH.DAY.YEAR

FROM

TO

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Turbidity (Discharge) Parameter Code: 00070 Mon Site No: 001A Stage Code: 1	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	na	< 15 above ambient	-	Weekly	GRAB
Turbidity (Background) Parameter Code: 00070 Mon Site No: 001 A Stage Code: =	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	na	*****	-	Weekly	GRAB
pH Parameter Code: 00400 Mon Site No: 001A Stage Code: 1	SAMPLE MEASUREMENT	-	-	-						GRAB
	PERMIT REQUIREMENT	na	na	na	6.5	na	8.5	-	Before Discharge	GRAB
Settleable Solids (Discharge) Parameter Code: 00545 Mon Site No: 00A1 Stage Code: 1	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	na	0.2	-	Weekly	GRAB
Settleable Solids (Background) Parameter Code: 00545 Mon Site No: 00A1 Stage Code: 1	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	na	0.2	-	Weekly	GRAB
Total Aqueous Hydrocarbons Parameter Code: 22456 Mon Site No: 001A Stage Code: 1	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	na	15	-	Before Discharge	GRAB
Total Aromatic Hydrocarbons Parameter Code: 30383 Mon Site No: 001A Stage Code: 1	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	na	10	-	Before Discharge	GRAB
Total Chlorine Parameter Code: 50060 Mon Site No: 001A Stage Code: 1	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	30 MO AVG	0.011	-	Before Discharge	GRAB
Visible Sheen Parameter Code: 45613 Mon Site No: 001A Stage Code: 1	SAMPLE MEASUREMENT	-	-	-	-	-				GRAB
	PERMIT REQUIREMENT	na	na	na	na	na	Not Allowed	-	Daily	GRAB
Total Flow Parameter Code: 82220 Mon Site No: 001A Stage Code: 1	SAMPLE MEASUREMENT	-		gpd	-	-				ESTMT'D
	PERMIT REQUIREMENT	na		gallons	na	na	na	-	Monthly total	ESTMT'D

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
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