

DISCHARGE MONITORING REPORT (DMR)

NAME
ADDRESS

PERMIT NUMBER	DISCHARGE NUMBER

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE										
	SAMPLE										
	SAMPLE										
	SAMPLE										
	SAMPLE										
	SAMPLE										
	SAMPLE										

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.	TELEPHONE AREA NUMBER	DATE YEAR MO DAY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including strategies for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" in units specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g., Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g., Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "*no discharge*" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Program Development

DMR electronic data entry form -- under construction

DMR Entry Form for Matt Place Permit Number 2006DB0042 Report Period 1/1/2006-1/31/2006

001		001A									
Report Detail											
PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSES	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
flow	Sample			MGD					0	Daily	Report Total Daily
50050 1 001A	Permit	(report maximum monthly average)	(report maximum daily)	MGD						Daily	Report Total Daily Flow
total residual chlorine	Sample								0	3X Weekly	Grab
50060 1 001A	Permit						0.038 maximum daily	mg/l		3X Weekly	Grab
fecal coliform	Sample							cts/100	0	3X Weekly	Grab
74055 1 001A	Permit				2.0 maximum monthly average	4.0 maximum 7-day average		cts/100 ml		3X Weekly	Grab
ph	Sample							S.U.	0	3X Weekly	Grab
00400 1 001A	Permit				6.5 minimum daily	9.0 maximum daily		S.U.		3X Weekly	Grab
dissolved oxygen	Sample							mg/l	0	3X Weekly	Grab
00300 1 001A	Permit				4.0 minimum daily			mg/l		3X Weekly	Grab
total residual chlorine	Sample							mg/l	0	3X Weekly	Grab
50060 3 001A	Permit						0.038 maximum daily	mg/l		3X Weekly	Grab
fecal coliform	Sample							cts/100	0	3X Weekly	Grab
74055 3 001A	Permit				2.0 maximum monthly average	4.0 maximum 7-day average		cts/100 ml		3X Weekly	Grab
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Parameter Name Violation Found No Violation </div>											

Program Development

DMR electronic data entry form -- under construction

DMR Entry Form for Matt Place Permit Number: 2006PB0042 Report Period: 1/1/2006-1/31/2006

<input type="text" value="001"/> <input type="text" value="001A"/>											
Report Detail											
PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
ph	Sample							S.U.	0	3X Weekly	Grab
00400 3 001A	Permit				8.5 minimum daily			8.0 maximum daily	S.U.	3X Weekly	Grab
dissolved oxygen	Sample							mg/l	0	3X Weekly	Grab
00300 3 001A	Permit				4.0 minimum daily			mg/l	3X Weekly	Grab	
	Sample										
	Permit										
	Sample										
	Permit										
	Sample										
	Permit										
	Sample										
	Permit										
	Sample										
	Permit										
<input type="text"/> <input type="text"/> <input type="text"/>											
Parameter Name		<input type="button" value="Violation Found"/> <input type="button" value="No Violation"/>									