Appendix VIII: Monthly Summary Form for Remediation General Permit

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name
Street
City
State/Zip code

Telephone number (including area code)

Remarks

ST	PERMIT NUMBER	DIS

REPORTING PERIOD: FROM

YEAR	MO	DAY

TO

YEAR	MO	DAY

PARAMETER		QUANTITY (3 card only)					CONCENTRATION (4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE			*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*	
LAST FIRST MI	TITLE	YEAR	MO	DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT