

**Remediation General Permit
Appendix VIII**

Monthly Data Summary Form and Instructions

Per Part I.D.4.a of the permit, in addition to the recordkeeping requirements found in Part II.C of the permit, the results of the sampling, monitoring, testing, and analysis of influent and effluent during the reporting period, (either as a requirement of the permit or for your own information) shall be summarized monthly on this form and kept on-site or with the permittee and available for inspection by EPA or the State.

Instructions for completing the monthly data summary form are below, and further information can be found in the NPDES Permit Program Instructions for the Discharge Monitoring Report Forms (DMRs), online at:

<http://www.epa.gov/region1/enforcementandassistance/pdfs/2010-DMR-Instructions.pdf>

- A. For each discharge location, complete the top of the form by indicating:
1. The facility name,
 2. Facility address and telephone number,
 3. Discharge and sampling locations, and
 4. The reporting period covered by the summary report,
- B. For each parameter monitored complete the form as follows:
1. Parameter column - list parameter name.
 2. Enter minimum, average, and maximum values for quantity and/or concentration under appropriate column headings.
 - a. If frequency is once per month (week or day), enter the one value under the average and leave minimum and maximum blank.
 - b. lb/day (pounds per day) equals flow (in million gallons per day, MGD) times concentration in milligrams per liter (mg/l) times 8.34.
Example: $2.5 \text{ MGD} \times 30 \text{ mg/l TSS} \times 8.34 = 625.5 \text{ lb TSS/day}$
 - c. MGD = gallons per minute times 0.00144.
 3. Enter units as appropriate.
MGD = million gallons per day
lb/day = pounds per day
mg/l = milligrams per liter
SU = standard units (for pH)
°F = degrees Fahrenheit
kg/day = kilograms per day = (lb/day)/2.2 kg per lb
Other units may be used as necessary
 4. Specify the number of samples that exceeded the maximum (and/or minimum, as applicable) in the columns labeled "NO. EX". If none, enter "0". If there are any violations, send a letter of explanation to the applicable addresses listed below.

5. Specify the frequency of analysis as the number of analyses per number of days. (For example: 3/7 is three analyses per seven days, 30/30 is daily, 1/7 is weekly, 1/30 is once per month, 1/90 is quarterly, 1/180 is semiannually, etc.) If continuous, enter "CONT".

6. Specify sample type (e.g., "grab" or "hourly composite"). If frequency was continuous, enter : NA".

7. Under the "Remarks" section of the form, indicate the person or laboratory that performed the analytical work.

8. Print the name and title of the person responsible for monitoring and reporting. Sign and date the form.

Reporting:

Per Part I.D.4.b of the permit, the permittee shall submit a summary of the results from sampling, monitoring, testing, and analysis to EPA-NE and the appropriate State only if:

- 1) The results indicate that a violation of the effluent limitations of this permit has occurred, or
- 2) EPA-NE or the State requests such a report.

If required by EPA or the State, the summary report shall be submitted to the following addresses, as appropriate:

- 1) EPA (for reports required by either MA or NH):

Water Enforcement
OES4-SMR
U.S. Environmental Protection Agency
5 Post Office Square, Suite 100
Boston, MA 02109-3912

And in addition, provide a copy to the following EPA address:

NPDES.Generalpermits@epa.gov, or

U.S. Environmental Protection Agency, Region I
5 Post Office Square, Suite 100
Mail Code (OEPO6-4)
Boston, MA 02109-3912
ATTN: Remediation General Permit

- 2) Massachusetts Department of Environmental Protection (for all reports required by MA):

Massachusetts Department of Environmental Protection
Division of Watershed Management
627 Main Street, 2nd floor
Worcester, MA 01608

The Regional Offices wherein the discharge occurs, shall also receive a copy of the DMRs required herein. To find your region, visit MassDEP's website at <http://www.mass.gov/dep/about/regional.htm>:

Massachusetts Department of Environmental Protection
Western Regional Office
436 Dwight Street
Springfield, MA 01103
Main telephone: 413-784-1100

Massachusetts Department of Environmental Protection
Southeast Region Main Office
20 Riverside Drive
Lakeville, MA 02347
Main telephone: 508-946-2700

Massachusetts Department of Environmental Protection
Northeast Region
205B Lowell Street
Wilmington, Massachusetts 01887
Main Phone: 978-694-3200

Massachusetts Department of Environmental Protection
Central Region
627 Main Street
Worcester, Massachusetts 01608
Main Phone: 508-792-7650

3) New Hampshire Department of Environmental Services (for all reports required by NH): Signed copies of all reports, information, and certifications required herein shall be submitted to:

New Hampshire Department of Environmental Services
Water Division
Wastewater Engineering Bureau
Phone/Fax:
P.O. Box 95
Concord, New Hampshire 03302-0095.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME

ADDRESS

FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

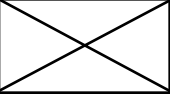
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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			DATE			
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

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