

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

Remarks

Telephone number (including area code)

Area code:

Permit number:

Discharge ID:

REPORTING PERIOD: FROM

YEAR: MO: DAY:

TO

YEAR: MO: DAY:

PARAMETER	REPORTED	QUANTITY				UNITS	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX		MINIMUM	AVERAGE	MAXIMUM	NO. EX			
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: _____ TITLE OF THE OFFICER: _____ DATE: _____

LAST: _____ FIRST: _____ MI: _____ TITLE: _____ YEAR: _____ MO: _____ DAY: _____

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____