

Appendix VIII: Monthly Summary Form for Remediation General Permit

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Facility or discharge location

Name

Street

City

State/Zip code

Telephone number (including area code)

ST
PERMIT NUMBER

ST
DIL

12-27 12-28 12-29 12-31
YEAR MO DAY

12-27 12-28 12-29 12-31
YEAR MO DAY

REPORTING PERIOD: FROM

TO

Remarks

Form Approved
OAS NO. 258-R0973

PARAMETER	QUANTITY (12-27) (12-28) (12-29) (12-31)				CONCENTRATION (12-27) (12-28) (12-29) (12-31)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
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