Appendix VIII: Monthly Summary Form for Remediation General Permit

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0075

Facility or discharge location

Name
Street
City
State/Zip code

Remarks

Telephone number (including area code)

ST | PERMIT NUMBER | OIS

REPORTING PERIOD: FROM YEAR MO DAY TO YEAR MO DAY

PARAMETER		QUANTITY (3 card only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	CONCENTRATION (4 card only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	REPORTED												
	PERMIT CONDITION												
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NAME OF PRINCIPAL EXECUTIVE OFFICER — LAST FIRST MI

TITLE OF THE OFFICER — TITLE

DATE — 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