

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

Name

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

FORM APPROVED
 OMB No.2040-0004

PERMIT NUMBER	SLDS
DISCHARGE NUMBER	SURFACE DISPOSAL

(2-16) (17-19)

MONITORING PERIOD

FROM	YEAR	MO	DAY	YEAR	MO	DAY
	11	01	01	11	03	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
ARSENIC, TOTAL (AS AS)		*****	*****	****	*****						
01002 + 0 0 SLUDGE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		REPORT	BATCH	
UNIT W/LINER/LEACHATE COLLECTION SYSTEM		*****	*****	****	*****						
49028 + 0 0 SLUDGE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	YES=1 NO=0			
UNIT BOUNDARY TO PROPERTY LINE DISTANCE		*****	*****	****	*****						
49029 + 0 0 SLUDGE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	METERS			
NICKEL, DRY WEIGHT		*****	*****	****	*****						
78469 + 0 0 SLUDGE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/KG	REPORT	BATCH	
CHROMIUM, DRY WEIGHT		*****	*****	****	*****						
78473 + 0 0 SLUDGE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/KG	REPORT	BATCH	
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED		*****	*****	****	*****						
84368 + 0 0 SLUDGE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	STATE CLASS #	REPORT	BATCH	
DESCRIPTION OF PATHOGEN OPTION USED		*****	*****	****	*****						
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	(3Y) ALTER NUMBER	REPORT	BATCH	
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE	DATE			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						area code	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

Forms by ChemSW(707)864-0845.p/n11090dmr.v5.20;1/1/98