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

UTG07	
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			
Flow Rate	SAMPLE MEASUREMENT			Gal/d	*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon 30Da Avg	Req. Mon 7 Da Avg		*****	*****	*****			01/07	Inst
pH	SAMPLE MEASUREMENT	*****	*****			*****		SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 Minumun	*****	9.0 Max			01/07	GR
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****					mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		25.0 30da Avg	35.0 7da Avg	70.0 Daily MX			01/07	CMPGR
Oil and Grease	SAMPLE MEASUREMENT	*****	*****		*****	*****		mg/L			
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	10.0 Da MX			01/07	GR
Oil and Grease Visual	SAMPLE MEASUREMENT	*****		Yes=1 No=0	*****	*****	*****	VI			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 Da MX		*****	*****	*****			01/01	VI
Total Residual Chlorine	SAMPLE MEASUREMENT	*****	******		******	******		mg/L			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	See Permit			01/01	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	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.						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Oil and Grease Monitoring is required if a visual sheen is observed or believed present.