

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS

FACILITY  
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

|               |                  |
|---------------|------------------|
|               |                  |
| (2-16)        | (17-19)          |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD       |    |     |                         |    |     |
|-------------------------|----|-----|-------------------------|----|-----|
| FROM                    |    |     | TO                      |    |     |
| YEAR                    | MO | DAY | YEAR                    | MO | DAY |
| (20-21) (22-23) (24-25) |    |     | (26-27) (28-29) (30-31) |    |     |

Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER<br>(32-37)                   | X                  | (3 Card Only)<br>QUANTITY OR LOADING<br>(46-53)  |         |       | (4 Card Only)<br>QUALITY OR CONCENTRATION<br>(38-45) |         |         |  | NO.<br>EX<br>(62-63) | FREQUENCY<br>OF<br>ANALYSIS<br>(64-68) | SAMPLE<br>TYPE<br>(69-70) |      |
|--|--------------------|--|---------|-------|--|---------|---------|--|----------------------|--|---------------------------|------|
|  |                    | AVERAGE<br>(54-61)   | MAXIMUM | UNITS | MINIMUM  | AVERAGE | MAXIMUM | UNITS  |                      |  |                           |      |
|  | SAMPLE MEASUREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | PERMIT REQUIREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | SAMPLE MEASUREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | PERMIT REQUIREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | SAMPLE MEASUREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | PERMIT REQUIREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | SAMPLE MEASUREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | PERMIT REQUIREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | SAMPLE MEASUREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | PERMIT REQUIREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | SAMPLE MEASUREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
|  | PERMIT REQUIREMENT |  |         |       |  |         |         |  |                      |  |                           |      |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |                    | <small>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. SEE RULE 62-620.305, F.A.C.</small> |         |       |  |         |         | TELEPHONE  |                      | DATE                                   |                           |      |
| TYPED OR PRINTED                       |                    |  |         |       |  |         |         | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |                      | AREA CODE                              | NUMBER                    | YEAR |

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