

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

Permittee Name/Address
(Include Facility Name/Location, if different.)

Name _____
Address _____

Permit Number _____

Discharge Number _____

GASOLINE

Check Here If NO Discharge

Facility Name _____
Facility Location _____

From			Monitoring Period			To		
Year	Mo	Day	Year	Mo	Day	Year	Mo	Day

Note: Read Instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Avg Monthly	Max Daily	Instantaneous Max	Units			
Flow	Sample Measurement		****	MGD	****	****	****	****			
	Permit Requirement	Report Avg Monthly	****		****	****	****		****		2/month
Benzene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		0.001	****	0.0025			2/month	Grab
Total BTEX	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		0.1	****	0.25			2/month	Grab
Toluene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
Ethylbenzene	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
Xylenes, Total	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab
MTBE	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		Report	****	Report			2/month	Grab

Permittee Name/Address
(Include Facility Name/Location, if different.)

Name _____
Address _____

Facility Name _____
Facility Location _____

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

Permit Number			Discharge Number					
From			Monitoring Period			To		
Year	Mo	Day	Year	Mo	Day	Year	Mo	Day

GASOLINE

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
		Average	Maximum	Units	Avg Monthly	Max Daily	Instantaneous Max	Units			
pH	Sample Measurement	****	****	****		****		Std Unit			
	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			2/month	Grab
Oil and Grease	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		15.0	****	30			once every six months	Grab
Iron (Dissolved)	Sample Measurement	****	****	****	****	****		mg/L			
	Permit Requirement	****	****		****	****	7.0			1/year	Grab
Total Suspended Solids	Sample Measurement	****	****	****		****		mg/L			
	Permit Requirement	****	****		30	****	75			1/year	Grab
	Sample Measurement	****	****	****		****					
	Permit Requirement	****	****			****					
Name/Title Principal Executive Officer		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 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
Comments and Explanation of Any Violations (Reference all attachments here.)											