



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-10 DMR
NEW TANKS AND PIPELINES

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER

OUTFALL NUMBER

Reporting Frequency: **Monthly**

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	SAMPLE MEASUREMENT		XXX	GPM	XXX	XXX	XXX	XXX			
	PERMIT REQUIREMENT	Report Avg Mo	XXX		XXX	XXX	XXX		XXX	1/discharge	Measure
Duration of Discharge	SAMPLE MEASUREMENT		XXX	Hours	XXX	XXX	XXX	XXX			
	PERMIT REQUIREMENT	Report Avg Mo	XXX		XXX	XXX	XXX		XXX	1/discharge	Measure
Total Volume Discharged	SAMPLE MEASUREMENT		XXX	Gallons	XXX	XXX	XXX	XXX			
	PERMIT REQUIREMENT	Report Total Mo	XXX		XXX	XXX	XXX		XXX	1/month	Calc
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX		XXX	XXX	mg/L			
	PERMIT REQUIREMENT	XXX	XXX		5.0 Min	XXX	XXX		XXX	2/discharge	Grab
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX		XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		6.0 Min	XXX	9.0 IMAX		XXX	2/discharge	Grab
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX			mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Avg Mo	0.05 IMAX		XXX	2/discharge	Grab
Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX			mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	30 Avg Mo	60 IMAX		XXX	1/discharge	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE			DATE			
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO

COMMENTS (Report all violations on the "Non-Compliance Reporting Form" (3800-FM-BCW0440))

PRE-DRAFT

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

PERMITTEE NAME/ADDRESS

NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____
WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER
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Reporting Frequency: **Monthly**

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	

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			
Dissolved Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	7.0 IMAX			1/discharge	Grab
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX			mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	15 Avg Mo	30 IMAX			1/discharge	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form" (3800-FM-BCW0440))