



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER

OUTFALL NUMBER

Reporting Frequency: **Semiannual**

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Ammonia-Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Arsenic	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Cadmium	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Cyanide	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Lead	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months



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

PAG-03 DMR
APPENDIX A

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Mercury	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Selenium	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Silver	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DAY

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



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PAG-03 DMR
APPENDIX B

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Check here if No Discharge

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Aluminum	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Zinc	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Copper	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Lead	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					

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

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APPENDIX B

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NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	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 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).</small>	TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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APPENDIX C

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Ammonia-Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Total Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		AREA CODE	NUMBER	YEAR	MO	DAY
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Pentachlorophenol	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Arsenic	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Chromium	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Copper	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

PRE-DRAFT



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BUREAU OF CLEAN WATER

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: **Semiannual**

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			FROM	TO		

Check here if No Discharge

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
	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	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



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BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX E

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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).</small>	TELEPHONE		DATE		
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Nitrate + Nitrite-Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Lead	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Zinc	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab



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PAG-03 DMR
APPENDIX F

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Check here if No Discharge

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Aluminum	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
	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 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).</small>	TELEPHONE		DATE		
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)")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX G

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
5-Day Biochemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Ammonia-Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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)")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX I

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
5-Day Biochemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Nitrate + Nitrite-Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					

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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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)")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX J

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX K

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Chloride	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX L

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX M

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Aluminum	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX O

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Aluminum	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Lead	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
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)")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX O

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Chemical Oxygen Demand (COD)	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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)")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX P

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER

OUTFALL NUMBER

Reporting Frequency: **Semiannual**

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			
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Copper	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Lead	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months
Total Zinc	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	XXX		Report Max		1/6 months

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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).</small>	TELEPHONE		DATE		
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)")



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX P

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX Q

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max		1/6 months	Grab	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX R

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max		1/6 months	Grab	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DAY

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



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX S

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Zinc	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX T

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Kjeldahl Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PAG-03 DMR
APPENDIX U

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Check here if No Discharge

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U.			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Nitrate + Nitrite-Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Total Aluminum	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Total Iron	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	Grab
Total Zinc	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	Report Max				1/6 months	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		
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PERMITTEE NAME/ADDRESS

NAME _____

ADDRESS _____

FACILITY _____

LOCATION _____

WATERSHED _____

PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semiannual

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			
Total Nitrogen	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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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)")