QUARTERLY DMR **ADEM DISCHARGE MONITORING REPORT** QUARTER _____ , 20 _____

COMPANY: LOCATION:

DSN SID NO. IU AREA:

PARAM													
MIN													
MAX													
MO. AVG													
FREQ													
UNITS													
DATE													
MAX													
MO. AVG													
DATE													
MAX													
MO.AVG													
DATE													
MAX													
MO. AVG													

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 persons 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.

Signature & Title of Responsible Official _____ Date _____ ADEM Form 458 8/02

Printed Name & Title of Responsible Official _____