

**FIELD OPERATIONS DIVISION
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

CBM NPDES STORMWATER DISCHARGE MONITORING REPORT

Please Type or Print in Ink
Please Attach Additional Information As Necessary.

Company Name _____

Facility Name _____

NPDES AL _____

Sample Date _____

County _____

Source Identifier
(Wellpad Name, Compressor Station, etc.) _____

Parameter Units	Flow mgd	pH s.u.	Fe, * mg/l	Mn, * mg/l	Cl, ** mg/l	BOD ₅ mg/l	COD mg/l	O&G mg/l	TSS mg/l
Amount									

* Total Dissolved

** Total dissolved Chlorides

Turbidity (if quantitative measurements are taken)

Background _____ NTUs

Effluent _____ NTUs

Downstream _____ NTUs

I certify under penalty of law that this document and all attachments were prepared under my direction of 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.

Name of Qualified Credentialed Professional

Signature

Date

Name of Responsible Official

Signature

Date