

NPDES # AL???????

???COMPANY NAME???

???FACILITY NAME???

???ADDRESS???

DSN 0?? Manual, ??????

??county?? County

Ptype 60

(???) ???-????

= Data Not Required

Year

1st Qtr

2nd Qtr

3rd Qtr

4th Qtr

Month

Day

Jan-Feb-Mar

Apr-May-Jun

Jul-Aug-Sep

Oct-Nov-Dec

* See Permit

PARAM	Effluent Flow	Instream Flow	Cl, Eff	Cl, Ins	Down Str Cond	Effluent Cond
MIN						
AVG	Mon	Down Str	*	*	*	*
MAX	Mon	Direction	*	*	*	*
UNITS	gpm	y/n	mg/l	mg/l	umhos/cm	umhos/cm
FREQ	*	*	*	*	*	*
Pre-Disch						
Pre-Disch						
0						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Day Max						
Day Avg						

I certify under penalty of law that this document and all attachments were prepared under my direction/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 & Title of Responsible Official _____

Signature _____

Date _____

NOTE: This form must be completed for each day discharges occur.

Copies of this form must be submitted in addition to the standard monthly DMR form each April 28, July 28, October 28, and January 28.

Mark standard DMR form with "See Manual Form" for data columns reported on this form.

Mark standard DMR form with "n/a" for data columns not required to be reported when using this form.