5/1/2000 ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) ADEM Form 355 8-02

MINING & NONPOINT SOURCE SECTION DISCHARGE MONITORING REPORT (DMR)

NPDES # AL??????? ???COMPANY NAME???

???FACILITY NAME??? ???ADDRESS???

OUTFALL NUMBER 0??

??county?? County Ptype 14 FC (???) ???-????

= Data Not Required

Year ____ 1st Qtr ____ (Jan-Feb-Mar) 2nd Qtr ____ (Apr-May-Jun) 3rd Qtr ____ (Jul-Aug-Sep) 4th Qtr ____ (Oct-Nov-Dec)

| | STANDARD LIMITS Drainage Before Any Treatment pH < 6.0 su or Fe > 10.0 mg/l | | | | STANDARD LIMITS Drainage Before Any Treatment pH > 6.0 su and Fe < 10.0 mg/l | | | | FLOW |
|---|---|---|---|---|---|---|---|---|---|
| PARAM | pH | TSS | Fe | Mn | pH | TSS | Fe | Mn | * |
| MIN | 6.0 | | | | 6.0 | | | | |
| AVG | | 35.0 | 3.0 | 2.0 | | | 3.0 | 2.0 | |
| MAX | 9.0 | 70.0 | 6.0 | 4.0 | 9.0 | 35.0 | 6.0 | 4.0 | |
| UNITS | s.u. | mg/l | mg/l | mg/l | s.u. | mg/l | mg/l | mg/l | mgd |
| FREQ | 2/mth | 2/mth | 2/mth | 2/mth | 2/mth | 2/mth | 2/mth | 2/mth | 2/mth |
| DATES | | | | | | | | | |
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Pump Discharge Point (Y/N) ____

Name of Permittee and/or Company(s) Collecting Samples And Performing Analyses.

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

* Instantaneous measure. Flow must be monitored in mgd each time sample is obtained.

Refer to Part I,A. of the permit. At least one sample must be obtained and analyzed for pumped or mechanical discharges if a discharge occurred at any time during the quarterly (three month) monitoring period. If applicable, list minimum of two required inspection dates for each month and report "No Discharge During Entire Quarter".