

## State of Alabama Department of Environmental Management Monthly Discharge Monitoring Report (DMR)

**PERMITTEE NAME:**  
**MAILING ADDRESS:**  
**FACILITY:**  
**LOCATION:**

**PERMIT NUMBER:**  
**DISCHARGE NUMBER:**  
 Monitoring Period: \_\_\_\_\_ to \_\_\_\_\_

**COUNTY:**  
**NO DISCHARGE FROM SITE : ( )**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
	Sample Measurement										
	Permit Requirement										
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<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	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 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.							<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date (MM/DD/YY)</b>	

When completed mail this report to: Alabama Department of Environmental Management, Post Office Box 301463, Montgomery, AL 36130-1463