Alabama Dept. of Environmental Management Daily Discharge Monitoring Report (DMR)

PERMITTEE NAME:

PERMIT NUMBER:

MAILING ADDRESS									
FACILITY: LOCATION:			DIS		E NUMBER: NG PERIOD:	TO:			
PARAMETER NAME				T					
PARAMETER CODE				1					
DISCHARGE NUM									
STAGE CODE									
UNIT									
NAME/TITLE OF PRINCI	ΡΔΙ	L certify und	ler penalty of law th	at I have person	ally avaminad	SIGNAT	TIRE OF	TELEPHONE NO	DATE
EXECUTIVE OFFICER OR AUTHORIZED AGENT		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELLI NOIVE NO	(MM/DD/YY)
		imprisonm	n, including the posse ent for knowing vio	lations.	u				