

WR-43-3-9004 MONITORING REPORT FORM

PERMITTEE: _____ NOI PERMIT No.: _____

Address: _____ Discharge Point: _____

Phone: _____

MONTH: _____ YEAR: _____

Page _____ of _____

NOTE: copies of all labs, including chain of custody, must be submitted with this report

DATE	INFLUENT									EFFLUENT								
	FLOW Daily Measured Gallons	Benzene 1xMonth	Total BTEX 1xMonth	MTBE 1xMonth	Lead 1xMonth	TPH 1xMonth	Trimethylbenzenes 1xMonth	Naphthalene 1xMonth			FLOW Daily Measured Gallons	Benzene 2xMonth	Total BTEX 2xMonth	MTBE 2xMonth	Lead 2xMonth	TPH 2xMonth	Trimethylbenzenes 2xMonth	Naphthalene 2xMonth
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31																		
TOTAL																		
Average																		
Max																		

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS:
 (Reference all attachments here)

I certify under penalty of law that I have personally examined, and am familiar with the information submitted herein. 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 imprisonment.

PREPARED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

Authorized Agent for the Permittee