



**STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF MATERIALS MANAGEMENT AND  
COMPLIANCE ASSURANCE  
PERMITTING AND ENFORCEMENT DIVISION  
860-424-3018**

# **Discharge Monitoring Report Instruction Manual**

**Amey W. Marrella, Commissioner**

Printed on recycled paper

# Discharge Monitoring Report (DMR) Instructions

To avoid common mistakes in completing DMRs, please be sure to read and adhere to the following:

## Submitting your DMR

- You are responsible* for making enough copies of the enclosed DMR forms needed for the life of your permit. You will *not* be sent additional DMR forms unless your permit is modified or reissued.
  - File the original DMR (enclosed) to enable you to make copies each year for the life of your permit.
  - Use only the forms provided by the DEP or an exact replica. Facilities that create their own forms must include a certification statement on each DMR as follows:

"I certify under penalty of law that this document is identical in format and content to the preprinted Discharge Monitoring Report which I received from the Department of Environmental Protection on [insert date] "
- You must submit a DMR each month even if you did not have a discharge for the entire month.* The only exception is for DMRs with parameters that are required to be sampled quarterly, semiannually, or annually.
  - If there was a discharge during *part* of a sampling period, you are still required to sample and report those results.
  - If you do not have a discharge for a sampling period, indicate by writing "NO FLOW" through the column concerned. *If you do not have a discharge for an entire sampling period, you must submit a DMR indicating that there was no flow for the entire period.*
  - For those parameter(s) that are no longer required by your permit to be sampled, you should write "LIMITS NO LONGER IN EFFECT" on the DMR where you would normally record the results.
  - Submit each DMR by the end of the month after the month in which sampling occurs. All DMRs for the sampling month **must be received** by the end of the month following sample collection. Example: January samples are due by February 28.
  - Do not report more than one month's sample results. Samples taken in different calendar months should be reported on separate DMRs. Example: a sample taken on Wednesday 9/30/02 is to be reported on the September DMR, a sample taken Thursday 10/01/02 is to be reported on the October DMR.
- If your permit has been modified and you have not received a new set of preprinted DMRs, follow the procedure below until you receive your new DMRs:
  - If the modification now includes additional parameter(s) to be sampled and reported, you must begin to sample and report results for that parameter **immediately**. You should write the results either on the bottom of the DMR or attach additional sheets to the DMR. You should identify the discharge and the parameter name and all sampling results as required. Be sure to include your

permit ID and facility name on each sheet. Please contact the DMR unit for a copy of the new DMRs.

4. For those companies that have completed and mailed their DMR and later notice an error or omission, send a corrected DMR marking the top of the form "REVISED" (use red pen), and highlight all changes. This will alert the Data Staff of a revised DMR and exactly what the changes are. Also include an explanation for each change and a second signed certification attesting to the validity of the revised information. Under RCSA section 27a-430-3 (j), if the permittee becomes aware that any information submitted was erroneous, or that required or any necessary information was omitted, he or she shall notify DMR processing within seventy two hours and submit the correct information in writing within thirty days.
  - Remember: You are required to follow the monitoring requirements of your permit at all times, even if the DMR form is inconsistent with the permit.
5. Report all samples results obtained with proper analytical techniques on your DMR. If you sample more frequently than what space allows, attach additional sheets. You should identify the discharge and the parameter name and all sampling results as required. Be sure to include your permit ID and facility name on each sheet.
6. Submit the original DMR signed and dated by a responsible officer, owner or duly authorized representative (See RCSA Section 22a-430-3(b) (2)(B), Signatory Requirements).
7. Continue to submit DMRs until your permit is revoked. Indicate "NLD" if you are no longer discharging. To revoke a permit, a request must be made in writing to the district engineer. You must also submit a closure plan for approval if you have waste chemical solutions to dispose of.
8. If you notice any errors on the DMR form contact:

Theresa Iacone	860-424-3808
Karen Maltese	860-424-3811
Lilly Molina	860-424-3922
Luis Muniz	860-424-3812

Completed DMRs should be mailed to:

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE  
DMR PROCESSING UNIT  
79 ELM STREET  
HARTFORD, CT 06106

The Permit ID should be included on any correspondence concerning your permit or DMRs.

### **Completing your DMR**

1. The DMR form must be filled out completely and can be typed or neatly handwritten. Provide all required information. Any parameters that do not have a result will be tagged as non-reported. Leaving a parameter blank or inappropriately inserting "NA" or "NO FLOW" will be considered as non-reported. Non-reported results are considered permit violations.

2. Do not change the units on the DMR form. Perform any calculation necessary to report the result in the units originally printed on the DMR form. If the units on the DMR are in "mg" and the results are reported in "ug", a limit violation will occur. If the units on the DMR form are not consistent with your permit you are required to follow the monitoring requirements of your permit at all times. Please contact the DMR unit to resolve these issues. Submit a corrected DMR as instructed previously in this document under item 4 "Submitting your DMR".
3. Use decimals as necessary, not fractions.
4. Permittees must enter results in the minimum, average and maximum columns (whichever is applicable per their permit) for each reporting period.
  - In the minimum column report the lowest single sampling result of all the samples taken. Do this for each pollutant parameter that requires a minimum sample result.
  - In the average column report the average of all the pollutant parameter samples taken. Add the individual sample results for that month, divide by the number of samples taken and enter that result in the average column. Do this for all pollutant parameters except for those with a sample type of RC (range during composite) which can not be averaged. This column should be prefilled with "XXXX"s, if not leave the average column blank for these. In calculating average concentrations, use zeros for "non-detect" values.
  - In the maximum column report the highest single sampling result of all the samples taken. Do this for each pollutant parameter that requires a maximum sample result.
  - If just one sample is taken in a given month, enter the same value in all three columns.
  - If the sampling frequency is more than once a week, the results must be submitted on a separate page attached to the DMR.
  - To assist you in filling out your DMRs, "XXXXX"'s have been prefilled to indicate that no minimum, average, or maximum sample result is required for a particular pollutant parameter.
  - If the analysis of the sample indicates results below the detection limit, enter a "ND" (non detected) before the minimum column and fill in the minimum, average and maximum columns with whatever the detection limit was **using a less than sign before the detected limit**. See example below. Do not use the term "trace" as a quantification value.

Example:

Parameter Name	Minimum	Average	Maximum
Copper	ND <0.01	0.0	ND <0.01
Zinc	ND <0.01	0.10	1.15

## 5. Parameters:

- **pH:** Enter the range of pH under "Sample Weeks (1-5)" for each day that a grab sample average or composite sample is collected.
- **pH (CODE 00400 Range During Composite):** pH must be reported as a range composite samples. It is the low and high value for the sampling period. You cannot average a pH value. If both values are not present you will be considered in violation. Enter the range of pH for the month in the "Minimum" and "Maximum" columns.
- **pH (CODE 00400 Grab):** If more than one grab sample was done for a reporting period, the lowest result must be entered as the minimum and the highest result must be entered as the maximum. If only one sample was taken, that result should appear in the minimum and maximum columns. Those results cannot be averaged.
- **Total Residual Chlorine (CODE 50060 Range During Composite):** Total residual chlorine must be reported as a range. It is the low and the high value for the sampling period. You cannot average this value. If you do not report both results, you will be considered in violation.
- **Total Residual Chlorine (CODE 50060 Grab):** If more than one grab sample was taken for the reporting period, the lowest result must be entered as the minimum and the highest result must be entered as the maximum. If only one sample was taken, that result must appear in the minimum and maximum columns.
- **Total Toxic Organics (TTO) (CODE 78141):** You must report a value for TTO unless you have a Solvent Management Plan (Toxic Organic Management Plan) approved by DEP. With an approved Solvent Management Plan you may submit a result or initial the compliance statement on each monthly DMR as required by your permit. If there is no discharge for the month you must still initial the certification statement.
- **Flows:**
  - **Average Daily Flow:** is the average of all-total daily flows measured during any calendar month. Use only those days on which a discharge occurs to calculate average daily flow.
  - **Hours of Discharge:** is the total amount of time the discharge occurred on the day of **sampling**. Report all time in hours and decimal fractions of hours (not minutes). (Example: Enter 7.25 for 7 hours and 15 minutes.)
  - **Total Flow for the day of Sampling:** is the entire **flow** for the day that samples were taken.
- **Aquatic Toxicity:** For aquatic toxicity enter a "P" for pass or an "F" for fail in the average column. Do not indicate the percentage survival rate. Tests must be performed early in the required testing month to insure that all laboratory data is available by the end of the following month. When an aquatic toxicity test fails, it is the facility's responsibility to retest within 30 days and submit results by the end of the following month. Write the testing parameter names and codes with the results on the bottom of the DMR to be submitted.

6. **Remember:** You are required to sample and report all parameters, inspections and/or validations as specifically required by your permit. If your new DMR does not list all of the parameters required by your permit, you should contact the DMR unit to resolve the issues and:
- Write the additional results on the bottom of the DMR or on additional sheets identifying the discharge, parameter name, and the minimum, average and maximum results. Attach any other result that you are required by your permit to report. Be sure to include your permit ID and facility name on each sheet. Submit a corrected DMR as instructed previously in this document under item 4 "Submitting your DMR". See example below:

**NEW PARAMETER:**

DSCH	PARAMETER	MIN	AVG	MAX	1	2	3	4	5
001 A Mon Loc 1	Copper	XXX	0.78	1.4	0.2	0.1	1.4	1.2	1.0

7. **Additional Notes:**

- If your permit contains a provision which requires monitoring for one or more pollutant(s) only under certain specified conditions, for example only at times when they are expected to be present in a discharge, please make sure that such monitoring is undertaken and the results provided in the DMR or note on the DMR why no sample was taken.
- Please make sure that sampling is conducted on the months specified in the definitions section of the permit (e.g. January, April, etc.) or if it is not specified, then as specified in the pre-printed DMRs you receive from DEP.
- Please be sure to include in the DMR submission, a cover letter with an explanation for any violation(s) of effluent limitations (including flow limits) and corrective actions taken, and explain any failure to monitor for any pollutants.
- In some instances a permittee will submit a laboratory report of a sample analysis and write on the DMR "see results attached". The permittee is responsible for completing the DMR form based on the lab results.
- If your company changes ownership, your permit must be transferred to the new owner, corporation, or LLC. Transfer forms can be found on DEP's website at [www.ct.gov/dep/permits&licenses](http://www.ct.gov/dep/permits&licenses) (Air, Waste, Water and Land Use/Common Forms/Permit Transfer) and shall be submitted 30 days prior to transfer.
- To request a modification or revocation of your permit, please contact the appropriate permitting district for your area at 424-3018. Facilities must submit a written request and receive approval from the DEP per CGS Section 22a-430-4(p).
- Note your permit expiration date. A renewal application must be submitted 180 days prior to permit expiration to continue legal coverage and avoid late fees.
- See Water Discharge Permit Regulations Section 22a-430-3 and 22a-430-4 for definitions.

## Specific DMR Form Instructions

The following definitions correspond to a labeled number on the attached example DMR form. Any shaded areas on the DMR form should be prefilled by DEP. Any white non-shaded areas must be completed by the applicant. Please verify that all prefilled areas are consistent with your permit. If not, follow the instructions under item 4 "Submitting your DMR" to correct your DMR form. Remember: You are required to follow the monitoring requirements of your permit at all times, even if the DMR form is inconsistent with the permit.

1. **PERMIT TYPE CODE:** Identifies one of the following types of permit the DMR represents.
  - **CT –NPDES Permit:** permit ID's beginning with CT which represent discharges to surface water
  - **SP – State permit:** permit ID's beginning with SP which represent discharges to a sanitary sewer (POTW), also known as pretreatment permits
  - **AG:** permit ID's beginning with AG which represent agricultural discharges
  - **LF:** permit ID's beginning with LF which represent landfill discharges
  - **UI:** permit ID'S beginning with UI which represent discharges from septic systems (underground injection control sites)
2. **PERMIT ID:** A unique 9-character code that identifies a specific permit.
3. **PERMIT DESIGNATION:**
  - **MAJ:** Major
  - **SIG:** Significant Minor
  - **MIN:** Minor
4. **Dist, Town, Loc:** Codes used to uniquely identify your company by district, town and location.
5. **Key, Issue, Expire:** Identifies the permit number and issuance and expiration dates.
6. **Discharge or Monitoring ID:** Identifies the Discharge Serial Number (same as on your permit) that identifies the discharge and/or monitoring sites. Listed under the discharge or monitoring ID's are the parameters required to be sampled.
7. **Mon Loc:** Is a code used by the agency to further identify the discharge or monitoring site. One parameter may have several monitoring location requirements pertaining to the same pipe. Note the Mon Loc that identifies the pipe itself is 1.
8. **Sample Month and Year:** Is the calendar month and year in which you took samples and are reporting the results for.
9. **Sample Week(s):** Fill in the date(s) the samples were taken.
10. **1 through 5:** Under each sample week (week number one through five) enter the sample results for that week. Use these sample results to calculate the Minimum, Average and Maximum results. Note that pollutant parameters with a sample type of RC (range during composite) **cannot be**

**averaged**, therefore enter the low and high for RC samples taken that week. The average column should be prefilled with “XXXX”s otherwise leave it blank.

- 11. **CODE:** Is a code used to identify a specific pollutant parameter.
- 12. **Start:** Is the date the limits for each pollutant parameter went into effect.
- 13. **S:** Is a code used to identify if a pollutant parameter has seasonal limits.
- 14. **M:** Is a code used to identify if a pollutant parameter has been modified.
- 15. **TYP:** Is a code used to identify the type of sample you are required to perform.

#A	# Hours Average Taken	I	Instantaneous Flow
24C	24 Hour Composite	IM	Instantaneous Measurement
4C	4 Hour composite	N/A	Not Applicable
BC	Batch Composite	OC	Occurs
BT	Total Of Batches	RC	Range During Composite
CA	Calculate	RD	Range During Day
CN	Continuous	REP	Attach Report
CP	Composite	RGS	Range During Grab Sample
CR	Check Requirements	RS	Range During Sampling
DC	Daily Composite	RY	Range Collect Cyanide Sample
E	Estimates	S	See Permit
G	Grab	T	Total
GSA	Grab Sample Average	V	Visual
H	Time In Hours		

- 16. **UNIT:** Is a code used to identify the units that your permit requires reports in.

10 Per Milliliter	10/ML	Degrees Centigrade	DEG C
1000 Cubic Feet	1000CF	Degrees Fahrenheit	DEG F
1000 Gallons Per Day	TGAL/D	Degrees Fahrenheit Per Hour	F/HR
Acres	ACRES	Dry Tons	DTONS
Acute Toxicity	AC/TOX	Feet	FT
Admi Unit Color	ADMI	Feet Per Second	FTS
British Thermal Units	BTU	Fibers Per Liter	FIB
BTU'S Per Day	BTU/D	Formazin Turbidity	FTU
BTU'S Per Hour	BTU/HR	Gallons	GAL
BTU'S Per Minute	BTU/M	Gallons Per Batch	GPB
BTU'S Per Second	BTU/S	Gallons Per Day	GPD
Centimeters	CM	Gallons Per Hour	Gal/Hr
Chronic Toxicity	CH/TOX	Gallons Per Minute	GPM
Color, Platinum Cobolt	PT-CO	Gallons Per Month	GAL/M
Conductance, Micromho/CE	UHM/CM	Gallons Per Ton Live Weight	GA/TLW
Counts Per Liter	CNT/L	Gallons Per Week	GAL/WK
Cubic Feet Per Day	FT3/D	Gallons Per Year	GAL/Y
Cubic Meters Per Day	M3/D	Gallons Per Acre	GAL/AC
Cubic Yards	CUB YD	Grams Per Day	GR/DAY
Curies Per Milliliter	CU/ML	Grams Per Liter	GR/L
Curies/Day	CU/D	Grams Per Milliliter	GR/ML
Cycles	CYC	Grams Per Milliliter	G/ML
Day	D/Day	Hours	HRS
Days Per Week	D/WK	Hours Per Day	HR/D
Degrees C Per Hour	C/HR		

Hours Per Month	HR/MO	Most Probable Number Per 100ML	PN/100
Hours Per Week	HR/WK	Nanograms Per Liter	NG/L
Jackson Turbidity Candle Unit	JTU	Nephelometric Turbidity Units	NTU
Kilograms Per Month	KG/M	No = 0 Yes = 1	Y/N
Kilograms	KG	Number Of Days	# DAYS
Kilograms Per 1000 Gallons	KG/TGA	Number Per 100 Milliliters	#/HML
Kilograms Per 1000 Kilograms	K/1000	Number Per Milliliter	#/ML
Kilograms Per Batch	KG/BAT	Occurrences Per Day	OCC/D
Kilograms Per Day	KG/D	Occurrences Per Week	OCC/WK
Kilograms Per Hour	KG/HR	Parts Per Billion	PPB
Kilograms Per Liter	KG/L	Parts Per Million	PPM
Kilograms Per Metric Ton Prod	KG/MTP	Parts Per Quadrillion	PPQ
Kilograms Per Year	KG/YR	Parts Per Thousand	PPTH
Liters	LITER	Parts Per Trillion	PPT
Megawatts	MWATTS	Pass/Fail	P/F
Meters	METER	Percent	%
Meters Per Second	MPS	Percent Mortality	%/MORT
Metric Tons Per Day	MT/D	Percent Removal	% REM
Microcuries Per Milliliter	UC/ML	Percent Samples In Compliance	%COMP
Micrograms Per Kilogram	UG/L	Percent Survival	% SURV
Micrograms Per Liter	UG/L	Picocuries Per Liter	PCI/L
Micromhos	UMHOS	Picocuries Per Milligram	PCI/MG
Milligrams Per Day	MG/DAY	Picocuries Per Milliliter	PIC/ML
Milligrams Per Kilogram	MG/KG	Picograms Per Liter	PCG/L
Milligrams Per Liter	MG/L	Pounds	LBS
Milligrams Per Square Meter	MG/SM	Ratio	RATIO
Milliliters Per Liter	ML/L	Severity Units	SEV U
Million BTU'S Per Day	MBTU/D	Short Tons Per Day	ST/D
Million Gallon Per Day	MGD	Sludge Volume Index	SVI
Million Gallons Per Batch	MGAL/M	Square Feet	FT2
Million Gallons Per Month	MGAL/M	Standard Units	SU
Million Gallons Per Batch	MGAL/B	Streamflow Cubic Meter Per Day	CMSF/D
Million Gallons Per Month	MGAL/M	Threshold Number	THRESH
Million Gallons Per Year	MGA/YR	Time, Hours And Minutes	HHMM
Million Gallons Per Year	MGAL/Y	Tons Per Day	TON/D
Million Pounds Per Year	MLBS/Y	Total Numbers	NUMBER
Minutes	MIN	Toxicity Units	TOX U
Minutes Per Day	M/DAY	Visual	VISUAL

17. **Parameter:** Is the name of the pollutant parameter that you are required to sample and report the results of analyses and/or readings. See your permit for verification of the exact parameter to sample, although this item is prefilled by DEP.
18. **Minimum Average Maximum:** Are the columns you enter pollutant parameter sample results. Use the results under the **Sample Week(s)** to calculate the minimum, average, and maximum results and enter those results in the Minimum, Average and Maximum columns. For samples that are taken more than once a week, identify on attached sheets these results and calculate the minimum, average, and maximum results directly from the attached sheets and enter those minimum, average, and maximum results under the Minimum, Average and Maximum columns.

19. **FREQ:** Is a code used to identify the frequency of sampling required.

10/30	10 Times Per Month	N/A	No Sampling Requires
12/01	12 Times Per Day	01/12	Once Per 12 Days
12/30	12 Times Per Month	½	Once Per 2 Days
15/30	15 Times Per Month	01/60	Once Per 2 Months
16/01	16 Per Day	01/14	Once Per 2 Weeks
18/30	18 Per Month	01/03	Once Per 3 Days
20/30	20 Times Per Month	01/28	Once Per 4 Weeks
03/05	3 Times Per 5 Days	01/05	Once Per 5 Days
03/BA	3 Times Per Batch	01/08	Once Per 8 Days
03/07	3 Times Per Week	01/BA	Once Per Batch
03/YR	3 Times Per Year	01/DD	Once Per Discharge Day
04/BA	4 Times Per Batch	01/DW	Once Per Discharge Week
04/01	4 Times Per Day	01/SH	Once Per Shift
05/08	5 Times Per 8 Days	01/07	Once Per Week (Weekly)
05/01	5 Times Per Day	01/YR	Once Per Year (Annually)
05/30	5 Times Per Month	01/90	Once Every 3 Months (Quarterly)
05/90	5 Times Per Quarter	01/30	Once Per Month (Monthly)
05/SH	5 Times Per Shift	03/99	See Permit
05/07	5 Times Per Week	04/99	See Permit
05/WK	5 Times Per Week	07/30	Seven Times Per Month
06/30	6 Times Per Month	06/01	Six Per Day
08/BA	8 Times Per Batch	06/07	Six Per Week
08/01	8 Times Per Day	03/30	Three Per Month
08/30	8 Times Per Month	03/08	Three Times Per 8 Days
09/01	9 Times Per Day	03/01	Three Times Per Day
09/30	9 Times Per Month	02/30	Twice A Month (Bi-Monthly)
88/88	Cleaning	02/YR	Twice A Year (Semi-Annually)
99/99	Continuously	02/BA	Twice Per Batch
01/01	Daily, One Per Day	02/01	Twice Per Day
02/14	Every 2 Weeks	02/SH	Twice Per Shift
48/01	Every Half Hour	02/07	Twice Per Week
05/BA	Five Per Batch	02/90	Twice Quarterly
04/30	Four Per Week	WH/DS	When Discharge Occurs
24/01	Hourly		

20. **TTO Statement:** Either write the results of a TTO sample or initial the compliance statement. You are required to follow the monitoring requirements of your permit at all times. TTO sampling must be performed at the frequency specified in your permit until your solvent management plan has been approved in writing by the commissioner.

21. **Number Of Pages:** This is used to verify if all pages of your DMR form are sent in.

Please remember, each monthly DMR report could have different parameters and number of pages. Some parameters are required annually or quarterly and would not appear on each monthly DMR report. The same is true for pipes, some pipes are due annually or quarterly and will only appear on the monthly DMR reports they are required. Always use the correct monthly DMR report when submitting your results, we will be sending back any DMR reports that are not submitted on the correct DMR report, and you will be in non-compliance until we receive the results on the correct monthly DMR report.



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE  
 DMR PROCESSING UNIT  
 79 ELM STREET  
 HARTFORD, CT 06106

DATE RECEIVED (Stamped):

Logged  Entered  QA'd

## SAMPLE Discharge Monitoring Report

If there are any changes or corrections with your facility information, please cross out incorrect information and replace with correct information, mark the top of the form "Revised" in red pen and include an explanation for each change on an attached sheet. Please see DMR instructions for more details.

Facility: **ABC Circuits, Inc.**

Town: **Bethel**

Phone: **203-999-9999**

Contact: **John Smith**

Permit: <b>SP</b>		<b>0000003</b>		<b>MAJ</b>		Average Flow: 20000 GPD Metal Finishing					Dist: I1 Town: 009 Loc: 020					
Key: SP0000003 Issue: 042991 Expire: 042996											Sample Month: January__ (yr)					
Discharge: 001 1				Mon Loc: 1							Sample Weeks					
Code	Start	S/M	TYP	Unit	Parameter	Minimum			Average	Maximum	Freq	Sample Weeks				
						1	2	3				4	5			
01027	042991	0/0	DC	MG/L	Cadmium, Total	xxxxxxx					01/30					
01034	042991	0/0	DC	MG/L	Chromium, Total (AS CR)	xxxxxxx					01/30					
01042	042991	0/0	DC	MG/L	Copper, Total	xxxxxxx					01/07					
00720	042991	0/0	GSA	MG/L	Cyanide, Total	xxxxxxx					01/07					
81381	042991	0/0	H	HR/D	Duration of Daily Dischar	xxxxxxx					01/07					
74076	042991	0/0	T	GPD	Flow, Day of Sampling	xxxxxxx					01/07					
01051	042991	0/0	DC	MG/L	Lead, Total (AS PB)	xxxxxxx					01/07					
01067	042991	0/0	DC	MG/L	Nickel, Total (AS NI)	xxxxxxx					01/07					
00400	042991	0/0	RC	SU	pH			xxxxxxx			01/07					
01077	042991	0/0	DC	MG/L	Silver, Total (AS AG)	xxxxxxx					01/07					
00530	042991	0/0	DC	MG/L	Solids, Total Suspended	xxxxxxx					01/07					

<b>Key: SP0000003 Issue: 042991 Expire: 042996</b>					<b>Average Flow: 20000 GPD Metal Finishing</b>					<b>Sample Month: January___ (yr)</b>				
<b>Discharge: 001 1</b>			<b>Mon Loc: 1</b>											
<b>Code</b>	<b>Start</b>	<b>S/M</b>	<b>TYP</b>	<b>Unit</b>	<b>Parameter</b>	<b>Minimum</b>	<b>Average</b>	<b>Maximum</b>	<b>Freq</b>					
01102	042991	0/0	DC	MG/L	Tin, Total (AS SN)	xxxxxxx			01/07					
78141	042991	0/0	G	MG/L	*Total Toxic Organics (TTO)	xxxxxxx	xxxxxxx		01/30					
01092	042991	0/0	DC	MG/L	Zinc, Total (AS ZN)	xxxxxxx			01/30					

20

\*At the frequency required in the discharge permit, include either the result of analyses for TTO or initial the following statement:  
Based on my inquiry of the person or persons responsible for managing compliance with the permit limitation for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report, which required such certification. I further certify that this facility is implementing the solvent management plan approved by the commissioner.  
\_\_\_\_\_  
(Provide initials here)

<b>Key: SP0000003 Issue: 042991 Expire: 042996</b>					<b>Average Flow: 1000 GPD Metal Finishing</b>					<b>Sample Month: January___ (yr)</b>				
<b>Discharge: 002 1</b>			<b>Mon Loc: 1</b>											
<b>Code</b>	<b>Start</b>	<b>S/M</b>	<b>TYP</b>	<b>Unit</b>	<b>Parameter</b>	<b>Minimum</b>	<b>Average</b>	<b>Maximum</b>	<b>Freq</b>					
81381	042991	0/0	H	HR/D	Duration of Daily Dischar	xxxxxxx			01/30					
74076	042991	0/0	T	GPD	Flow, Day of Sampling	xxxxxxx			01/30					
00400	042991	0/0	RC	SU	pH		xxxxxxx		01/30					
00530	042991	0/0	DC	MG/L	Solids, Total Suspended	xxxxxxx			01/30					

### Statement of Acknowledgement

21 This DMR consists of \_\_\_ pages for the reporting period January \_\_\_\_\_ (yr)

"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."

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Official (print or type):