FACILITY **ADDRESS** PERMITTEE NAMEJADDRESS (Include ATTENTION LOCATION Facility Name/Location if different) PARAMETER (32-37)RICH FRETTERD **上西京** 8. divasdoo PAPE NEAR CR3 + CRSI

AVIE #1

COG

PERMIT NUMBER

DISCHARGE NUMBER

Remor T. Final

> OMB No. 2040-0004 Approval expires 10-31-94

Form Approved.

DISCHARGE MONITORING REPORT (DMR)

(17-19)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

FROM

(20-21)

(22-23) (22-23)

(24-25)

5

200

28-29 **₹**

30 DAY

NOTE: Read instructions before completing this form

NO DISCHARGE

YEAR

5

MONITORING PERIOD
DAY | YEAR

YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SERV COWNEY PERMIT ADMINISTRATOR TYPED OR PRINTED MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT 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 IMPRISONMENT. SEET 18 U.S.C., § 1001 AND 30 U.S.C. § 1319.

[Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) (3 Card Only) AVERAGE ***** * * * * * * * * * * * * **** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** (46-53)QUANTITY OR LOADING MAXIMUM **** ***** **** ***** **** **** ***** ***** ***** ***** ***** ***** **** ***** * * * * * * * * * * * * * * * * ***** ***** ***** ***** **** ***** ***** **** ***** CNITS ***** ***** ***** ***** (4 Card Only) (38-45) MUNINE ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** ***** **** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT lan 30-DAY AVG AVERAGE QUALITY OR CONCENTRATION (46-53) Couman MAXIMUM ***** ***** **** ***** ***** **** KAKAKAKA ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** **乔齐齐齐** ***** **** **** ***** ***** 7191314-8945 AREA TELEPHONE UNITS NUMBER EX. X NO SAMPLES 28 FREQUENCY ANALYSIS YEAR (64-68)윾 LEAST NO. DATE 30 6 SAMPLE (69-70)ध्ध YAC

25.6 CONTEX

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

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