De Minimus Discharge Monitoring Report Form

DGP Authorization No. _____

SUBMIT TO:
Arizona Department of Environmental Quality
Surface Water Section / Permits Unit / De Minimus
1110 W. Washington, 5415A-1, Phoenix, AZ 85007

For reporting monitoring for any discharges that last for more than 4 days or release more than 250,000 gallons in any one day.

Discharge ID* _____ or

Type of discharge _____
if discharge is unspecified

Location of Discharge

Latitude: _____

Longitude: _____

Parameters Monitored
(Fill in results for any required monitoring parameters below. If the parameter is not required mark "N/A")

Specify number of test method used for each parameter °			Total Residual Chlorine in **ug/l**	Oil and Grease in **mg/l**	pH in **s.u.**	Turbidity in **NTU**	*E.Coli* in **cfu**	Total Dissolved Solids **mg/l**	Specify any required 'Constituents of Concern' as defined in the permit		
Discharge Date	Flow Rate **(Max/Avg) (gal/min)**	Volume Discharged **(GPD)**									

* As given on the Discharge Information forms submitted with the Areawide NOI. If the discharge is unspecified indicate the type of discharge as specified in table 2 of the Areawide NOI. Discharge ID number is not required for non-areawide authorizations.

CERTIFICATION

"*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 this system, or those persons directly responsible for gathering the information, I believe the inform ation submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZG2004-001 issued by the Director.*"

Printed Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____