

City of Columbia Regulated Industrial Wastewater Discharge Monitoring Report Form DMR

Company Name:							
Address:							
Name and Position Of Principal Executive Officer:							
Contact Person:	Telephone						
Pretreatment Plant Operator:							
Discharge Permit Number:							
Reporting Interval:	To YR/MO/DAY YR/MO/DAY						
Discharge Limits:			Condition	IS		ed From Sa	ampling
	Monthly Avg. Daily Max.				Monthly Avg. Daily Max		
Parameter	Mg/L	Lbs/Day	Mg/L	Lbs/Day	Mg/L	Lbs/Day	Lbs/Day



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	Flow: <u>Permitted Conditions</u>	Reported From Sampling						
Maximum GPD:								
Maximum GPM:								
(Attach record of all daily flows that exceed the daily permitted flow.)								
Compliance:	YES	NO						
Sample Date(s):		Analysis Date(s):						
Sample Time(s):		Analysis By:						
Sample Type:		Receipt Date(s):						
Sampled By:		Receipt By:						

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 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, 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.

Date

Signature of Principal Executive Officer or Authorized Agent