



City of Columbia Regulated Industrial Wastewater Discharge Monitoring Report Form

DMR-01

Industry Name: \_\_\_\_\_

Industry Address: \_\_\_\_\_

Name and Position of Principal Executive Officer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Pretreatment Plant Operator: \_\_\_\_\_

Discharge Permit Number: \_\_\_\_\_

Reporting Interval: \_\_\_\_\_

(Year/Month/Day) To (Year/Month/Day)

Monthly Discharge Limits:

SAMPLE POINT 001	Permitted Conditions				Reported From Monitoring/Sampling			
	Daily Maximum Flow		Daily Maximum Flow Rate		Daily Maximum Flow		Daily Maximum Flow Rate	
Flow	XXX GPD		XXX GPM					
pH	Min:	6.0	Max:	9.0	Min:		Max:	
	Monthly Average		Daily Maximum		Monthly Average		Daily Maximum	
Parameter	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day
Oil and Grease	M&R	M&R	100	M&R				
BOD	M&R	M&R	M&R	XXX				
TSS	M&R	M&R	M&R	XXX				
Ammonia	M&R	M&R	M&R	XXX				
Total Kjeldahl Nitrogen	M&R	M&R	M&R	XXX				
**Other parameters as required based on the specific industry	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				



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DMR-02

Quarterly/Semi-annual Discharge Limits

SAMPLE POINT 001	Permitted Conditions				Reported from Monitoring/Sampling			
	Monthly Average		Daily Maximum		Monthly Average		Daily Maximum	
Parameter	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				
	M&R	M&R	M&R	XXX				

DMR-02 must be submitted when the quarterly/semi-annual sampling is conducted or if any of the parameters identified are sampled.



**Sample Point 001**

Flow:

Reported from Monitoring

Monthly Average GPD: \_\_\_\_\_

Reported from Sampling (GPD): \_\_\_\_\_

(Attach record of all daily flows that exceed the daily permitted flow.)

Compliance:  YES  NO

Sample Date(s): \_\_\_\_\_ Sample Time(s): \_\_\_\_\_

Composite Sample Type (Time or Flow): \_\_\_\_\_ Sampling Intervals (gallons): \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name: