De Minimis Discharge Monitoring Report Form

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

DGP Authorization No. _____ **Permittee Name:**_____

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

Discharge ID*_____ or
Type of discharge* _____
if discharge is unspecified
Location of Discharge
Latitude: |__|__|° |__|__|' |__|__|. |____|"
Long.: |__|__|__|° |__|__|' |__|__|. |____|"

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

Specify test method used (if applicable) 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 De Minimis General Permit:		
										Units:	Units:	Units:
Discharge Date	Flow Rate (Max/Avg) (gal/min)	Duration of Flow (Hrs:min)	Volume discharged (GPD)									
Total volume discharged:				(Include total only on final page, if more than one sheet is used.)								

* Discharge ID and Type of Discharge are required only for Areawide, Project-wide, or Facility-wide authorizations. Enter Discharge ID as given on the Discharge Information forms submitted with the Areawide NOI. If the discharge is unspecified, indicate the type of discharge as listed in Table 2 of the Areawide NOI.

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 information 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. AZG2009-001 issued by the Director."

Printed Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____