

**TEMPORARY DISCHARGE SELF-MONITORING REPORT**

*\*The following information must be submitted within 20 calendar days of the authorized discharge event. Failure to submit this information as stated in permit conditions could result in denial of future discharges and suspension or termination of permit*

**SECTION A INDUSTRIAL USER INFORMATION**

COMPANY NAME: \_\_\_\_\_ PERMIT NO. TU- \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT DISCHARGE LOCATION: \_\_\_\_\_

**SECTION B: SAMPLE COLLECTION AND SAMPLE ANALYSIS INFORMATION**

SAMPLING ANALYSIS REQUIRED? YES  NO

SELF MONITORING MONTH: \_\_\_\_\_ SAMPLE DATE(S): \_\_\_\_\_

COLLECTOR'S NAME AND COMPANY: \_\_\_\_\_

ANALYTICAL LABORATORY: \_\_\_\_\_ \*PLEASE ATTACH LAB RESULTS

**SECTION C: DISCHARGE DATA**

DISCHARGE DATE	DISCHARGE LOCATION / MANHOLE ID	START TIME	END TIME	DURATION HOURS/MINUTES	FLOW RATE GALLONS PER MINUTE	SUBTOTAL GALLONS DISCHARGED
<b>TOTAL GALLONS DISCHARGED</b>						

**CERTIFICATION**

*"I hereby certify that the event was witnessed by myself and all information is based on the actual facts during discharge."*

\_\_\_\_\_

**Authorized Individual (Print Name)      Authorized Individual (Signature)      Date      Phone Number**