

TEMPORARY DISCHARGE SELF-MONITORING REPORT

Company Name: _____

Company Address: _____

Temporary Discharge Permit Number: _____

Project Name: _____

Project Discharge Address/Location: _____

Per Temporary Discharge Permit Condition #8, the following information is being submitted **within 20 calendar days** of the authorized discharge event to:

Director
Department of Environmental Services
City and County of Honolulu
1000 Uluohia Street, #303
Kapolei, Hawaii 96707
Attention: Regulatory Control Branch

DISCHARGE DATE	START TIME	END TIME	DURATION HOURS/MIN.	FLOW RATE GALLONS PER MIN.	TOTAL DISCHARGE IN GALLONS
TOTAL GALLONS DISCHARGED					

Include any sampling analysis as required under the permit conditions.

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

Authorized Individual's Signature

Date

Print Name

Phone Number