COAL PILE RUNOFF, EXCEPT FOR SECTOR O **STW/ TXR05_____/ CO**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

ADDRESS

FACILITY LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
	N/A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
	01	01		12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

Only If required, mail to: TCEQ (MC 213)
P.O. Box 13087
Austin, TX 78711-3087

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)		(54-61)	(4 Card Only) QUALITY OR CONCENTRATION (38-45)	(46-53)	(54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	50 Daily Max	mg/l		1/Year	Grab
pH	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	6.0 - 9.0 Range	S.U.		1/Year	Grab
	SAMPLE MEASUREMENT										
	SAMPLE REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-004