



DISCHARGE MONITORING REPORT

COMPANY				CSMO/NPDES PERMIT NO.	
OUTFALL NO.		MPID		Monitoring Period (Qtr./Yr.)	

INDICATE FOR EACH SAMPLE THE APPLICABLE DRAINAGE AREA CATEGORY (DAC):

1) Pre-reclamation/Preparation Plant 3) Mine Drainage 5) Post-reclamation Area
 2) Commingled/Controlled 4) Refuse Disposal Area

Month 1								
Date	DAC	Flow	pH	Iron	Manganese	TSS	SS	Precipitation
Average								

Month 2								
Date	DAC	Flow	pH	Iron	Manganese	TSS	SS	Precipitation
Average								

Month 3								
Date	DAC	Flow	pH	Iron	Manganese	TSS	SS	Precipitation
Average								

Laboratory Identification Number		
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Company 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 upon 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		Date	
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