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| Fort Wayne City seal | | Original  Revised | | **Fort Wayne City Utilities**  **Industrial Pretreatment Section**  **Discharge Monitoring Report (DMR)** | | | | | | | | | | | Mail to: Fort Wayne City Utilities  Industrial Pretreatment Section  2601 Dwenger Ave.  Fort Wayne, IN 46803 | | | | |
| * DMR is **due the 15th of each month**, for the prior month sampling. * Electronic DMRs **WILL NOT** be accepted * All results need to be reported in mg/L. * Results should be reported to the same number of decimal places as found in the permit during normal discharge. | | | | | | | | | * All samples shall be taken at the location specified in the permit. * Test results that are below the method detection limit must be reported using the less than symbol (<) followed by the number detection limit eg <1. Putting ND is NOT valid. * Total metals include results for copper, nickel, chromium, and zinc. If a result is <# add half of the <# to the result for total. | | | | | | | | | | |
| Industry Official Name: | | | | | | | Industry Physical Address: | | | | | | | | | | | Zip Code: | |
| Industry Mailing Address: | | | | | | | | | | | Zip Code: | |
| **Permit Number** | | | | | | | **Outfall** | | | | | | **Month** | | | | | **Year** | |
| **Laboratory Performing the Analysis:** | | | | | | | | | | **Company Collecting Samples:** | | | | | | | | | |
| **Test Parameter** | | | | |  |  | |  | | |  | |  |  | | |  | |  |
| **Test Method** | | | | |  |  | |  | | |  | |  |  | | |  | |  |
| **Date Analysis Performed** | | | | |  |  | |  | | |  | |  |  | | |  | |  |
| **Person Performing Analysis** | | | | |  |  | |  | | |  | |  |  | | |  | |  |
| **Sample Type**  **(Grab/Comp.)** | Permit Requirement | | | |  |  | |  | | |  | |  |  | | |  | |  |
| As Monitored | | | |  |  | |  | | |  | |  |  | | |  | |  |
| **Sample**  **Frequency** | Permit Requirement | | | |  |  | |  | | |  | |  |  | | |  | |  |
| As Monitored | | | |  |  | |  | | |  | |  |  | | |  | |  |
| **Effluent**  **Limitations** | Permit Daily Maximum | | | |  |  | |  | | |  | |  |  | | |  | |  |
| Actual Daily Maximum | | | |  |  | |  | | |  | |  |  | | |  | |  |
| Sample Date | Time | | Collector | |  | | | | | | | | | | | | | | |
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| Number of Times Effluent Limitations Exceeded | | | | |  |  | |  | | |  | |  |  | | |  | |  |
| Is the industry required to have a Certified Wastewater Operator Yes No | | | | | 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 the system, or those persons directly responsible for gathering 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  Certified Operator: | | | | | Printed Name:  Operator Class:  Wastewater License Exp. | | | | | | | Signature of Responsible  Corporate Officer: | | | | Printed Name:  Title: | | | |