

Discharge Monitoring Report
Data Input Form

Contact Information

Name: _____
Company: _____
City: _____
State: _____
Contact Phone: _____
Contact E-mail: _____

Date: _____

Discharge Information

Regulated Compound: ___Borate_____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____

Discharge Information

Regulated Compound: ___Bromine_____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____

Discharge Information

Regulated Compound: ___Carbamate_____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____

Discharge Information

Regulated Compound: __ Chloride _____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments:

Discharge Information

Regulated Compound: __ Chlorine _____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments:

Discharge Information

Regulated Compound: __ Molybdate _____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments:

Discharge Information

Regulated Compound: __ Nitrite _____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments:

Discharge Information

Regulated Compound: __ Phosphate _____
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments:

Discharge Information

Regulated Compound: Zinc
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____

Discharge Information

Regulated Compound: Other
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____

Discharge Information

Regulated Compound: Other
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____

Discharge Information

Regulated Compound: Other
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____

Discharge Information

Regulated Compound: Other
Discharge Limit: _____
Reporting Units (ppm, etc.): _____
Geographic Coverage: _____
Regulating Authority: _____
Comments: _____