

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)  
DISCHARGE MONITORING REPORT (DMR) (7/14)**

DEPT. OF ENVIRONMENTAL QUALITY  
(REGIONAL OFFICE)

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*(DEQ Regional Office address goes in this space)*

TYPE: **STORMWATER**  
**Benchmark, Effluent Limitation, TMDL,  
and Impaired Waters Monitoring**

PERMIT NUMBER	OUTFALL NO.

PERMITTEE NAME \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Check One	MONITORING PERIOD						
	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
	2015	July	1		2015	December	31
	2016	January	1		2016	June	30
	2016	July	1		2016	December	31
	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
	2019	January	1		2019	June	30

MONITORING WAIVED? (YES or NO) \_\_\_\_\_

PARAMETER		CONCENTRATION				NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
	REPORTED					GRAB	
	REQUIREMENT						
	REPORTED						
	REQUIREMENT						
	REPORTED						
	REQUIREMENT						
	REPORTED						
	REQUIREMENT						
	REPORTED						
	REQUIREMENT						

STORM EVENT INFORMATION			
DATE	YR.	MO	DAY
DURATION	HRS.	MIN	
RAINFALL TOTAL (IN.)			
PRECEDING EVENT	DAYS	HRS	

COMMENTS: \_\_\_\_\_

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.	<b>PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>DATE</b>		
	TYPED OR PRINTED NAME	SIGNATURE	YR.	MO.	DAY