

<b>FACILITY INFORMATION:</b>

MONITORING REPORT  
 KDHE-DIVISION OF ENVIRONMENT  
 Bureau of Water-Technical Services  
 1000 SW Jackson St., Suite 420  
 Topeka, KS 66612  
 Fax: 785.296.0086  
 E-mail: dmr4kdhe@kdheks.gov

**KANSAS PERMIT NO.**

\_\_\_\_\_

**Certified Laboratory Name & Number**

**Facility Name**

Monitoring Period	Due Date
Jan - Mar	April 28
Apr - Jun	July 28
Jul - Sep	Oct 28
Oct - Dec	Jan 28

**I CERTIFY THERE WAS NO DISCHARGE**

**Through**

**OR PROVIDE EFFLUENT MONITORING RESULTS BELOW**

*(mm/dd/yy)*

*(mm/dd/yy)*

Sample Date Month/Day/Year	<b>EFFLUENT MONITORING RESULTS</b>					
	Flow GPD	Oil & Grease mg/l	TSS mg/l	pH S.U.	Sulfate mg/l	Chloride mg/l
Monitoring Requirements	Monitor	15	100	6.0 / 9.0	Monitor	Monitor

I certify that the quarterly inspection of the pollution controls was completed on: \_\_\_\_\_  
**(Date)**

Were any of the permit limits exceeded? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 If yes, K.A.R. 28-16-63 requires an explanation of any permit exceedance.  
 Explanation of permit exceedance: \_\_\_\_\_

**SAMPLING IS REQUIRED IF THERE IS A DISCHARGE FROM THE WASHOUT/RETENTION BASIN AT ANY TIME DURING THE QUARTER.**

**A "NO DISCHARGE" REPORT IS REQUIRED IF THERE IS NO DISCHARGE FROM THE WASHOUT/RETENTION BASIN DURING THE QUARTER.**

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED PERSONNEL**

Telephone Number \_\_\_\_\_