



**SURFACE WATER MONITORING REPORT**

<b>COMPANY</b>		<b>PERMIT NO.</b>	
<b>ADDRESS</b>		<b>MPID NO.</b>	
<b>STATION NO.</b>		<b>DESCRIPTION</b>	
<b>REPORTING PERIOD</b>		<b>to</b>	
		<b>VA State Plane Northing</b>	<b>VA State Plane Easting</b>
<b>REPORTING INSTRUCTIONS:</b>			
1. Submit at the end of each calendar quarter to the attention of the "Water Quality Section" at the above address for each monitoring point. 2. All samples analyzed must be reported.			

<b>MONITORING DATA</b>			
<b>Month</b>			
<b>Date of Sample</b>			
<b>Time Sample Taken</b>			
<b>Flow Rate (gpm)</b>			
<b>Flow Type (low, medium, high)</b>			
<b>Appearance</b>			
<b>Temperature ( C)</b>			
<b>pH (to the nearest tenth)</b>			
<b>Acidity (mg/l)</b>			
<b>Alkalinity (mg/l)</b>			
<b>Specific Conductivity (to 25 C)</b>			
<b>Total Dissolved Solids (mg/l)</b>			
<b>Total Iron (mg/l)</b>			
<b>Total Manganese (mg/l)</b>			
<b>Sulfate (mg/l)</b>			
<b>Total Suspended Solids (mg/l)</b>			

<p>I certify that this form 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(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted herein, to the best of my knowledge, is true, complete, and accurate.</p>			
<b>Name of Principal Executive Officer or Authorized Agent</b>		<b>Signature</b>	