

Wyoming Pollution Discharge Elimination System (WYPDES)
DISCHARGE MONITORING REPORT
STATEMENT OF NON-DISCHARGE

This form may be used to document multiple outfalls that did not discharge during the current monitoring period. It *may* be submitted to the Wyoming Department of Environmental Quality *in lieu of DMRs for each non-discharging outfall*. Please use one form for each permit number.

| |
|-------------------------|
| Permit Number: WY _____ |
| Permittee name: _____ |
| Address: _____ |
| |

| |
|--|
| Include facility Name/Location if different: |
| Facility Name: _____ |
| Location: _____ |
| |

| MONITORING PERIOD | | | | | | | | |
|-------------------|---------|---------|---------|--|----|---------|---------|---------|
| FROM | YEAR | MONTH | DAY | | TO | YEAR | MONTH | DAY |
| | (20-21) | (22-23) | (21-25) | | | (26-27) | (28-29) | (30-31) |

The following outfalls did not discharge during this monitoring period:

Please enter complete discharge numbers (for example: 001A)

| | | |
|-----|-----|-----|
| 1) | 11) | 21) |
| 2) | 12) | 22) |
| 3) | 13) | 23) |
| 4) | 14) | 24) |
| 5) | 15) | 25) |
| 6) | 16) | 26) |
| 7) | 17) | 27) |
| 8) | 18) | 28) |
| 9) | 19) | 29) |
| 10) | 20) | 30) |

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.

| |
|---|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |
| (TYPED OR PRINTED) |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |

| |
|-----------|
| TELEPHONE |
| |

| | | |
|--------|---------|-------|
| DATE | | |
| | | |
| (YEAR) | (MONTH) | (DAY) |