

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

Form Approved
p. 2040-0004

NAME: NEW YORK CITY
ADDRESS: 100 WALL ST
NEW YORK, NY 10038

PERMIT NUMBER: 0014
DISCHARGE NUMBER: 0014

FACILITY: NEW YORK CITY OF WATER
LOCATION: NEW YORK, NY 10004

MONITORING PERIOD
FROM: YEAR 06, MO 07, DAY 01 TO YEAR 06, MO 01, DAY 31

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
0001 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0002 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0003 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0004 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0005 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0006 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0007 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0008 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0009 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0010 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0011 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0012 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0013 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0014 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0015 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0016 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0017 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0018 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0019 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0020 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0021 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0022 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0023 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0024 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0025 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0026 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0027 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0028 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
0029 5-DAY BOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
0030 5-DAY BOD	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				

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: JOHN P. FORTS
CITY MANAGER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 208 347-2441
DATE: 06 09 09

