

Additional Monitoring Customized Supplemental Report Form

DATE	Facility:				Permit #:
	Month:				Year:
	Total Nitrite + Nitrate as (N) (mg/L)	Total Nitrogen Ammonia as (N) (mg/L)	Total Nitrogen Kjeldahl (mg/L)	Total Dissolved Solids (mg/L)	Total Residual Chlorine (mg/L) *If applicable
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