

ATTACHMENT 1

REQUEST FOR MONTHLY OPERATING REPORT DATA

**Mail or FAX to:**

Florida Department of Environmental Protection  
Compliance Evaluation Program  
2600 Blair Stone Road MS3550  
Tallahassee, Florida 32399-2400

FAX Number: (850) 921-9473

**Questions:**

Phone Number: (850) 488-4520

\_\_\_\_\_, 200\_

Florida Department of Environmental Protection  
Compliance Evaluation Program  
2600 Blair Stone Road MS3550  
Tallahassee, Florida 32399-2400  
FAX Number: (850) 921-9473  
Phone Number: (850) 488-4520

Dear Sir or Madam:

I am requesting a copy of Batch Report GMS36 for the following facility.

Facility's DEP (GMS) Identification Number: \_\_\_\_\_  
DEP District: \_\_\_\_\_  
Report Beginning Date: \_\_\_\_\_ (mm/dd/yy)  
Report Ending Date: \_\_\_\_\_ (mm/dd/yy)  
County: \_\_\_\_\_  
Facility Type: 1 = Domestic  
Facility Status: A = Active  
Site Type: EF = Effluent  
Site Status: A = Active  
Check Samples: N = No

I understand that before you send a copy of this report to me I must submit a fee to the Department. Please let me know as soon as possible how much this fee will be. I can be contacted in the daytime at:

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Name)