NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG38	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM		**TO**	

Potable Water Plant (Raw Water from Surface W
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

If TSS is not required during monitoring period, the value on the DMR shall be reported as NR (Not Required).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG38	001-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Potable Water Plant (Raw Water from Surface W
External Outfall

No Discharge ☐

	MONITORING PERIOD		
	MM/DD/YYYY		**MM/DD/YYYY**
FROM		**TO**	

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Chloride (as Cl)	**SAMPLE MEASUREMENT**	******	******	******	******	******					
00940 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	250 DAILY MX	mg/L		Quarterly	GRAB
Iron, total recoverable	**SAMPLE MEASUREMENT**	******	******	******	******	******					
00980 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED		**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**	**AREA Code**	**NUMBER**	**MM/DD/YYYY**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

If Chlorides and/or Total Recoverable Iron are not required during monitoring period, the values on the DMR shall be reported as NR (Not Required).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG38	002-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM		**TO**

Potable Water Plant (Raw Water from Groundwat
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TSS limit for discharges to a stream with a flow greater than or equal to the 7Q10 critical flow for the Red River in Shreveport shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME:
ADDRESS:

LAG38	002-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM		**TO**

Potable Water Plant (Raw Water from Groundwat
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Quarterly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

If Chlorides and/or Total Recoverable Iron are not required during monitoring period, the values on the DMR shall be reported as NR (Not Required).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG38	003-S
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Treated Sanitary Wastewater (< 5,000 GPD)
External Outfall

No Discharge ☐

	MONITORING PERIOD		
	MM/DD/YYYY		**MM/DD/YYYY**
FROM		**TO**	

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
BOD, 5-day, 20 deg. C	**SAMPLE MEASUREMENT**	******	******	******	******	******					
00310 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	**SAMPLE MEASUREMENT**	******	******	******		******					
00400 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Once Every 6 Months	GRAB
Solids, total suspended	**SAMPLE MEASUREMENT**	******	******	******	******	******					
00530 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	**SAMPLE MEASUREMENT**	******			******	******	******	******			
50050 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	Req. Mon. DAILY MX	gal/d	******	******	******	******		Once Every 6 Months	ESTIMA
Coliform, fecal general	**SAMPLE MEASUREMENT**	******	******	******	******	******					
74055 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TSS limit for oxidation ponds shall be 135 mg/L Daily Maximum
Fecal Coliform for oyster propagation area shall be 43 #/100ml Daily Maximum

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MINOR

FACILITY:
LOCATION:

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM		TO	

Potable Water Plant (From Brine Treatment Syste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
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Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA

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NAME:
ADDRESS:

LAG38	004-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM		**TO**

Potable Water Plant (From Brine Treatment Syste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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