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:

LAG49	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Process Wastewater and Process Area Stormwat
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**			
Turbidity	**SAMPLE MEASUREMENT**	******	******	******	******						
00070 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	15 MO AVG	25 DAILY MX	NTU		Monthly	GRAB
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**	******	******	******	******	25 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	**SAMPLE MEASUREMENT**	******	******	******	******	******					
03582 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	15 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	Mgal/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)

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:

LAG49	002-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Process Wastewater and Process Area Stormwat
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**			
Turbidity	**SAMPLE MEASUREMENT**	******	******	******	******	******					
00070 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	25 DAILY MX	NTU		Monthly	GRAB
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**	******	******	******	******	25 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	**SAMPLE MEASUREMENT**	******	******	******	******	******					
03582 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	15 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	Mgal/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)

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:

LAG49	003-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Process Wastewater and Process Area Stormwat
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**			
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**	******	******	******	******	25 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	**SAMPLE MEASUREMENT**	******	******	******	******	******					
03582 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	15 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	Mgal/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)

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:

LAG49	004-S
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Treated Snitary Watewater (< 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. MO AVG	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

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)

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

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:

LAG49	005-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Stormwater Runoff from Auxiliary Process Areas
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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/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)