

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG94
PERMIT NUMBER

001-A
DISCHARGE NUMBER

ADDRESS:

MINOR

FACILITY:

Petroleum Contaminated Sites

LOCATION:

External Outfall

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

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		Weekly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	50 DAILY MX	mg/L		Weekly	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	50 DAILY MX	ug/L		Weekly	GRAB
Polynuclear Aromatic Hydrocarbons (Method 610)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 MO AVG	10 DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	5 DAILY MX	ug/L		Weekly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****						
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 MO AVG	100 DAILY MX	ug/L		Weekly	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	*****	*****	*****	*****		Weekly	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
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
TYPED OR PRINTED		AREA Code	NUMBER	

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