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:

LAG67	001-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Hydrostatic Testing and Vessel Testing Wastewa
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 INST MIN	******	9 INST MAX	SU		Once Before Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	90 DAILY MX	mg/L		Once Before Discharge	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	******	******	******	******	******					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	mg/L		Once Before Discharge	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	ug/L		Once Before Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Once Before Discharge	GRAB
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 DAILY MX	ug/L		Once Before Discharge	GRAB
BTEX	SAMPLE MEASUREMENT	******	******	******	******	******					
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	ug/L		Once Before Discharge	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)

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	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**			
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 Per Discharge	ESTIMA

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