

DISCHARGE MONITORING REPORT (DMR)

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

NAME:  
ADDRESS:  
  
FACILITY:  
LOCATION:

LAG03	001A-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Sanitary Wastewater <10,000 GPD  
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L			GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU			GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L			GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L			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	*****	*****	*****	*****			ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	CFU/100m L			GRAB

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

TSS limits for oxidation pond should be 90mg/L monthly average and 135mg/L daly Maximum  
Fecal Coliform limits for oyster propagation area should be 43 col/100ml daly maximum and 14 col/100ml monthly average

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LAG03	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY

Dry Commodity Vessel  
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	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

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

DISCHARGE MONITORING REPORT (DMR)

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LAG03	001C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Coal and Coke Vessel  
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			
Oxygen demand, chem. [high level] [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	250 MO AVG	400 DAILY MX	mg/L		Weekly When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Weekly When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly When Discharging	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	*****	*****	*****	*****		Weekly When Discharging	ESTIMA

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

DISCHARGE MONITORING REPORT (DMR)

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

NAME:  
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FACILITY:  
LOCATION:

LAG03	001D-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Ballast/ Void water  
External Outfall

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. [high level] [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	250 DAILY MX	mg/L		Once Every Event	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Monthly When Discharging	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Once Every Event	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Every Event	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 Event	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	abst=0/prst=1	*****	*****	*****	*****		Daily When Discharging	VISUAL

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

COD, TOC, oil and grease shall be tested whenever a visible sheen is observed

DISCHARGE MONITORING REPORT (DMR)

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FACILITY:  
LOCATION:

LAG03	001E-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Incoming Ballast/ Void Water  
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			
Oxygen demand, chem. [high level] [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	250 DAILY MX	mg/L		Weekly When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Weekly When Discharging	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Weekly When Discharging	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Weekly When Discharging	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 Event	ESTIMA

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

DISCHARGE MONITORING REPORT (DMR)

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NAME:

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LOCATION:

LAG030001	001E-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Incoming Ballast Waterand/or Void Water  
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			
Biocides	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01289 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	250 DAILY MX	#/100mL		Quarterly	GRAB
Vibrio cholerae	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51818 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	#/100mL		Quarterly	GRAB
Organisms greater than or equal to 50 micrometers	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51819 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	#/m3		Quarterly	GRAB
Organisms less than 50 micrometers and greater than or equal to 10	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51820 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	#/mL		Quarterly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	#/100mL		Quarterly	GRAB

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

DISCHARGE MONITORING REPORT (DMR)

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LAG03	001F-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Chemical/ Petroleum Vessel Washwater  
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	22 MO AVG	61 DAILY MX	mg/L		Weekly When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Weekly When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	26 MO AVG	58 DAILY MX	mg/L		Weekly When Discharging	GRAB
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly When Discharging	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.42 DAILY MX	mg/L		Monthly When Discharging	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Monthly When Discharging	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.14 DAILY MX	mg/L		Monthly When Discharging	GRAB

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

DISCHARGE MONITORING REPORT (DMR)

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LAG03	001F-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY

Chemical/ Petroleum Vessel Washwater  
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			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.58 DAILY MX	mg/L		Monthly When Discharging	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	8.3 DAILY MX	mg/L		Monthly When Discharging	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	16 MO AVG	36 DAILY MX	mg/L		Weekly When Discharging	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	*****	*****	*****	*****		Weekly When Discharging	ESTIMA
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0013 DAILY MX	mg/L		Monthly When Discharging	GRAB

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

DISCHARGE MONITORING REPORT (DMR)

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LAG03	001G-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Food Grade Vessel Washwater  
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	24 MO AVG	56 DAILY MX	mg/L		Weekly When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Weekly When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	86 MO AVG	230 DAILY MX	mg/L		Weekly When Discharging	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	8.8 MO AVG	20 DAILY MX	mg/L		Weekly When Discharging	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	*****	*****	*****	*****		Weekly When Discharging	ESTIMA

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

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LAG03	001H-Q
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY

Exterior Equipment/ Vehicle Washwater  
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			
Oxygen demand, chem. [high level] [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO AVG	300 DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN		9 INST MAX	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		45 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		15 DAILY MX	mg/L		Quarterly	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	*****	*****	*****	*****		Quarterly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
If combined with storm water, the COD limitation shall be 125mg/L daily maximum

DISCHARGE MONITORING REPORT (DMR)

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

NAME:  
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LAG03	0011-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY

Bilge/ Slop water  
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			
Oxygen demand, chem. [high level] [COD]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO AVG	300 DAILY MX	mg/L		Twice Every Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Twice Every Month	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Twice Every Month	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	*****	*****	*****	*****		Twice Every Month	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		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

If combined with storm water, COD limit shall be 125mg/L dailiy maximum

DISCHARGE MONITORING REPORT (DMR)

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

NAME:  
ADDRESS:  
  
FACILITY:  
LOCATION:

LAG03	001J-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Uncontaminated storm water  
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		Quarterly	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	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	*****	*****	*****	*****		Quarterly	ESTIMA

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

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

DISCHARGE MONITORING REPORT (DMR)

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

NAME:  
ADDRESS:

FACILITY:  
LOCATION:

LAG03	001K-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Hydrostatics Test and Vessel Testing Wastewater  
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 Every Event	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 DAILY MX	mg/L		Once Every Event	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Once Every Event	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Once Every Event	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Every Event	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Once Every Event	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	250 DAILY MX	ug/L		Once Every Event	GRAB

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

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

NAME:  
ADDRESS:  
  
FACILITY:  
LOCATION:

LAG03	001K-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

Hydrostatics Test and Vessel Testing Wastewater  
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. DAILY MX	gal/d	*****	*****	*****	*****		Once Every Event	ESTIMA

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				AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED						

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