

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:

LAG33

001-Q

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY:

LOCATION:

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

FROM

TO

Dewatering Effluent from Reserve Pits
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	*****	*****	*****	*****	*****	125 DAILY MX	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Daily	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	500 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Daily	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Daily	GRAB

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		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)

For Monthly Average, report the highest monthly average in the quarter.
For Daily Max/ Inst. Max, report the highest result from any individual sample taken during the quarter.
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DISCHARGE MONITORING REPORT (DMR)

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

NAME:
ADDRESS:
FACILITY:
LOCATION:

LAG33	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

MINOR
PCU
Dewatering Effluent from Reserve Pits which have
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	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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.</small>	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG33
PERMIT NUMBER

002-Q
DISCHARGE NUMBER

ADDRESS:

FACILITY:

LOCATION:

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

Deck Drainage
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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME:

LAG33

003-Q

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY:

LOCATION:

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

FROM

TO

Formation Test Fluids
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		Daily	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

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Form Approved
 OMB No. 2040-0004

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

NAME:
ADDRESS:
FACILITY:
LOCATION:

LAG33	04A-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

Treated Sanitary Wastewater (Non-Oyster Propaganda)
 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			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****		*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MINIMUM	*****	2 MAXIMUM	mg/L		Monthly	GRAB

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

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DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG33

04A-S

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY:

LOCATION:

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

FROM

TO

Semi-Annual for 04A
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	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
 OMB No. 2040-0004

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

NAME:

LAG33
PERMIT NUMBER

04B-Q
DISCHARGE NUMBER

ADDRESS:

FACILITY:

LOCATION:

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

Treated Sanitary Wastewater (Oyster Propagation
 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			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****		*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MINIMUM	*****	2 MAXIMUM	mg/L		Monthly	GRAB

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

NAME:

LAG33

04B-S

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY:

LOCATION:

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

FROM

TO

Semi-Annual for 04B
 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	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	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	*****	*****	*****	*****	*****	43 DAILY MX	#/100mL		Once Every 6 Months	GRAB

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

NAME:

LAG33
PERMIT NUMBER

04C-S
DISCHARGE NUMBER

ADDRESS:

FACILITY:

LOCATION:

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

Enterococci Subsegment
 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			
Enterococci	SAMPLE MEASUREMENT				*****						
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	MO AVG	DAILY MX	Colonies /100ml		1/6 MO	Grab

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DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG33
PERMIT NUMBER

005-Q
DISCHARGE NUMBER

ADDRESS:

FACILITY:

LOCATION:

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

Domestic 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. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG33
PERMIT NUMBER

006-Q
DISCHARGE NUMBER

ADDRESS:

FACILITY:

LOCATION:

MONITORING PERIOD

FROM	MM/DD/YYYY	TO	MM/DD/YYYY
------	------------	----	------------

Hydrostatic Test 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		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

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NAME:
ADDRESS:
FACILITY:
LOCATION:

LAG33	006-Q
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
PCU
Hydrostatic Test Water
External Outfall

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

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	*****	*****	*****	*****		1/Discharge	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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.</small>	TELEPHONE		DATE
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NAME:
ADDRESS:
FACILITY:
LOCATION:

LAG33	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
PCU
Miscellaneous Discharges
External Outfall

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

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

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

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

For Monthly Average, report the highest monthly average in the quarter.
For Daily Max/ Inst. Max, report the highest result from any individual sample taken during the quarter.
For Inst. Min, report the lowest result from any individual sample taken during the quarter.