

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

ADDRESS:

FACILITY:

LOCATION:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001A-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

Treated Sanitary Wastewater Less Than 100,000 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<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 10<br>MO AVG    | 15<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| pH                                       | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          |                 |                 |         |        |                       |             |
| 00400 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>INST MIN            |                 | 9<br>INST MAX   | SU      |        | Monthly               | GRAB        |
| Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 00530 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 15<br>MO AVG    | 23<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Oil and grease                           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 03582 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    |                 | 15<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | *****               |                       |       | *****                    |                 |                 | *****   |        |                       |             |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | gal/d | *****                    |                 |                 | *****   |        | Monthly               | MEASRD      |
| Coliform, fecal general                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 74055 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 200<br>MOAV GEO | 400<br>DAILY MX | #/100mL |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 discharge in oyster propagation area the fecal limitations will be 14 colonies/ 100ml monthly average and 43 colonies/ 100ml weekly average.

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

ADDRESS:

FACILITY:

LOCATION:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001B-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

Interim

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<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 10<br>MO AVG    | 15<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| pH                                       | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          |                 |                 |         |        |                       |             |
| 00400 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>INST MIN            | *****           | 9<br>INST MAX   | SU      |        | Monthly               | GRAB        |
| Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 00530 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 15<br>MO AVG    | 23<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Oil and grease                           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    | *****           |                 |         |        |                       |             |
| 03582 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | *****           | 15<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | *****           | *****           | *****   |        |                       |             |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | gal/d | *****                    | *****           | *****           | *****   |        | Monthly               | MEASRD      |
| Coliform, fecal general                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 74055 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 200<br>MOAV GEO | 400<br>DAILY MX | #/100mL |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 discharge in oyster propagation area the fecal limitations will be 14 colonies/ 100ml monthly average and 43 colonies/ 100ml weekly average.

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

ADDRESS:

FACILITY:

LOCATION:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001B-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

Final

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<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 5<br>MO AVG     | 10<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| pH                                       | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          |                 |                 |         |        |                       |             |
| 00400 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>INST MIN            |                 | 9<br>INST MAX   | SU      |        | Monthly               | GRAB        |
| Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 00530 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 5<br>MO AVG     | 10<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Oil and grease                           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 03582 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    |                 | 15<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | *****               |                       |       | *****                    |                 |                 | *****   |        |                       |             |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | gal/d | *****                    |                 |                 | *****   |        | Monthly               | MEASRD      |
| Coliform, fecal general                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 74055 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 200<br>MOAV GEO | 400<br>DAILY MX | #/100mL |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 discharge in oyster propagation area the fecal limitations will be 14 colonies/ 100ml monthly average and 43 colonies/ 100ml weekly average.

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

ADDRESS:

FACILITY:

LOCATION:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001C-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

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<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 30<br>MO AVG    | 45<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| pH                                       | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          |                 |                 |         |        |                       |             |
| 00400 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>INST MIN            |                 | 9<br>INST MAX   | SU      |        | Monthly               | GRAB        |
| Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 00530 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 30<br>MO AVG    | 45<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Oil and grease                           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 03582 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    |                 | 15<br>DAILY MX  | mg/L    |        | Monthly               | GRAB        |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | *****               |                       |       | *****                    |                 |                 |         |        |                       |             |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | gal/d | *****                    |                 |                 |         |        | Monthly               | MEASRD      |
| Coliform, fecal general                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |         |        |                       |             |
| 74055 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 200<br>MOAV GEO | 400<br>DAILY MX | #/100mL |        | Monthly               | 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                                                    |        | DATE3      |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 discharge in oyster propagation area the fecal limitations will be 14 colonies/ 100ml monthly average and 43 colonies/ 100ml weekly average.

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

ADDRESS:

FACILITY:

LOCATION:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001D-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

Interim

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 |        |                       |             |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |                     |                       |       |        |                       |             |
| 00610 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L  |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001D-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

Final 1

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 |        |                       |             |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |              |                |       |        |                       |             |
| 00610 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | 10<br>MO AVG | 20<br>DAILY MX | mg/L  |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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:**

|                          |                         |
|--------------------------|-------------------------|
| LAG57                    | 001D-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
|                          |                         |

Final 2

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 |        |                       |             |
| Nitrogen, ammonia total [as N] | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    |             |                |       |        |                       |             |
| 00610 1 0<br>Effluent Gross    | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | 5<br>MO AVG | 10<br>DAILY MX | mg/L  |        | Monthly               | GRAB        |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                  |        |             |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------|--------|-------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | 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. | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> | <b>TELEPHONE</b> |        | <b>DATE</b> |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | AREA Code        | NUMBER | MM/DD/YYYY  |
| <b>TYPED OR PRINTED</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                  |        |             |

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:**

|                          |                         |
|--------------------------|-------------------------|
| LAG57                    | 001D-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
|                          |                         |

Final 3

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 |        |                       |             |
| Nitrogen, ammonia total [as N] | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    |             |               |       |        |                       |             |
| 00610 1 0<br>Effluent Gross    | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | 4<br>MO AVG | 8<br>DAILY MX | mg/L  |        | Monthly               | GRAB        |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|-------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | 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. | <b>TELEPHONE</b>                                                    |  | <b>DATE</b>       |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
| <b>TYPED OR PRINTED</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |  | <b>AREA Code</b>  |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  | <b>MM/DD/YYYY</b> |

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:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001D-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

Final 4

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 |        |                       |             |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |             |               |       |        |                       |             |
| 00610 1 0<br>Effluent Gross    | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | 2<br>MO AVG | 4<br>DAILY MX | mg/L  |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001E-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

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, dissolved [DO]      | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    |          | ***** |       |        |                       |             |
| 00300 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | DAILY AV | ***** | mg/L  |        | Monthly               | 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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE |        | DATE       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | AREA Code | NUMBER | MM/DD/YYYY |
| TYPED OR PRINTED                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |           |        |            |

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:**

|                          |                         |
|--------------------------|-------------------------|
| LAG57                    | 001F-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
|                          |                         |

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    | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |          |       |        |                       |             |
| 50060 1 0<br>Effluent Gross | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | DAILY MX | mg/L  |        | Monthly               | GRAB        |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                  |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | 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. | <b>TELEPHONE</b>                                                    |  | <b>DATE</b>      |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                  |
| <b>TYPED OR PRINTED</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |  | <b>AREA Code</b> |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  | 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:**

|                          |                         |
|--------------------------|-------------------------|
| LAG57                    | 001H-Q                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
|                          |                         |

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 |        |                       |             |
| Phosphorus, total [as P]    | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 00665 1 0<br>Effluent Gross | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>DAILY MX | mg/L  |        | Quarterly             | GRAB        |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|-------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | 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. | <b>TELEPHONE</b>                                                    |  | <b>DATE</b>       |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
| <b>TYPED OR PRINTED</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |  | <b>AREA Code</b>  |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  | <b>MM/DD/YYYY</b> |

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:**

|                      |                         |
|----------------------|-------------------------|
| LAG57                | 001G-Q                  |
| <b>PERMIT NUMBER</b> | <b>DISCHARGE NUMBER</b> |

**FACILITY:**  
**LOCATION:**

| MONITORING PERIOD |            |
|-------------------|------------|
| MM/DD/YYYY        | MM/DD/YYYY |
|                   |            |

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 |        |                       |             |
| Nitrogen, total             | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |                       |       |        |                       |             |
| 00600 1 0<br>Effluent Gross | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | Req. Mon.<br>DAILY MX | mg/L  |        | Quarterly             | GRAB        |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|-------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | 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. | <b>TELEPHONE</b>                                                    |  | <b>DATE</b>       |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
| <b>TYPED OR PRINTED</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |  | <b>AREA Code</b>  |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  | <b>MM/DD/YYYY</b> |

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

Total Nitrogen is defined by TKN plus Nitrate/Nitrite

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

ADDRESS:

FACILITY:

LOCATION:

|                   |                  |
|-------------------|------------------|
| LAG57             | 0011-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

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 |        |                       |             |
| Chloride [as Cl]            | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |          |       |        |                       |             |
| 00940 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | DAILY MX | mg/L  |        | Monthly               | 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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE |        | DATE       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | AREA Code | NUMBER | MM/DD/YYYY |
| TYPED OR PRINTED                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |           |        |            |

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:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001J-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

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 |        |                       |             |
| Sulfate, total [as SO4]     | SAMPLE MEASUREMENT | *****               | ***** | ***** | *****                    | ***** |          |       |        |                       |             |
| 00945 1 0<br>Effluent Gross | PERMIT REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | DAILY MX | mg/L  |        | Measured              | 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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE |        | DATE       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              | AREA Code | NUMBER | MM/DD/YYYY |
| TYPED OR PRINTED                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |           |        |            |

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:**

|                          |                         |
|--------------------------|-------------------------|
| LAG57                    | 001K-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
|                          |                         |

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 |        |                       |             |
| Solids, total dissolved     | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | ***** |          |       |        |                       |             |
| 70295 1 0<br>Effluent Gross | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | ***** | DAILY MX | mg/L  |        | Monthly               | GRAB        |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|-------------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | 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. | <b>TELEPHONE</b>                                                    |  | <b>DATE</b>       |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  |                   |
| <b>TYPED OR PRINTED</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> |  | <b>AREA Code</b>  |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  | <b>MM/DD/YYYY</b> |

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:

|                   |                  |
|-------------------|------------------|
| LAG57             | 001L-A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
|                   |                  |

May- December

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 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>INST MIN            | *****           | 9<br>INST MAX   | SU            |        | Monthly               | GRAB        |
| Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          |                 |                 |               |        |                       |             |
| 00530 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 15<br>MO AVG    | 23<br>DAILY MX  | mg/L          |        | Monthly               | GRAB        |
| Nitrogen, ammonia total [as N]           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |               |        |                       |             |
| 00610 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 5<br>MO AVG     | 10<br>DAILY MX  | mg/L          |        | Monthly               | GRAB        |
| Oil and grease                           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    | *****           |                 |               |        |                       |             |
| 03582 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | *****           | 15<br>DAILY MX  | mg/L          |        | Monthly               | GRAB        |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | *****           | *****           | *****         |        |                       |             |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | gal/d | *****                    | *****           | *****           | *****         |        | Monthly               | MEASRD      |
| Coliform, fecal general                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |               |        |                       |             |
| 74055 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 200<br>MOAV GEO | 400<br>DAILY MX | CFU/100m<br>L |        | Monthly               | GRAB        |
| BOD, carbonaceous, 05 day, 20 C          | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |               |        |                       |             |
| 80082 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 10<br>MO AVG    | 15<br>DAILY MX  | mg/L          |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 the discharge is in oyster propagation area, fecal coliform limitation will be 14colonies/100 ml monthly average and 43colonies/100ml weekly average.

**DISCHARGE MONITORING REPORT (DMR)**

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

**NAME:**  
**ADDRESS:**

**FACILITY:**  
**LOCATION:**

|                          |                         |
|--------------------------|-------------------------|
| LAG57                    | 001L-A                  |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
|                          |                         |

January- April

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 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>INST MIN            | *****           | 9<br>INST MAX   | SU            |        | Monthly               | GRAB        |
| Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** |                          |                 |                 |               |        |                       |             |
| 00530 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 15<br>MO AVG    | 23<br>DAILY MX  | mg/L          |        | Monthly               | GRAB        |
| Nitrogen, ammonia total [as N]           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |               |        |                       |             |
| 00610 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 10<br>MO AVG    | 20<br>DAILY MX  | mg/L          |        | Monthly               | GRAB        |
| Oil and grease                           | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    | *****           |                 |               |        |                       |             |
| 03582 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | *****           | 15<br>DAILY MX  | mg/L          |        | Monthly               | GRAB        |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | *****               |                       |       | *****                    | *****           | *****           | *****         |        |                       |             |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | Req. Mon.<br>DAILY MX | gal/d | *****                    | *****           | *****           | *****         |        | Monthly               | MEASRD      |
| Coliform, fecal general                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |               |        |                       |             |
| 74055 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 200<br>MOAV GEO | 400<br>DAILY MX | CFU/100m<br>L |        | Monthly               | GRAB        |
| BOD, carbonaceous, 05 day, 20 C          | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    |                 |                 |               |        |                       |             |
| 80082 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 20<br>MO AVG    | 30<br>DAILY MX  | mg/L          |        | Monthly               | 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       |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 the discharge is in oyster propagation area, fecal coliform limitation will be 14colonies/100 ml monthly average and 43colonies/100ml weekly average.