NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG26	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Discharges of Deck Drainage
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 TOTAL	d		Daily	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	002-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Discharges of Produced Water
External Outfall

No Discharge ☐

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

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Lead, total (as Pb)	**SAMPLE MEASUREMENT**	******	******	******	******						
01051 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	* MO AVG	* DAILY MX	ug/L		*	GRAB
Thallium, total (as Tl)	**SAMPLE MEASUREMENT**	******	******	******	******						
01059 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	* MO AVG	* DAILY MX	ug/L		*	GRAB
Oil and grease	**SAMPLE MEASUREMENT**	******	******	******	******						
03582 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Monthly	GRAB
Radium 226 & 228, dissolved	**SAMPLE MEASUREMENT**	******	******	******	******						
11500 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	pCi/L		*	GRAB
Phenolics, total recoverable	**SAMPLE MEASUREMENT**	******	******	******	******						
32730 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	* MO AVG	* DAILY MX	ug/L		*	GRAB
Benzene	**SAMPLE MEASUREMENT**	******	******	******	******						
34030 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	* MO AVG	* DAILY MX	ug/L		*	GRAB
Flow, in conduit or thru treatment plant	**SAMPLE MEASUREMENT**		******		******	******	******	******			
50050 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO AVG	******	Mgal/d	******	******	******	******		Monthly	ESTIMA

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

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

* See Permit to Determine Discharge Limitations and Frequency of Analysis

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG26	002-ME
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Biomonitoring for 002 (Menidia beryllina)
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			
Pass/Fail Statre 7Day Chronic Menidia	SAMPLE MEASUREMENT	******	******	******			******				
TGP6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		*	GRAB
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic Menidia	SAMPLE MEASUREMENT	******	******	******			******				
TLP6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		*	GRAB
NOEC Lethal Static Renewal 7 Day Chronic Menidia menidia	SAMPLE MEASUREMENT	******	******	******			******				
TOP6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		*	GRAB
NOEC Sub-Lethal Static Renewal 7 Day Chronic Menidia menidia	SAMPLE MEASUREMENT	******	******	******			******				
TPP6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		*	GRAB
Coef Of Var Statre 7Day Chronic Menidia	SAMPLE MEASUREMENT	******	******	******	******	******					
TQP6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	%		*	GRAB

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

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

* See Permit to Determine Frequency of Analysis

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG26	002-MY
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Biomonitoring for 002 (Mysidopsis bahia)
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			
Pass/Fail Statre 7Day Chronic Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******			******				
TGP3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		*	GRAB
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	******	******	******			******				
TLP3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		*	GRAB
NOEC Lethal Static Renewal 7 Day Chronic Americamysis bahia	SAMPLE MEASUREMENT	******	******	******			******				
TOP3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		*	GRAB
NOEC Sub-Lethal Static Renewal 7 Day Chronic Americamysis bahia	SAMPLE MEASUREMENT	******	******	******			******				
TPP3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		*	GRAB
Coef Of Var Statre 7Day Chronic Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	******	******					
TQP3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	%		*	GRAB

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

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

* See Permit to Determine Frequency of Analysis

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	003-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Discharges of Well Treatment, Completion, and V
External Outfall

No Discharge ☐

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

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Oil and grease	**SAMPLE MEASUREMENT**	******	******	******	******						
03582 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Monthly	GRAB
Misc. discharges, free oil	**SAMPLE MEASUREMENT**	******	******	******	******	******					
49498 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	0 TOTAL	d		Daily	GRAB
Flow, in conduit or thru treatment plant	**SAMPLE MEASUREMENT**				******	******	******	******			
50050 1 0 Effluent Gross	**PERMIT REQUIREMENT**	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	004-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Discharges of Sanitary Waste (Monthly Testing)
External Outfall

No Discharge ☐

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

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Chlorine, total residual	**SAMPLE MEASUREMENT**	******	******	******		******	******				
50060 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	1 MINIMUM	******	******	mg/L		Monthly	GRAB
Solids-flotng-visual detrmntn-# days obs	**SAMPLE MEASUREMENT**	******			******	******	******	******			
78246 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	0 TOTAL	d/mo	******	******	******	******		Daily	VISUAL

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	004-S
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

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

Discharges of Sanitary Waste (Semiannual Testir
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	******					
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Once Every 6 Months	ESTIMA

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	005-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Discharges of Domestic Waste (Monthly Testing)
External Outfall

No Discharge ☐

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

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Solids-flotng-visual detrmntn-# days obs	**SAMPLE MEASUREMENT**	******			******	******	******	******			
78246 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	0 TOTAL	d/mo	******	******	******	******		Daily	VISUAL

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	005-S
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Discharges of Domestic Waste (Semiannual Test
External Outfall

No Discharge ☐

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

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Flow, in conduit or thru treatment plant	**SAMPLE MEASUREMENT**	******			******	******	******	******			
50050 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Once Every 6 Months	ESTIMA

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	006-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

Discharges of Hydrostatic Test Wastewater
External Outfall

No Discharge ☐

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

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
pH	**SAMPLE MEASUREMENT**	******	******	******		******					
00400 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	6 INST MIN	******	9 INST MAX	SU		Once Before Discharge	GRAB
Solids, total suspended	**SAMPLE MEASUREMENT**	******	******	******	******	******					
00530 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	90 DAILY MX	mg/L		Once Before Discharge	GRAB
Carbon, tot organic (TOC)	**SAMPLE MEASUREMENT**	******	******	******	******	******					
00680 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	50 DAILY MX	mg/L		Once Before Discharge	GRAB
Lead, total (as Pb)	**SAMPLE MEASUREMENT**	******	******	******	******	******					
01051 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	50 DAILY MX	ug/L		Once Before Discharge	GRAB
Oil and grease	**SAMPLE MEASUREMENT**	******	******	******	******	******					
03582 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	15 DAILY MX	mg/L		Once Before Discharge	GRAB
Benzene	**SAMPLE MEASUREMENT**	******	******	******	******	******					
34030 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	50 DAILY MX	ug/L		Once Before Discharge	GRAB
BTEX	**SAMPLE MEASUREMENT**	******	******	******	******	******					
49491 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	******	250 DAILY MX	ug/L		Once Before Discharge	GRAB

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

FACILITY:
LOCATION:

LAG26	006-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

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

Discharges of Hydrostatic Test Wastewater
External Outfall

No Discharge ☐

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Flow, in conduit or thru treatment plant	**SAMPLE MEASUREMENT**	******			******	******	******	******			
50050 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	Req. Mon. DAILY MX	gal/d	******	******	******	******		Once Per Discharge	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		**TELEPHONE**		**DATE**
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG26	007-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Miscellaneous Discharges of Wastewaters
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			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 TOTAL	d		Weekly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG26	008-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Discharges of Chemically Treated Seawater and 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			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	0 TOTAL	d		Weekly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG26	008-ME
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Biomonitoring for 008 (Menidia beryllina)
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			
LF Pass/Fail Statre 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******			******				
TEM6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		*	GRAB
Noel Lethal Statre 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******			******				
TOM6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	******	%		*	GRAB
Coef Of Var Statre 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	******	******					
TQM6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	%		*	GRAB

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

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

* See Permit to Determine Frequency of Analysis

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:

LAG26	008-MY
PERMIT NUMBER	**DISCHARGE NUMBER**

MINOR

FACILITY:
LOCATION:

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

Biomonitoring for 008 (Mysidopsis bahia)
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			
LF Pass/Fail Statre 48Hr Acute Mysidopis Bahia	SAMPLE MEASUREMENT	******	******	******			******				
TEM3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		*	GRAB
Noel Lethal Statre 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******			******				
TOM3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	******	%		*	GRAB
Coef Of Var Statre 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******	******	******					
TQM3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	%		*	GRAB

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

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

* See Permit to Determine Frequency of Analysis