Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57	001A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
] [

Treated Sanitary Wastewater Less Than 100,000 GPD External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ΕX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	10 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****		****					_
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	****	9 INST MAX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	23 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	****	*****	****	****	****					_
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Monthly	MEASRD
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 MOAV GEO	400 DAILY MX	#/100mL		Monthly	GRAB

	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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	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			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57 PERMIT NU	MBER	-	001B-A RGE NUMBER]	Interim	
	MONITO	RING PERIO	D]		
MM/DD/	ΥΥΥΥ	M	M/DD/YYYY] E>	xternal Outfall	
						No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYS		S TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	10 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
pН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 INST MIN	****	9 INST MAX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	15 MO AVG	23 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	****	****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	MEASRD
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 MOAV GEO	400 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		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS	(Include Facilit	ty Name/Location if Different)
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NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57 PERMIT NUMBER	001B-A DISCHARGE NUMBER	Final
MONITO	RING PERIOD	
MM/DD/YYYY	MM/DD/YYYY	External Outfall
		No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	5 MO AVG	10 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	*****	9 INST MAX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	****	*****	****	****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	MEASRD
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Monthly	GRAB

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

Form Approved OMB No. 2040-0004

	E/ADDRESS (Include Facility Name/Location if Different)
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NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57	Г	001C-A	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITO	RIN	G PERIOD	
MM/DD/YYYY		MM/DD/YYYY	
	I		

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	****	*****	****	****	****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	MEASRD
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	200 MOAV GEO	400 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		TELEP	HONE	DATE3
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

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

ADDRESS:

FACILITY: LOCATION:

LAG57 PERMIT NUMBER		001D-A DISCHARGE NUMBER	Interim	
		G PERIOD		
MM/DD/YYYY		MM/DD/YYYY	External Outfall	No Discharge
	-			-

	QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. 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		TELEP	HONE	DATE
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TYPED OR PRINTED	noduons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57	001D-A	
PERMIT NUMBER	DISCHARGE NUMBER	Final 1
MONITO	RING PERIOD	
MM/DD/YYYY	MM/DD/YYYY	External Outfall
		No Discharge

	QUANTITY OR LOADING			Q	QUALITY OR CONCENTRATION					SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	10 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

ADDRESS:

FACILITY: LOCATION:

E	LAG57 PERMIT NUMBER	001D-A DISCHARGE NUMBER	Final 2	
	MONITC MM/DD/YYYY	RING PERIOD MM/DD/YYYY	External Outfall	
				No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	5 MO AVG	10 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		TELEP	DATE	
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Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

	1D-A GENUMBER Final 3	
M/DD/YYYY MM/	/DD/YYYY External Ou	No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	4 MO AVG	8 DAILY MX	mg/L		Monthly	GRAB

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Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

	Final 4	001D-A DISCHARGE NUMBER	LAG57 PERMIT NUMBER			
		ING PERIOD				
	External Outfall	MM/DD/YYYY	MM/DD/YYYY			
No Discharg						

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	2 MO AVG	4 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or upervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57	001E-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	*****		*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	DAILY AV	****	mg/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

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

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or upervision 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		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57	001H-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****					
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57	001G-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						

External Outfall

No Discharge

		QUAN	ITITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Nitrogen, total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Total Nitrogen is defined by TKN plus Nitrate/Nitrite

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

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57	001I-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloride [as Cl]	SAMPLE MEASUREMENT	****	****	*****	****	****					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	DAILY MX	mg/L		Monthly	GRAB

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Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

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

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	****	****	*****	*****	****					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	DAILY MX	mg/L		Measured	GRAB

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Form Approved OMB No. 2040-0004

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

NAME:

ADDRESS:

FACILITY: LOCATION:

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

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	****					
70295 1 0 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		TELEP	HONE	DATE
	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			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57 PERMIT NUMBER	001L-A DISCHARGE NUMBER	May- December			
MONIT	MONITORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY	External Outfall			

No Discharge

		QUAI	NTITY OR LOADIN	IG		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	S TYPE
рН	SAMPLE MEASUREMENT	****	*****	****		*****					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6 INST MIN	****	9 INST MAX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	23 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	5 MO AVG	10 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	MEASRE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	*****						
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	CFU/100r L	n	Monthly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	****	*****	*****	*****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	10 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	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 presonnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the							TELEPHONE		DATE	
	system, or thos to the best of m	e persons directly respons by knowledge and belief, tru	ible for gathering the informatio ue, accurate, and complete. I a including the possibility of fine	on, the information subr im aware that there are	nitted is, significant	TURE OF PRINCIPAL AUTHORIZE		L			
TYPED OR PRINTED						AUTIONIZE			AREA Code	NUMBER	MM/DD/YY)

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.

TYPED OR PRINTED

Form Approved OMB No. 2040-0004

NAME:

ADDRESS:

FACILITY: LOCATION:

LAG57 PERMIT NUMBER	001L-A DISCHARGE NUMBER	January- April			
MONIT	MONITORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY	External Outfall			
]			

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
ЪН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	*****	9 INST MAX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	23 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	10 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Monthly	MEASRI
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	****						
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	CFU/100m L		Monthly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	****	*****	****	****						
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	20 MO AVG	30 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, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are similicant								TELEPHONE		DATE	
TYPED OR PRINTED							- L	REA Code		MM/DD/YYY	

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.

TYPED OR PRINTED

MM/DD/YYYY

NUMBER