

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:**

LAG53	001A-Y
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

MINOR

Schedule A (Annual Sampling)  
 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	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Annual	GRAB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Annual	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Annual	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Annual	ESTIMA
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	400 DAILY MX	#/100mL		Annual	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>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>		AREA Code	NUMBER	

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

TSS limit for oxidation ponds shall be 135 mg/L Daily Maximum  
 Fecal Coliform limit for oyster propagation area shall be 200 #/100ml Daily Maximum

**DISCHARGE MONITORING REPORT (DMR)**

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

**NAME:**

LAG53  
PERMIT NUMBER

001B-S  
DISCHARGE NUMBER

**ADDRESS:**

MINOR

**FACILITY:**

Schedule B (Semiannual Sampling)

**LOCATION:**

External Outfall

**MONITORING PERIOD**

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	6 INST MIN	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil and grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
03582 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		15 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Every 6 Months	ESTIMA
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB

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

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

TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum  
Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

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:**

LAG53	001C-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

INTERIM

MINOR

Schedule C (Semiannual Sampling with TMDL)  
 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	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****		*****					
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil and grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Every 6 Months	ESTIMA
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB
BOD, 5 day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB

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TYPED OR PRINTED		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		
				AREA Code

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

TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum  
 Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

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:**

LAG53	001C-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

**FINAL**  
 MINOR  
 Schedule C (Semiannual Sampling with TMDL)  
 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	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****		*****					
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 MO AVG	7.5 DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil and grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Every 6 Months	ESTIMA
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB
BOD, carbonaceous, 05 day, 20 C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
80082 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 MO AVG	7.5 DAILY MX	mg/L		Once Every 6 Months	GRAB

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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	AREA Code	NUMBER

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
 TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum  
 Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum



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:**

LAG53	001D-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

**INTERIM**  
 MINOR  
 Schedule D (Semiannual Sampling with TMDL)  
 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	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	6 INST MIN	9 INST MAX	SU		Once Every 6 Months	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil and grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Every 6 Months	ESTIMA
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB

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

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
 TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum  
 Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

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:

LAG53	001D-S
PERMIT NUMBER	DISCHARGE NUMBER

  

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

FINAL  
MINOR  
Schedule D (Semiannual Sampling with TMDL)  
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	*****	*****	*****	*****	10 MO AVG	15 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	*****	*****	*****	*****	15 MO AVG	23 DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		15 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB

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TYPED OR PRINTED		AREA Code	NUMBER	

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

TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum  
Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

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:

LAG53	001E-S
PERMIT NUMBER	DISCHARGE NUMBER

  

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

INTERIM  
MINOR  
Schedule E (Semiannual Sampling with TMDL)  
External Outfall  
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		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	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		15 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB

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TYPED OR PRINTED		AREA Code	NUMBER	

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

TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum  
Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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

NAME:  
ADDRESS:  
FACILITY:  
LOCATION:

LAG53	001E-S
PERMIT NUMBER	DISCHARGE NUMBER

  

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

FINAL

MINOR

Schedule E (Semiannual Sampling with TMDL)  
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	*****	*****	*****	*****	20 MO AVG	30 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	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Every 6 Months	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Every 6 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Every 6 Months	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Every 6 Months	GRAB

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

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

TSS limit for oxidation ponds shall be 90 mg/L Monthly Average and 135 mg/L Daily Maximum  
Fecal Coliform limit for oyster propagation area shall be 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

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:**

LAG53	001F-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

INTERIM  
 MINOR  
 Schedule F (Ammonia Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MAX	mg/L		Once Every 6 Months	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>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>		AREA Code	NUMBER	

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

\*\* See Appendix A of permit

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:**

LAG53	001F-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

FINAL 1

MINOR

Schedule F (Ammonia Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	10 MO AVG	20 DAILY MX	mg/L		Once Every 6 Months	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>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>		AREA Code	NUMBER	

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

\*\* See Appendix A of permit

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:**

LAG53	001F-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

FINAL 2

MINOR

Schedule F (Ammonia Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Once Every 6 Months	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>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		MM/DD/YYYY
<b>TYPED OR PRINTED</b>		AREA Code	NUMBER	

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

\*\* See Appendix A of permit

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)

FINAL 3

**NAME:**  
**ADDRESS:**  
**FACILITY:**  
**LOCATION:**

LAG53	001F-S
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM	TO

MINOR  
 Schedule F (Ammonia Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	4 MO AVG	8 DAILY MX	mg/L		Once Every 6 Months	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>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	AREA Code	NUMBER
<b>TYPED OR PRINTED</b>				

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

\*\* See Appendix A of permit



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:**

LAG53	001F-S
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM	TO

**FINAL 4**

MINOR

Schedule F (Ammonia Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 MO AVG	4 DAILY MX	mg/L		Once Every 6 Months	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>
TYPED OR PRINTED		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		AREA Code
<b>MM/DD/YYYY</b>				

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

\*\* See Appendix A of permit

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:**

LAG53	001G-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

INTERIM  
 MINOR  
 Schedule G (Dissolved Oxygen Sampling)  
 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)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO Avg Min	mg/L		Once Every 6 Months	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>	AREA Code

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

\*\* See Appendix B of permit

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:**

LAG53	001G-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

**FINAL**  
 MINOR  
 Schedule G (Dissolved Oxygen Sampling)  
 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)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	** Mo Avg Min	mg/L		Once Every 6 Months	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>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>		AREA Code	NUMBER	

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

\*\* See Appendix B of permit

**DISCHARGE MONITORING REPORT (DMR)**

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

**NAME:**  
**ADDRESS:**  
**FACILITY:**  
**LOCATION:**

LAG53	001H-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM	TO

INTERIM

MINOR

Schedule H (TRC Sampling)  
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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	GRAB

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

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

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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:**

LAG53	001H-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM	TO

FINAL

MINOR

Schedule H (TRC Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.033 DAILY MX	mg/L		Once Every 6 Months	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>MM/DD/YYYY</b>
		AREA Code	NUMBER	

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

\*\* See Appendix A of permit

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:**

LAG53	0011-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

MINOR

Schedule I (Nitrogen Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	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>MM/DD/YYYY</b>
		AREA Code	NUMBER	

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:**

LAG53	001J-S
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

  

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

MINOR  
 Schedule J (Phosphorus Sampling)  
 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 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Every 6 Months	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>
TYPED OR PRINTED		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		MM/DD/YYYY
		AREA Code	NUMBER	

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