

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:

LAG42
PERMIT NUMBER

001A-A
DISCHARGE NUMBER

MINOR

FACILITY:
LOCATION:

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

Treated Sanitary 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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Per Discharge	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	6 MINIMUM	9 MAXIMUM	SU		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Discharge	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 Per Discharge	ESTIMA
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MOAV GEO	400 DAILY MX	#/100mL		Once Per Discharge	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		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 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: LAG42 001B-A
ADDRESS: PERMIT NUMBER DISCHARGE NUMBER MINOR

FACILITY: MONITORING PERIOD
LOCATION: MM/DD/YYYY MM/DD/YYYY FROM TO External Outfall No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Discharge	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 Per Discharge	ESTIMA

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TYPED OR PRINTED		AREA Code	NUMBER	

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

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG42
PERMIT NUMBER

001C-A
DISCHARGE NUMBER

ADDRESS:

MINOR

FACILITY:

Utility Wash Waters
External Outfall

LOCATION:

MONITORING PERIOD

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO AVG	300 DAILY MX	mg/L		Once Per Discharge	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Discharge	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 Per Discharge	ESTIMA

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

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

COD limit for stormwater commingled with process wastewater shall be 125 mg/L Daily Maximum.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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NAME:
ADDRESS:

LAG42
PERMIT NUMBER

001D-A
DISCHARGE NUMBER

MINOR

FACILITY:
LOCATION:

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

Hydrostatic and Vessel Testing
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	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
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
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 Before Discharge	ESTIMA

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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)

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:

LAG42

001E-A

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

FACILITY:

Potable Water Treatment Plant

LOCATION:

External Outfall

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Once Per Discharge	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	250 DAILY MX	mg/L		Once Per Discharge	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Discharge	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 Per Discharge	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

If TSS is not required during monitoring period, the value on the DMR shall be reported as NR (Not Required).
If Chloride is not required during monitoring period, the value on the DMR shall be reported as NR (Not Required).

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:

LAG42
PERMIT NUMBER

001F-A
DISCHARGE NUMBER

MINOR

FACILITY:
LOCATION:

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

Landfill 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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	37 MO AVG	140 DAILY MX	mg/L		Once Per Discharge	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	27 MO AVG	88 DAILY MX	mg/L		Once Per Discharge	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	4.9 MO AVG	10 DAILY MX	mg/L		Once Per Discharge	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.11 MO AVG	.2 DAILY MX	mg/L		Once Per Discharge	GRAB
Phenol	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34694 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.015 MO AVG	.026 DAILY MX	mg/L		Once Per Discharge	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	MGD	*****	*****	*****	*****		Once Per Discharge	ESTIMA

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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)

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:

LAG42

001F-A

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

FACILITY:

Landfill Wastewater

LOCATION:

External Outfall

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
.alpha.-Terpineol	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.016 MO AVG	.033 DAILY MX	mg/L		Once Per Discharge	GRAB
p-Cresol	SAMPLE MEASUREMENT	*****	*****	*****	*****						
77146 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.014 MO AVG	.025 DAILY MX	mg/L		Once Per Discharge	GRAB
Benzoic acids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****						
77247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.071 MO AVG	.12 DAILY MX	mg/L		Once Per Discharge	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)

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:

LAG42
 PERMIT NUMBER

001G-A
 DISCHARGE NUMBER

ADDRESS:

MINOR

FACILITY:

Non-Contact Stormwater

LOCATION:

External Outfall

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	mg/L		Once Per Discharge	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Once Per Discharge	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Discharge	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	MGD	*****	*****	*****	*****		Once Per Discharge	ESTIMA

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

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DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG42
 PERMIT NUMBER

001H-A
 DISCHARGE NUMBER

ADDRESS:

MINOR

FACILITY:

Other Wastewater Discharges

LOCATION:

External Outfall

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

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 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Once Per Discharge	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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)

See Appendix A for list of other parameters to be tested.