

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:

LAG49

001-A

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

FACILITY:

Process Wastewater and Process Area Stormwater External Outfall

LOCATION:

| 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 | | | |
| 00070 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MO AVG | 25 DAILY MX | NTU | | Monthly | GRAB |
| 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6 MINIMUM | 9 MAXIMUM | SU | | Monthly | GRAB |
| 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 25 MO AVG | 45 DAILY MX | mg/L | | Monthly | GRAB |
| 03582 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | | 15 DAILY MX | mg/L | | Monthly | GRAB |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | ***** | ***** | ***** | ***** | | | |
| | 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 |
| | | 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)

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

NAME: LAG49 002-A
ADDRESS: PERMIT NUMBER DISCHARGE NUMBER MINOR

FACILITY: MONITORING PERIOD
LOCATION: MM/DD/YYYY MM/DD/YYYY FROM TO NO Discharge
 Process Wastewater and Process Area Stormwater External Outfall

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|--------------------|--------|--------------------------|-----------|-------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 00070 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 25 DAILY MX | NTU | | Monthly | GRAB |
| 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6 MINIMUM | ***** | 9 MAXIMUM | SU | | Monthly | GRAB |
| 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 25 MO AVG | 45 DAILY MX | mg/L | | Monthly | GRAB |
| 03582 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 15 DAILY MX | mg/L | | Monthly | GRAB |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | ***** | | Monthly | 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:
ADDRESS:
FACILITY:
LOCATION:

| | |
|----------------------|-------------------------|
| LAG49 | 003-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

MINOR

Process Wastewater and Process Area Stormwater
 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 | | Monthly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 25 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. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | ***** | | Monthly | 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:

LAG49
PERMIT NUMBER

004-S
DISCHARGE NUMBER

ADDRESS:

MINOR

FACILITY:

Treated Snitary Wastewater (< 5,000 GPD)

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 | | | |
| 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 MINIMUM | ***** | 9 MAXIMUM | 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 |
| 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 Mo Avg | ***** | 400 DAILY MX | #/100mL | | Once Every 6 Months | GRAB |

| | | | | |
|---|---|---|--------|-------------------|
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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)

TSS limit for oxidation ponds shall be 135 mg/L Daily Maximum
 Fecal Coliform limit for oyster propagation areas shall be 43 colonies/100ml Daily Maximum

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

| |
|----------------------|
| LAG49 |
| PERMIT NUMBER |

| |
|-------------------------|
| 005-A |
| DISCHARGE NUMBER |

ADDRESS:

MINOR

FACILITY:

Stormwater Runoff from Auxiliary Process Areas
External Outfall

LOCATION:

| 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 | | | |
| 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)