

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:

LAG75

001-Q

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY:

LOCATION:

**MONITORING PERIOD**

MM/DD/YYYY

MM/DD/YYYY

FROM

TO

Exterior Vehicle & Equipment Wash 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			
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	300 DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	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	*****	*****	*****	*****		Quarterly	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)

COD limit for stormwater commingled with vehicle wash wastewater shall be 125 mg/L 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:

LAG75

002-S

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY:

LOCATION:

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

FROM

TO

Treated Sanitary Wastewater < 5000 GPD  
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 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
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 MO AVG	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 135 mg/L Daily Maximum.  
Fecal Coliform limit for oyster propagation area shall be 43 #/100ml Daily Maximum

**DISCHARGE MONITORING REPORT (DMR)**

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

**NAME:**

LAG75  
PERMIT NUMBER

003-Q  
DISCHARGE NUMBER

**ADDRESS:**

**FACILITY:**

**LOCATION:**

**MONITORING PERIOD**

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

Commingled Vehicle Wash & 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	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Quarterly	GRAB
Oxygen demand, chem. (high level) (COD)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00340 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	300 DAILY MX	mg/L		Quarterly	GRAB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****		*****					
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	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	*****	*****	*****	*****		Quarterly	ESTIMA
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	400 DAILY MX	#/100mL		Quarterly	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)**

COD limit for stormwater commingled with vehicle wash wastewater shall be 125 mg/L Daily Maximum.  
TSS limit for oxidation ponds shall be 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:

LAG75

004-A

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY:

LOCATION:

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY

FROM

TO

Portable Vehicle Washing  
 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 demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	300 DAILY MX	mg/L		Monthly	GRAB
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	*****	*****	*****	*****	*****	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	gal/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)