

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:

LAG48	001-S
PERMIT NUMBER	DISCHARGE NUMBER

MINOR

Treated Sanitary Wastewater (< 5,000 GPD)
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
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. 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

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 14 #/100ml Monthly Average and 43 #/100ml Daily Maximum

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:

LAG48

002-Q

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

FACILITY:

Exterior Vehicle & Equip. Wash, Equip. Repair Ar
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			
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO AVG	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

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

COD limit for washwater commingled with stormwater shall be 125mg/L Daily Maximum

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NAME:
ADDRESS:
FACILITY:
LOCATION:

LAG48	003-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

MINOR

Equipment Repair Area Washdown, Shop Floor V
 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		Quarterly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 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

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

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:

LAG48	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR

Hydrostatic Testing and Vessel Testing Wastewa
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			
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
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/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

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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:

LAG48	004-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MINOR

Hydrostatic Testing and Vessel Testing Wastewa
 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			
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

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

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME:
ADDRESS:
FACILITY:
LOCATION:

LAG48	005-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MINOR
Non-Contact Cooling Water
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			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		Monthly	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Carbon, tot organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00680 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 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
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Monthly	GRAB

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

00011 P- Freshwater Temperature
00011 S- Estuarine & Coastal Waters Temperature

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:

LAG48

006-A

ADDRESS:

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

FACILITY:

Cooling Tower Blowdown and Boiler Water Treat
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			
Temperature, water deg. fahrenheit 00011 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		Monthly	GRAB
Temperature, water deg. fahrenheit 00011 S 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		Monthly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Monthly	GRAB

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

00011 P- Freshwater Temperature

00011 S- Estuarine & Coastal Waters Temperature

DISCHARGE MONITORING REPORT (DMR)

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

NAME:
ADDRESS:
FACILITY:
LOCATION:

LAG48	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR

Boiler Blowdown Wastewater
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			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		Monthly	GRAB
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	deg F		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	*****	*****	*****	*****	30 MO AVG	100 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

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

00011 P- Freshwater Temperature

00011 S- Estuarine & Coastal Waters Temperature

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

LAG48
PERMIT NUMBER

008-A
DISCHARGE NUMBER

ADDRESS:

MINOR

FACILITY:

Condensate

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	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

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