NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED
OMB No.2040-0004

DISCHARGE MON	DISCHARGE MONITORING REPORT (DMR)	
TX0135976	001 A	. A
PERMIT NUMBER	DISCHARG	DISCHARGE NUMBE

YEAR MO DAY	AREA CODE NUMBER		D AGENT	OFFICER OR AUTHORIZED AGENT	OFFIC	RS.)	MONTHS AND 5 YEAR	IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	IMI		TYPED OR PRINTED
			EXECUTIVE	S GNATURE OF PRINCIPAL EXECUTIVE	SGNAT	E 18 USC ,1001 AND 33 USC	IMPRISONMENT SEE	INFORMATION INCLUDING THE SESSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.SC., 2001 MAXIMUM. 1319. [PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM.	INFORMATION INCLUDING		WWTP Director
24/04/17			7	Ser.		E INDIVIDUALS IMMEDIATELY D INFORMATION IS TRUE, TIES FOR SUBMITTING FALSE	Y INQUIRY OF THOSE LIEVE THE SUBMITTE	THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INCIDINY OF THOSE INDIVIDUALS IMMEDIALS. THE INFORMATION IS TRUE. RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTIED INFORMATION IS TRUE. ACCURATE AND COMPETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE.	RESPONSIBLE FOR OBTAIN ACCURATE AND COMPLETE	7	the baylon
DATE	TELEPHONE		\	1	>	ED AND AM FAMILIAR WITH	RSONALLY EXAMINE	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH	I CERTIFY UNDER PEN	CER	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
O	01/07	100 and 100 an		Mo. MAX	.5 Mo. X VG	¥ * * *		* * * * * * * * * * * * * * * * * * * *	.63 Mo. AVG	PERMIT REQUIREMENT	Effluent Gross Value
S	5/31	0	mg/L	0.502	0.198	****	lbs/day	****	0.340	SAMPLE MEASUREMENT	Phosphorus, total (as P) 00665 1 0 0
8	01/07			Mo. MAX	Mo. AVG	* * * * * * * * * * * * * * * * * * *		*	2.5 Mo. AVG	PERMIT REQUIREMENT	Effluent Gross Value
ß	4/31	0	mg/L	0.05000	0.04750	***	lbs/day	****	0.05110	SAMPLE MEASUREMENT	Nitrogen, ammonia total (as N) 00610 1 0 0
Q	01/07	100 100 100 100 100 100 100 100 100 100		REQ.	Mo. AVG	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	10 Mo. AVG	PERMIT REQUIREMENT	Effluent Gross Value
ß	01/07	1	mg/L	15.250	10.160	****		* * * * * * *	8.471	SAMPLE MEASUREMENT	Nitrogen, total (as N) 00600 1 0 0
S	01/07			30 Mo. MAX	Mo. AVG	* * * * *		* * * * * * * * * * * * * * * * * * * *	6.3 Mo. AVG	PERMIT REQUIREMENT	Effluent Gross Value
ß	4/31	0	mg/L	1.000	1.000	****	lbs/day	* * * * * *	1.060	SAMPLE MEASUREMENT	Solids, total suspended 00530 1 0 0
GR.	01/07	2 11(1) 512000 11(1) 5 11(1) 512000 11(1) 5 11(1) 512000 11(1) 5 11(1) 512000 11(1) 5 11(1) 51200 11(1)		9 Mo. MAX	* * * * * * * * * * * * * * * * * * * *	Mo. MIN		* * * * * * * * * * * * * * * * * * * *	* * * *	PERMIT REQUIREMENT	Effluent Gross Value
GR	02/07	0	SU	7.98	****	7.8		* * * * * * *	* * * * * * *	SAMPLE MEASUREMENT	рН 00400 1 0 0
9	01/07	1000 1110 1010 1110 1110 1110 1110 111		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	Mo. MIN		* * * * * * * * * * * * * * * * * * * *	* * * * *	PERMIT REQUIREMENT	Effluent Gross Value
GR	02/07	0	mg/L	* * * * * * *	****	8.15		* * * * * *	* * * * * * * * * * * * * * * * * * * *	SAMPLE MEASUREMENT	Oxygen, dissolved (DO) 00300 1 0 0
(69-70)	(64-68)	(62-63)	Unit	Maximum	Average	Minimum	Unit	Maximum	Average	\ /	2
Туре	analysis	Ę.		(54-61)	(46-53)	(38-45)		(54-61)	(46-53)	X	(32-37)
Sample	Frequency of	NO.		Concentration	Quality or	(4 Card Only)	Loading	Quantity or	(3 Card Only)		PARAMETER
this form.	NOTE: Read instructions before completing this form.	instructio	NOTE: Read	(YY/MM/DD)		(YY/MM/DD)					
* *	NO DISCHARGE [] *		* *	24/03/31	ТО	24/03/01	FROM	1			
					MONITORING PERIOD	MONITO					Facility: MEYER RANCH

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used.

(Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OMB No.2040-0004 FORM APPROVED

DISCHARGE NUMBE	PERMIT NUMBER
001 A	TX0135976
(DMR)	DISCHARGE MONITORING REPORT (DMR

TYPED OR PRINTED	WWTP Director	John Jonale	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											Effluent Gross Value		BOD, carbonaceous (5 day, 20 C)	Effluent Gross Value		E. coli 51040 1 0 0	Effluent Gross Value		Flow, in conduit or thru treatment plant 50050 1 0 0		(32-37)	PARAMETER			Facility: MEYER RANCH	
		گ	CER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	VICAGOREVIEW.	SAMPLE	REQUIREMENT		SAMPLE MEASUREMENT	REQUIREMENT	DEBMIT	nt SAMPLE MEASUREMENT	/	X	/				
IMP	INFORMATION INCLUDING	THE INFORMATION SUBMITT RESPONSIBLE FOR OBTAIN ACCURATE AND COMBINETS	I CERTIFY UNDER PEN											Mo. AVG	n !!	2 0 2	* * * * *	**************************************	* * * *	Mo. AVG	Ь	0.088484	Average	(46-53)	(3 Card Only)		í		
IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	ACCURAL EARD COMPLETE, I AND ANVARE THAT I THERE ARE SHOWNFICHAN TERMILITES OF THE AND BOOK AND AS AND 38 USC 1000 MICHODING THE ROSCIBILITY OF FIRE AND INFORMISSIONMENT SEED 18 USC 1000 AND AND 38 USC 1738 MEANATINE HARDES THESE STATES AND	THE INFORMATION SUBMINITED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATE RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE. ACCUIDATE AND COMMETTE I AN ANAMORE THAT THESE ARE SEQUED ON THE FAIR THE FOR SUBMITTED INFORMATION. THE FAIR SUBMITTED INFORMATION.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH											* * * * * * * * * * * * * * * * * * *		* * * * *	* * * * * * * * * * * * * * * * * * * *		* * * *	Mo. MAX	REQ	0.143	Maximum	(54-61)	Quantity or				
MONTHS AND 5 YEA	IMPRISONMENT SEI	E SIGNIFICANT BENAL	ERSONALLY EXAMINI								•				. ibaj day	lhs/day						MGD	Unit		Loading		FROM		
45.)	E 18 USC , 1001 AND 33 USC	E INDIVIDUALS IMMEDIATELY D INFORMATION IS TRUE,	ED AND AM FAMILIAR WITH											* * * * * * *		* * * * *	* * * * *	10000000000000000000000000000000000000	* * * * * * *	* * * * *		* * * * * * * * * * * * * * * * * * *	Minimum	(38-45)	(4 Card Only)	(YY/MM/DD)	24/03/01	MONITO	
OFFIC	JIGNAT	99	/											Mo. AVG	J	2 31	Geo Mean	126	1.330	* * * * *		****	Average	(46-53)	Quality or		ТО	MONITORING PERIOD	
OFFICER OR AUTHORIZED AGENT	IGNATURE OF PRINCIPAL EXECUTIVE	20	1											Mo. MAX	30 5	2.40	Mo. MAX	399	21.3	* * * * * * * *		* * * * * * * * * * * * * * * * * * * *	Maximum	(54-61)	Concentration	(YY/MM/DD)	24/03/31		
D AGENT	EXECUTIVE	λ,													9/	mg/L			MPN/100m L				Unit			NOTE: Read	* *		
P																0			0	1000 1440 pp. 1000 pp		0	(62-63)	EX	NO.	instruction			
AREA CODE NUMBER YEAR MO DAY			TELEPHONE											01/07		4/31	05/WK		46/31	99/99		6/31	(64-68)	analysis	Frequency of	NOTE: Read instructions before completing this form.	NO DISCHARGE []		
YEAR MO DAY		24/04/17	DATE											G		S	9		GR	3		MT	(69-70)	Туре	Sample	g this form.	* *	2 1	

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used.