

PERMITTEE NAME/ADDRESS:

Name: MEYER RANCH

Facility: MEYER RANCH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TX0135976
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	(YY/MM/DD)	(YY/MM/DD)
24/03/01	24/03/31		

(YY/MM/DD)

(YY/MM/DD)

NOTE: Read instructions before completing this form.

*** NO DISCHARGE [] ***

FORM APPROVED
OMB No. 2040-0004

PARAMETER (32-37)	SAMPLE MEASUREMENT	Quantity or Loading		Concentration		NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
		Average (46-53)	Maximum (54-61)	Average (46-53)	Maximum (54-61)			
Oxygen, dissolved (DO) 00300 1 0 0	PERMIT REQUIREMENT	*****	*****	8.15	*****	0	02/07	GR
Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	Mo. MIN	*****		01/07	GR
pH 00400 1 0 0	PERMIT REQUIREMENT	*****	*****	7.8	*****	0	02/07	GR
Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	Mo. MIN	*****		01/07	GR
Solids, total suspended 00530 1 0 0	PERMIT REQUIREMENT	1.060	*****	*****	*****	0	4/31	CS
Effluent Gross Value	SAMPLE MEASUREMENT	6.3	*****	Mo. MAX	*****		01/07	GR
Nitrogen, total (as N) 00600 1 0 0	PERMIT REQUIREMENT	8.471	*****	1.000	1.000	0	4/31	CS
Effluent Gross Value	SAMPLE MEASUREMENT	10	*****	Mo. MAX	30		01/07	CS
Nitrogen, ammonia total (as N) 00610 1 0 0	PERMIT REQUIREMENT	0.05110	*****	10.160	15.250	1	01/07	CS
Effluent Gross Value	SAMPLE MEASUREMENT	2.5	*****	Mo. MAX	15		01/07	CS
Phosphorus, total (as P) 00665 1 0 0	PERMIT REQUIREMENT	0.340	*****	0.04750	0.05000	0	4/31	CS
Effluent Gross Value	SAMPLE MEASUREMENT	0.63	*****	Mo. MAX	0.502		01/07	CS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		Mo. AVG	*****	Mo. AVG	Mo. MAX		TELEPHONE	DATE
<i>John Taylor</i> WWTP Director		Mo. AVG	*****	Mo. AVG	Mo. MAX		01/07	24/04/17
TYPED OR PRINTED		lbs/day		mg/L		AREA CODE NUMBER	YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 38 USC .1001 AND 33 USC .1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

John Taylor
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PARAMETER (32-37)	SAMPLE MEASUREMENT	Quantity or Loading		Concentration		NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
		Average (46-53)	Maximum (54-61)	Average (46-53)	Maximum (54-61)			
Flow, in conduit or thru treatment plant 50050 1 0 0	MEASUREMENT PERMIT REQUIREMENT	0.088484 .15	0.143 REQ Mo. MAX	MGD	Minimum *****	*****	*****	0 6/31 TM
Effluent Gross Value E. coli 51040 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0 46/31 GR
Effluent Gross Value BOD, carbonaceous (5 day, 20 C) 80082 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2.45 6.3	***** *****	lbs/day	*****	*****	*****	0 4/31 CS
Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>John Taylor</i> WWTP Director		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 93 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>		TELEPHONE	DATE	
TYPED OR PRINTED						AREA CODE NUMBER	YEAR	M/O DAY

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