PPG Industries, Inc. Chemicals P.O. Box 1000 Lake Charles, Louisiana 70602

October 4, 1990

Ms. Diana Buck
U.S. Environmental Protection Agency
Water Management Division
Enforcement Branch (6WE)
1445 Ross Avenue
Dallas, TX 75202-2733

Re: September DMR - LA0000761

Dear Ms. Buck:

Enclosed is the DMR for September, 1990. No limitation exceedences occurred during this reporting period.

Attachment I, "Comments" refers to the 3/week composite compliance monitorings for Outfall 201.

If you have any questions concerning this report, please contact Mark W. Wood at 318-491-4450.

Respectfully,

William J. Peard
Manager, Laboratory Services/
Environmental Control

MWW/vc

SL 025134

ATTACHMENT I
"COMMENTS"

DATE	OUTFALL	PARAMETER
9/7/90	201	Chlorinated hydrocarbons

This month's DMR reports the prescribed 3/week composite compliance monitorings (13 in all). These samples were taken on a random basis, as per our laboratory policy.

However, due to an oversight, only three of the four grabs comprising the composite referenced above were obtained. As this date was the last available opportunity of the week, the sample was a composite of the three rather than four grabs. Operation of control equipment was normal and therefore, the composite should still represent the 24-hour period. Sampling personnel were counseled regarding the importance of the timely and well-documented obtaining of compliance data.

PERMITTEE NAME/ADDRESS (*Include facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)
DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB [redacted]2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	(20-21)	(22-23)	(24-25)	TO	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT DAILY MX							DAILY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT DAILY MX			DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025136

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 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*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE / NUMBER

DATE: YEAR / MO / DAY

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

PERMITTEE NAME/ADDRESS (*Include agent) Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)
DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB [illegible]2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	****** ******	REPORT DAILY MX		******	******	******			THREE ESTIMA WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX			THREE GRAB WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025137

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 33 USC § 1319 *Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 3 years*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE — NUMBER

DATE — YEAR — MO — DAY

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

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB 2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	******	******			******	DAILY MX				RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	******	******		MINIMUM	******	MAXIMUM				RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX								RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025138

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 33 USC § 1319 *Penalties under these statutes may include fines up to $10000 and/or maximum imprisonment of between 6 months and 5 years*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE — NUMBER

DATE — YEAR — MO — DAY

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

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

(2-16)	(17-19)
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 12-31-87

	MONITORING PERIOD					
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	******	******		MINIMUM	******	MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025139

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
TYPED OR PRINTED	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 U.S.C. § 1001 AND 33 U.S.C. § 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	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)

NAME ______________________

ADDRESS ______________________

FACILITY ______________________

LOCATION ______________________

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

(2-16)	(17-19)
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved
OMB 2040-0004
Approval expires 12-31-87

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	******	******		MINIMUM	******	MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
SL 025140	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 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.*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (*Include facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)
DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB [illegible]2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26 27)	MO (28-29)	DAY (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	MAXIMUM			CONTI	GRAB
	SAMPLE MEASUREMENT	31.3									
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX							CONTI	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

SL 025141

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 33 USC § 1319 *Penalties under these statutes may include fines up to $10000 and or maximum imprisonment of between 6 months and 5 years*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE — NUMBER

DATE — YEAR — MO — DAY

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

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-4 WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (*Include facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB [illegible]2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	0.25	[illegible]		[illegible]	[illegible]	[illegible]			[illegible]	[illegible]
	PERMIT REQUIREMENT	1431 DAILY AV	3021 DAILY MX	[illegible]	******	******	******			THREE/WEEK	COMP24
	SAMPLE MEASUREMENT	1.21	[illegible]		[illegible]	[illegible]	[illegible]			[illegible]	[illegible]
	PERMIT REQUIREMENT	9.8 DAILY AV	23.9 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]			[illegible]	[illegible]
	PERMIT REQUIREMENT	7.4 DAILY AV	19.3 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		CONTINUOUS	RECORDER
	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	PERMIT REQUIREMENT	18.2 DAILY AV	30.1 DAILY MAX	[illegible]	******	******	******	[illegible]		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]			[illegible]	[illegible]
	PERMIT REQUIREMENT	0.13 DAILY AV	0.30 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COL 24
SL 025142	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 33 USC § 1319 *Penalties under these statutes may include fines up to $10 000 and a maximum imprisonment of between 6 months and 5 years*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE / NUMBER

DATE: YEAR / MO / DAY

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

PERMITTEE NAME/ADDRESS (*Include facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL P LLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE M ORING REPORT (*DMR*)

Form roved
OMB 2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	▼	▼								
	PERMIT REQUIREMENT	774 DAILY AV	1298 DAILY MX							WEEKLY	COMP 24
	SAMPLE MEASUREMENT	119									
	PERMIT REQUIREMENT	4270 DAILY AV	11465 DAILY MX							THREE/WEEK	COMP 24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	18.2 DAILY AV	49.2 DAILY MX							THREE/WEEK	COMP 24
	SAMPLE MEASUREMENT		17								
	PERMIT REQUIREMENT	10.2 DAILY AV	26.2 DAILY MX							THREE/WEEK	COMP 24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							THREE/WEEK	COMP 24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SL 025143

TYPED OR PRINTED

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 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*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE / NUMBER

DATE: YEAR / MO / DAY

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

▼

PERMITTEE NAME/ADDRESS (*Include facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB [illegible]2040-0004
Approval expires 12-31-87

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	0.6	[illegible]		[illegible]	[illegible]	[illegible]			[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	0.6	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		WEEK WEEK	[illegible]
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]			[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		THREE WEEK	[illegible]
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		THREE WEEK	[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 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)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

SL 025144

PERMITTEE NAME/ADDRESS (*Include facility Name/Location if different*)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB [illegible]040-0004
Approval expires 12-31-87.

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	0.6	[illegible]		[illegible]	[illegible]	[illegible]		NA	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	0.0	[illegible]		******	[illegible]	[illegible]		NA	THREE/WEEK	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	10.59	12.21		[illegible]	[illegible]	[illegible]		NA	[illegible]	RECORDR
[illegible]	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		CONTI/RECORDR	RECORDR
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	GRAB
[illegible]	PERMIT REQUIREMENT	22.9 DAILY AV	37.7 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	GRAB
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	58 DAILY AV	198 DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
[illegible]	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		THREE/WEEK	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	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 33 USC § 1319 (*Penalties under these statutes may include fines up to $10000 and or maximum imprisonment of between 6 months and 5 years*)		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

SL 025145