

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: DELTA LAKE PARK WWTF  
ADDRESS: 1902 JOE STEPHENS WESLACO, TX 78596

TX0072133  
PERMIT NUMBER

001-A  
DISCHARGE NUMBER

FACILITY: DELTA LAKE PARK WWTF  
LOCATION: 2M N. FMR 88 AND 1422. E. FMR 88 WESLACO, TX 78596

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 04/01/2013 TO 04/30/2013

DMR Mailing ZIP CODE: 78596  
MINOR (SUBR 15)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	2.0	*****	*****	0	Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0.00170	*****	mg/l	*****	*****	0	Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	0.83 DAILY AV	*****	MO MIN	3.9	65 SINGGRAB	0	Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	7.1	*****	*****	0	Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.00060	*****	*****	*****	*****	0	Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	0.83 DAILY AV	*****	mg/l	2.00	65 SINGGRAB	0	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.5	*****	mg/l	0.5	*****	0	Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	0.5	*****	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.000101	*****	MGD	*****	*****	0	Five Per Week	INSTAN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.05 DAILY AV	*****	*****	*****	*****	0	Five Per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Five Per Week	INSTAN
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	1.0	*****	*****	0	Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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

FOR AMMONIA NITROGEN - SEE OTHER REQUIREMENT NO. 4 ON PAGE 23 OF THE PERMIT.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER

DATE

AREA CODE NUMBER

MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

**NAME:** DELTA LAKE PARK WWTF  
**ADDRESS:** 1902 JOE STEPHENS WESLACO, TX 78596

TX0072133  
**PERMIT NUMBER**

001-A  
**DISCHARGE NUMBER**

**FACILITY:** DELTA LAKE PARK WWTF  
**LOCATION:** 2M N. FMR 88 AND 1422. E. FMR 88 WESLACO, TX 78596

**MONITORING PERIOD**  
 FROM 05/01/2013 TO 05/31/2013

**DMR Mailing ZIP CODE:** 78596  
 MINOR (SUBR 15)  
 DOMESTIC FACILITY - 001  
 External Outfall

**ATTN:** SANTIAGO ZAVALA, PARKS FOREMAN

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	2.0	*****	mg/L	0	Weekly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L	0	Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.00183	*****	mg/L	8.8	65	mg/L	0	Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.83 DAILY AV	*****	lb/d	20	SINGGRAB	mg/L	0	Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	SU	0	Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	SU	0	Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.00175	*****	mg/L	2.7	66	mg/L	0	Weekly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.83 DAILY AV	*****	lb/d	20	SINGGRAB	mg/L	0	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.5	*****	*****	0.5	65	mg/L	0	Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY AV	*****	lb/d	*****	SINGGRAB	mg/L	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.000098	*****	MGD	*****	*****	*****	0	Five Per Week	INSTAN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 DAILY AV	Reg. Mon. DAILY MX	*****	*****	*****	*****	0	Five Per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	mg/L	0	Five Per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L	0	Five Per Week	GRAB

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**

**TYPED OR PRINTED**

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**

**TELEPHONE**

**DATE**

**AREA CODE**

**NUMBER**

**MM/DD/YYYY**

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 true, complete, and correct. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 FOR AMMONIA NITROGEN - SEE OTHER REQUIREMENT NO. 4 ON PAGE 23 OF THE PERMIT.

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

NAME: DELTA LAKE PARK WWTF  
 ADDRESS: 1902 JOE STEPHENS WESLACO, TX 78596  
 FACILITY: DELTA LAKE PARK WWTF  
 LOCATION: 2M N. FMR 88 AND 1422. E. FMR 88 WESLACO, TX 78596  
 ATTN: SANTIAGO ZAVALA, PARKS FOREMAN

DISCHARGE MONITORING REPORT (DMR)

TX0072133	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2013	TO 06/30/2013

DMR Mailing ZIP CODE: 78596  
 MINOR (SUBR 15)  
 DOMESTIC FACILITY - 001  
 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	UNITS			
Oxygen, dissolved (DO)	*****	*****	*****	2.2	*****	*****	*****	mg/L	0	Weekly	GRAB
00300 1 0 Effluent Gross	*****	*****	*****	2	*****	*****	*****	mg/L	0	Weekly	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	2.2	*****	*****	*****	mg/L	0	Weekly	GRAB
00310 1 0 Effluent Gross	*****	*****	*****	2.2	*****	*****	*****	mg/L	0	Weekly	GRAB
pH	*****	*****	*****	7.2	*****	*****	*****	SU	0	Monthly	GRAB
00400 1 0 Effluent Gross	*****	*****	*****	7.2	*****	*****	*****	SU	0	Monthly	GRAB
Solids, total suspended	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Weekly	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Weekly	GRAB
Nitrogen, ammonia total (as N)	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Weekly	GRAB
00610 1 0 Effluent Gross	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Monthly	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Monthly	GRAB
50050 1 0 Effluent Gross	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Five Per Week	INSTAN
Chlorine, total residual	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Five Per Week	INSTAN
50060 1 0 Effluent Gross	*****	*****	*****	7.2	*****	*****	*****	mg/L	0	Five Per Week	GRAB

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 FOR AMMONIA NITROGEN - SEE OTHER REQUIREMENT NO. 4 ON PAGE 23 OF THE PERMIT.

I certify, under penalty of law that this document and all attachments were prepared under my direction or exclusive control in accordance with a system designed to assure that qualified persons properly gather and evaluate the information, that the persons who gather and evaluate the information are qualified to do so, and that I am a duly licensed professional engineer in the State of Texas. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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: DELTA LAKE PARK WWTF  
ADDRESS: 1902 JOE STEPHENS WESLACO, TX 78596

TX0072133  
PERMIT NUMBER

001-A  
DISCHARGE NUMBER

FACILITY: DELTA LAKE PARK WWTF  
LOCATION: 2M N, FMR 88 AND 1422, E. FMR 88 WESLACO, TX 78596

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
07/01/2013 TO 07/31/2013

ATTN: SANTIAGO ZAVALA, PARKS FOREMAN

DMR Mailing ZIP CODE: 78596  
MINOR (SUBR 15)  
DOMESTIC FACILITY - 001  
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	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT *****	*****	*****	2.2	*****	*****	*****	mg/L	0	weekly	GRAB
00300 10 Effluent Gross	PERMIT REQUIREMENT *****	*****	*****	2	*****	*****	*****	mg/L	0	weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT 19586	*****	mg/l	*****	5.44	*****	7.0	mg/L	0	weekly	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT 83 DAILY AV	*****	lb/d	*****	20 DAILY AV	*****	65 SINGGRAB	mg/L	0	weekly	GRAB
pH	SAMPLE MEASUREMENT *****	*****	*****	7.4	*****	*****	7.4	SU	0	monthly	GRAB
00400 10 Effluent Gross	PERMIT REQUIREMENT *****	*****	*****	6 MINIMUM	*****	*****	9 MAXIMUM	*****	0	monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT 05621	*****	mg/l	*****	2.0	*****	2	mg/L	0	weekly	GRAB
00530 10 Effluent Gross	PERMIT REQUIREMENT 83 DAILY AV	*****	lb/d	*****	20 DAILY AV	*****	65 SINGGRAB	mg/L	0	weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT 0.5	*****	*****	*****	0.5	*****	0.5	mg/L	0	monthly	GRAB
00610 10 Effluent Gross	PERMIT REQUIREMENT Reg. Mon. DAILY AV	*****	lb/d	*****	Reg. Mon. DAILY AV	*****	Reg. Mon. SINGGRAB	mg/L	0	monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT 000095	*****	*****	*****	*****	*****	*****	*****	0	Five Per Week	INSTAN
50050 10 Effluent Gross	PERMIT REQUIREMENT 0.005 DAILY AV	*****	MGD	*****	*****	*****	*****	*****	0	Five Per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT *****	*****	*****	1.0	*****	*****	1.6	mg/L	0	Five Per Week	GRAB
50060 10 Effluent Gross	PERMIT REQUIREMENT *****	*****	*****	1 MO MIN	*****	*****	4 MO MAX	*****	0	Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: \_\_\_\_\_

TYPED OR PRINTED: \_\_\_\_\_

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

AREA Code: \_\_\_\_\_ NUMBER: \_\_\_\_\_ MM/DD/YYYY: \_\_\_\_\_

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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NAME: DELTA LAKE PARK WWTF  
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TX0072133  
PERMIT NUMBER

001-A  
DISCHARGE NUMBER

FACILITY: DELTA LAKE PARK WWTF  
LOCATION: 2M N. FMR 88 AND 1422, E. FMR 88 WESLACO, TX 78596

MONITORING PERIOD  
FROM 08/01/2013 TO 08/31/2013

DMR Mailing ZIP CODE: 78596  
MINOR (SUBR 15)  
DOMESTIC FACILITY - 001  
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, dissolved (DO)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
00300 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0200	*****	mg/L	2.62	2.99	mg/L	0	Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.83	*****	lb/d	2.0	2.0	mg/L	0	Weekly	GRAB
00310 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.83	*****	lb/d	2.0	2.0	mg/L	0	Weekly	GRAB
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7.1	7.1	SU	0	Weekly	GRAB
00400 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0100	*****	mg/L	2.0	2.0	mg/L	0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.83	*****	lb/d	2.0	2.0	mg/L	0	Weekly	GRAB
00530 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.5	*****	lb/d	0.5	0.5	mg/L	0	Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00100	*****	MGD	1.0	1.6	mg/L	0	Five Per Week	GRAB
00610 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00100	*****	MGD	1.0	1.6	mg/L	0	Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00100	*****	MGD	1.0	1.6	mg/L	0	Five Per Week	GRAB
50050 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	*****	*****
Chlorine, total residual	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	*****	*****
50060 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	*****	*****

1. 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED OR PRINTED: \_\_\_\_\_ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: \_\_\_\_\_ AREA CODE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ MM/DD/YYYY: \_\_\_\_\_

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DISCHARGE MONITORING REPORT (DMR)

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

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ADDRESS: 1902 JOE STEPHENS WESLACO, TX 78596

TX0072133  
PERMIT NUMBER

001-A  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 78596  
MINOR (SUBR 15)

FACILITY: DELTA LAKE PARK WWTF  
LOCATION: 2M N. FMR 88 AND 1422, E. FMR 88 WESLACO, TX 78596

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
09/01/2013 TO 09/30/2013

DOMESTIC FACILITY - 001  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
	PERMIT REQUIREMENT	.....	.....	2.4	.....	.....	.....	0	Wkly	GRAB
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	mg/L	0	Wkly	GRAB
	PERMIT REQUIREMENT	.....	.....	MO MIN	.....	.....	.....	0	Wkly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.00413	.....	mg/l	.....	6.08	mg/L	0	Wkly	GRAB
	PERMIT REQUIREMENT	.83 DAILY AV	.....	.....	20 DAILY AV	.....	.....	0	Wkly	GRAB
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
	PERMIT REQUIREMENT	.....	.....	7.1	.....	7.1	SU	0	Wkly	GRAB
pH	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
	PERMIT REQUIREMENT	.....	.....	MINIMUM	.....	MAXIMUM	.....	0	Wkly	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.00216	.....	mg/l	.....	3.50	mg/L	0	Wkly	GRAB
	PERMIT REQUIREMENT	.83 DAILY AV	.....	lb/d	20 DAILY AV	.....	.....	0	Wkly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.05	.....	mg/l	.....	0.05	mg/L	0	Wkly	GRAB
	PERMIT REQUIREMENT	Reg. Mon. DAILY AV	.....	lb/d	Reg. Mon. DAILY AV	.....	.....	0	Monthly	GRAB
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	0	Wkly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.000010	.000105	MGD	.....	.....	.....	0	Five Per Week	INSTAN
	PERMIT REQUIREMENT	.005 DAILY AV	Reg. Mon. DAILY MX	MGD	.....	.....	.....	0	Five Per Week	INSTAN
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Five Per Week	INSTAN
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	0	Five Per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Five Per Week	INSTAN
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	0	Five Per Week	INSTAN
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.....	0	Five Per Week	INSTAN
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	0	Five Per Week	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER \_\_\_\_\_

TYPED OR PRINTED \_\_\_\_\_

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

AREA CODE \_\_\_\_\_ NUMBER \_\_\_\_\_ MM/DD/YYYY \_\_\_\_\_

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