

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

DISCHARGE MONITORING REPORT (DMR)

**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

TX0072133	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	04/30/2013
FROM	TO

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
E. coil		*****	*****	*****	*****	*****				
51040 10 Effluent Gross		*****	*****	*****	< 1.0	< 1.0	CFU	0	Quarterly	GRAB
					126 DAILY AV	394 SINGGRAB	CFU/100m <sup>2</sup>			

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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 prepared all the data and information submitted. Based on my inquiry of the person or persons who manage the system, and the best of my knowledge and belief, the information submitted is 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.		
<b>TYPED OR PRINTED</b>			
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		
	<b>TELEPHONE</b>	<b>DATE</b>	
	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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

TX0072133  
PERMIT NUMBER

001-Q  
DISCHARGE NUMBER

MONITORING PERIOD  
MM/DD/YYYY MM/DD/YYYY  
FROM 05/01/2013 TO 07/31/2013

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	UNITS			
E. coli	*****	*****	*****	*****	*****	*****			
51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	PERMIT REQUIREMENT		< 1.0	< 1.0	CFU/100m L	0	Quarterly	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. This process included reviewing and approving the information to be submitted 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.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED					AREA Code NUMBER	MM/DD/YYYY

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