HAZARDOUS METALS - INLAND WATERS

STW / TXR05_____ / CO

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	N/A DISCHARGE NUMBER

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

Only If required, mail to: TCEQ (MC 213)
P.O. Box 13087
Austin, TX 78711-3087

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
		01	01			12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☐

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)		(54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-5A3)VERAGE	MAXIMUM	UNITS	(38-4M5)INIMUM	AVERAGE	MAXIMUM	UNITS			
Arsenic	SAMPLE MEASUREMENT	*******	*******	*******	******	******					
	SAMPLE REQUIREMENT	*******	*******	*******	******	******	0.3 Daily Max			1/Year	Grab
Barium	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	4.0 Daily Max	mg/l		1/Year	Grab
Cadmium	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	0.2 Daily Max	mg/l		1/Year	Grab
Chromium	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	5.0 Daily Max	mg/l		1/Year	Grab
Copper	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	2.0 Daily Max	mg/l		1/Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	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.						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved OMB No. 2040-004

HAZARDOUS METALS - INLAND WATERS

STW / TXR05_____ / CO

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) PERMIT NUMBER

(17-19) DISCHARGE NUMBER: N/A

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

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MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
		01	01			12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-54) AVERAGE	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Lead	SAMPLE MEASUREMENT	*******	******	*******	******	******					
	SAMPLE REQUIREMENT	*******	******	*******	******	******	1.5 Daily Max			1/Year	Grab
Manganese	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	3.0 Daily Max	mg/l		1/Year	Grab
Mercury	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	0.01 Daily Max	mg/l		1/Year	Grab
Nickel	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	3.0 Daily Max	mg/l		1/Year	Grab
Selenium	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	0.2 Daily Max	mg/l		1/Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

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(2-16)		(17-19)
		N/A
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	01	01		12	31
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☐

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)		(54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-5A3V)ERAGE	MAXIMUM	UNITS	(38-4M5I)NIMUM	AVERAGE	MAXIMUM	UNITS			
Silver	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	0.2 Daily Max	mg/l		1/Year	Grab
Zinc	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
	SAMPLE REQUIREMENT	*******	*******	*******	*******	*******	6.0 Daily Max	mg/l		1/Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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