

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

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

NAME

ADDRESS

FACILITY LOCATION

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

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 Daily Max	mg/l		1/Year	Grab
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	4.0 Daily Max	mg/l		1/Year	Grab
Cadmium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 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	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.	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

HAZARDOUS METALS - TIDAL WATERS

STW / TXR05 _____ / CO

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

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

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NAME

(2-16) to Tidal Waters 17-19)

ADDRESS

PERMIT NUMBER	N/A DISCHARGE NUMBER
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FACILITY LOCATION

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lead	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	1.5 Daily Max	mg/l	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	*****	*****	*****	*****	*****	0.3 Daily Max	mg/l	1/Year	Grab	

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STW / TXR05_____ / CO

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NAME

(2-16) _____ to Tidal Waters (19)

ADDRESS

PERMIT NUMBER	N/A
DISCHARGE NUMBER	

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		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM	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

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		TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MO	DAY	

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