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

TW/	TXR05	/ CO)

PAGE

OF

PERMITTEE NAME/AD	DRESS (Include Facility	y Name/Location if Differ	rent) NATION		DISCHARGE ELIMINA	NOT	E: Enter yo	ur auth	orizati	on num	ber in	the			
NAME			DISCHA	SYSTEM RGE MONITC	_	nderlined space in the upper right hand corner of									
			(2-	(=	page. Example: STW/ TXR05 <u>J102</u> / CO										
ADDRESS	,	,	N/A	(17-19) this page. Example: STW/ TXR05 <u>J102</u> / CO											
	PERMIT	NUMBER	DISCHAR	GE Only	If required, ma	uired, mail to: TCEQ (MC 213)									
FACILITY				MONITORI	NG PERIOD				O. Box						
LOCATION			YEAR M		YEAR MO	DAY		Austin, TX 78711-3087							
			0		12	31									
			(20-21) (22-	-23) (24-25)	(26-27) (28-29)										
PARAMETER		` ,	UANTITY OR LOADIN	IG	(4 Card Only) Ql					FREQUE	NCY	0.1.451.5			
(32-37)	\perp	(46-53)	(54-61)		(38-45)	(46-53)	(54-61	,	NO. EX	OF ANALYSIS	SIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)		(69-70)			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****									
	SAMPLE ****** ******* REQUIREMENT		*****	*****	*****	*****	0.3 Daily Max	mg/l		1/Year		Grab			
Barium	arium 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	UM SAMPLE ***** ***** MEASUREMENT		*****	*****	*****	*****									
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	5.0 Daily Max	mg/l		1/Year		Grab			
Copper	SAMPLE MEASUREMENT	*****	*****	*****		*****									
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	2.0 Daily Max	I IIIQ/I		1/Year		Grab			
NAME/TITLE PRING		AT THIS DOCUMENT ANI UNDER MY DIRECTION			TE	TELEPHONE			DATE						
		THA ⁻ INFC	ERVISION IN ACCORDANCE WITH A S T QUALIFIED PERSONNEL PROPERL DRMATION SUBMITTED. BASED ON SONS WHO MANAGE THE SYSTEM, C PONSIBLE FOR GATHERING THE INF	Y GATHER AND EVALUATI Y INQUIRY OF THE PERSO OR THOSE PERSONS DIRE	ETHE DN OR CTLY	DE OF PRINCIP	A.I.								
		ACC	MITTED IS, TO THE BEST OF MY KNO URATE, AND COMPLETE. I AM	AWARE THAT THERE	ARE EX	EXECUTIVE			ED	YEAR	MO	DAY			
TYPF	D OR PRINTED	INCL	IFICANT PENALTIES FOR SUBMI UDING THE POSSIBILITY OF FIN WING VIOLATIONS.		HON,	,			NUMBER		IVIO	DAT			
COMMENTS AND E				attachments h	ere)		GENT CODE					1			
			(/										

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

NATIONAL POLLUTANT DISCHARGE ELIMINATION

EPA Form 3320-1 (3-99)

STW / TXR05_____ / CO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)				NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)								NOTE: En	ter you	r autho	orization	numl	er in the	
NAME				DISCHARGE MONITORING RELIGIRITY							underlined space in the upper right hand corner							
ADDRESS				PERMI	N/A				of this page. Example: STW/ TXR05J102/ CO Only If required, mail to: TCEQ (MC 213)									
FACILITY LOCATION				1 =1	RING PERIOD					P.O. Box 13087								
				YEAR					Тм	0	DAY	Austin, TX 78711-3087						
			į		01 (22-23)	01 (24-25			1		31							
PARAMETER	^NITIT∨	(20-21) OR LOADIN	,	(26-27)	(28-		(30-31)											
(32-37)		(3 Card Only) QU/ (46-53)		(54-61)	NG		(4 Card Only) Ql (38-45)		QUA		5-53)	(54-61)	NO.	OF ANALYSIS	5	SAMPLE	
		` ′		AXIMUM	UNI	TS		MINIMUM		AVER	RAGE	MAXIMUM	UNITS	EX (62-63)		5	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	ear Grab		
Selenium	SAMPLE MEASUREMENT	*****	** *****		*****		*****			*****								
	SAMPLE REQUIREMENT	*****		*****	*****		*****			*****		0.3 Daily Max	mg/l		1/Year		Grab	
NAME/TITLE PRINC	IPAL EXECUTIVE	ATTACH SUPER ASSUR EVALU OF THE THOSE	HMENTS W VISION IN A E THAT QU ATE THE INF E PERSON (PERSONS	PENALTY OF LAW TH/ PERE PREPARED U ACCORDANCE WITH ALLIFIED PERSONNE FORMATION SUBMITION OR PERSONS WHO DIRECTLY RESPONS	JNDER MY DI H A SYSTEM DE EL PROPERLY TED. BASED OI MANAGE THE SIBLE FOR GA	RECTION (DESIGNED TO SATHER AND MY INQUIRED SYSTEM, O THERING TO	OR FO ND RY OR HE	SIGNATI	IIRE	OF PF	RINCIPA		LEPHON	IE		DATE		
TYPE	OWLEDGE A VARE THAT TTING FALSE ND IMPRISO	THE INFORMATION SUBMITTED IS, TO THE BEST OF EAND BELIEF, TRUE, ACCURATE, AND COMPLETE. I THAT THERE ARE SIGNIFICANT PENALTIES FOR ALSE INFORMATION, INCLUDING THE POSSIBILITY OF ISOMMENT FOR KNOWING VIOLATIONS.			. I	EXECUTIVE			AREA NUME		BER	YEAR	МО	DAY				
COMMENTS AND EXP	LANATION OF A	NY VIOLATIONS (Refere	ence all atta	chments	here)												
EPA Form 3320-1 (3-99)	(RE	PLAC	ES EPA FC	DRM T-4	0 WHI	СН	MAY NOT	BE	USED	D)			PAGE	(OF		

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

EPA Form 3320-1 (3-99)

HAZARDOUS METALS - TIDAL WATERS

STW / TXR05_____/ CO

NAME			DISCH		•			mber in the nand corner				
ADDRESS			(2-16 PERMIT N			19) /A E NUMBER	of this page	Example: STW/ TXR05J102/ (d, mail to: TCEQ (MC 213)				
FACILITY LOCATION	YEAR M 0 (20-21) (22-	O DAY 1 01		MO DAY 12 31 8-29) (30-31		eu, maii to.	P.O.	1-3087				
PARAMETER (32-37)		(3 Card Only) QUA (46-53) AVERAGE	NTITY OR LOADIN (54-61) MAXIMUM	IG UNITS	(4 Card Only) QI (38-45) MINIMUM	JALITY OR CON (46-53) AVERAGE	CENTRATION (54-61) MAXIMUM UNITS		NO. EX (62-63)	FREQUENC OF ANALYSIS (64-68)	SAMPLE	
Silver	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			(02 00)	(04 00)	(03 70)	
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max	mg/l		1/Year	Grab	
Zinc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****						
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	6.0 Daily Max	I IIIQ/I		1/Year	Grab	
NAME/TITLE PRINCIF	PAL EXECUTIVE	ATTACHMENT: SUPERVISION THAT QUALIFI INFORMATION PERSONS WHI RESPONSIBLE SUBMITTED IS	DER PENALTY OF LAW THAT T S WERE PREPARED UND IN ACCORDANCE WITH UNDE ED PERSONNEL PROPERLY GA' SUBMITTED. BASED ON MY INC O MANAGE THE SYSTEM, OR THE FOR GATHERING THE INFORM, IN TO THE BEST OF MY KNOWL	ER MY DIRECTION OF EM DESIGNED TO ASSURE THER AND EVALUATE THE QUIRY OF THE PERSON OF HOSE PERSONS DIRECTLY ATION, THE INFORMATION EDGE AND BELIEF, TRUE	SIGNATUR	E OF PRINCIPA ECUTIVE		LEPHONE NUMBER			MO DAY	
TYPED COMMENTS AND EXI	OR PRINTED PLANATION OF A	PENALTIES FO POSSIBILITY O	OR SUBMITTING FALSE INFOR F FINE AND IMPRISONMENT FO	MATION, INCLUDING THE R KNOWING VIOLATIONS.	OFFICER OR A			NOMBER	\	TLAN	INIO DAT	
FPA Form 3320-1 (3-9	9)	(RED	I ACES EPA FOE	RM T-40 WHIC	CH MAY NOT RE	USED)			P	AGE	OF	