PERMITTEE NAME/ADD NAME	RESS (Include Facility Na	ame/Location if Differe		POLLUTANT DISCH CHARGE MON					•			umber in the		
INAME		(2		(17-19)			underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO							
ADDRESS					N/A									
	PERMIT	PERMIT NUMBER						Only If required, mail to: TCEQ (MC 213)						
FACILITY				MONITO	RING PERIO	RING PERIOD			P.O. Box 13087 Austin, TX 78711-3087					
LOCATION			MO DAY	YEAR		DAY			Austin,	007				
				01 01 2-23) (24-25)	(26-27	12) (28-29)	(30-31)] 🗆						
PARAMETER		(3 Card Only)	QUANTITY OR LOADING	, , ,	(4 Card Only)			ENTRATION			FREQUENCY			
(32-37)		(46-53)	(54-61)	<u> </u>		(46-53)	(54-61)		NO. EX	OF ANALYSIS (64-68)	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMU	M AVERAGE		MAXIMUM	AXIMUM UNITS			(69-70)		
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	****								
	SAMPLE REQUIREMENT	*****	*****	*****	*****		*****	0.3 Daily Max			1/Year	Grab		
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****							
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****		4.0 Daily Max			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 PRIN	CIPAL EXECUTIVE	OFFICER	ICERTIFY UNDER PENALTY OF LAW THA	Y UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS				TELEPHONE			DATE			
			WERE PREPARED UNDER MY DIRECTIO A SYSTEM DESIGNED TO ASSURE THAT CA AND EVALUATE THE INFORMATION SU PERSON OR PERSONS WHO MANAGE TH RESPONSIBLE FOR GATHERING THE INF IS. TO THE BEST OF MY KNOWLEDG COMPLETE. I AM AWARE THAT TH SUBMITTING FALSE INFORMATION, IN	QUALIFIED PERSONNEL PRO IBMITTED. BASED ON MY IN HE SYSTEM, OR THOSE PER- FORMATION, THE INFORMAT GE AND BELIEF, TRUE, A HERE ARE SIGNIFICANT P CLUDING THE POSSIBILITY	PERLY GATHER IQUIRY OF THE SONS DIRECTLY ION SUBMITTED CCURATE, AND ENALTIES FOR	EXE	OF PRINC CUTIVE R AUTHORI	AREA	NUMBE	R Y	EAR MO	DAY		
TYPE	ED OR PRINTED		IMPRISONMENT FOR KNOWING VIOLATI	IONS.			SENT	CODE						
COMMENTS AND EX	PLANATION OF A	NY VIOLATION	NS (Reference all attac	chments here)										

EPA Form 3320-1 (3-99)

HAZARDOUS METALS - INLAND WATERS

STW / TXR05_____ / CO

PERMITTEE NAME/ADD	RESS (Include Facility Na		NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)						NOTE. Litter your authorization number in the					
NAME	(2-1	(2-16)			7-19)	underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO								
ADDRESS		,	, ,			J/A		O. Exampl	C. O. W.	17(100 <u>0</u>	102 00			
	PERMIT N	PERMIT NUMBER			SE NUMBER	Only If require	ed, mail to:							
FACILITY				MONITORING F						_	ox 13087 TX 7871	1-3087		
LOCATION	YEAR MO		YE		MO DAY	!		Austin,	17.7071	1-3007				
			(20-21) (22-2		(26-		12 31 3-29) (30-31)							
PARAMETER (32-37)	(3 Card Only (46-53)		NTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONC (38-45) (46-53) MINIMUM AVERAGE				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE		
		AVERAGE						MAXIMUM UNITS				(69-70)		
Lead	SAMPLE MEASUREMENT	*****	*****	*****	***	**	*****							
	SAMPLE REQUIREMENT	*****	*****	*****	***	*****		1.5 Daily Max			1/Year	Grab		
Manganese	SAMPLE MEASUREMENT	*****	*****	*****	****	**	*****		mg/l					
	SAMPLE REQUIREMENT	*****	*****	*****	****	**	*****	3.0 Daily Max			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 PRIN	NCIPAL EXECUTIV		CERTIFY UNDER PENALTY OF LATE					TELE	PHONE		DATE			
TYE	PED OR PRINTED	AC PE SU MM GA OF AVI	CORDANCE WITH A SYSTEM DES RONNEL PROPERLY GATHER RONNEL PROPERLY GATHER BMITTED. BASED ON MY INOURY NAGE THE SYSTEM, OR THOSE THERING THE INFORMATION, THE INF MY KNOWLEDGE AND BELIEF, TRI NARE THAT THERE ARE SIGNIFICAN FORMATION, INCLUDING THE POSSIB OWING VIOLATIONS.	SIGNED TO ASSURE THA AND EVALUATE THE OF THE PERSON OR PI ERSONS DIRECTLY RESP FORMATION SUBMITTED IS JE, ACCURATE, AND COI IT PENALTIES FOR SUBM	AT QUALIFIED INFORMATION ERSONS WHO ONSIBLE FOR S, TO THE BEST WPLETE. I AM	Е	RE OF PRINCIF XECUTIVE OR AUTHORIZ	ARFA	NUMBER	YEAR	MO	DAY		
							AGENT				1 1			
COMMENTS AND EX		•	•	•										
EPA Form 3320-1 (3-9	99)	(1	REPLACES EPA FC	ORM T-40 WH	ICH MAY	NOT BE	USED)		PAG	E	OF			

HAZARDO PERMITTEE NAME/ADDRESS NAME		LLUTANT DISCH HARGE MONI		SYSTEM (NPDES) RT (DMR)	STW / TXR05 / CO NOTE: Enter your authorization number in the underlined space in the upper right hand cornel								
ADDRESS		2-16) NUMBER	\exists		(17-19) N/A ARGE NUMBER	of this page. Example: STW/ TXR05J102/ CO Only If required, mail to: TCEQ (MC 213)							
FACILITY LOCATION	YEAR (20-21)	YEAR MO DAY 01 01				P.O. Box 13087 Austin, TX 78711-3087					7		
PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADII (54-61) MAXIMUM	NG UNITS	` (38	rd Only) QI 8-45) INIMUM	UALITY OR CON (46-53) AVERAGE		61)	NO. EX (62-63)	FREQUEN OF ANALYS (64-68)	SAMPLE IS TYPE	
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 mg/l Daily Max			1/Year	Grab	
NAME/TITLE PRINCIPA	L EXECUTIVE (1 A1 A2 PE B/ OF TH TR	CERTIFY UNDER PENALTY OF LAT TTACHMENTS WERE PREPARED UNDIVIDUAL TO COORDANCE WITH A SYSTEM DES RSONNEL PROPERLY GATHER AND EV SEED OM MY LOQUIST OF THE PERSON THOSE PERSONS DIRECTLY RESPONSI EINFORMATION SUBMITTED IS, TO THE ULE, ACCURATE, AND COMPLETE. I AN NULTIES FOR SUBMITTING FALSE INFO	IGNED TO ASSURE THA ALUATE THE INFORMATIC OR PERSONS WHO MANAG BLE FOR GATHERING THE I E BEST OF MY KNOWLEDO I AWARE THAT THERE AR	PERVISION AT QUALIFI IN SUBMITTI E THE SYSTE INFORMATION E AND BELI E SIGNIFICA	IN IED ED. EM, ON, ON, IEF, INT	TURE OF PRINCII EXECUTIVE	PAL AREA	TELEPHON NUMI			MO DAY	

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

TYPED OR PRINTED

EPA Form 3320-1 (3-99)

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

OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

OFFICER OR AUTHORIZED

AGENT

CODE

PAGE

OF