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

Form Approved
OMB No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: LEONARDO OLIVERS, CITY MGR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	7.1	******	******	(19) mg/L	0	Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	6.9	(12) SU	0	Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80	******	(26) lb/d	******	3.8	6.0	(19) mg/L	0	Twice Every Week	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	4.05	******	(26) lb/d	******	0.19	0.3	(19) mg/L	0	Twice Every Week	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	119 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.5	2.8	(03) MGD	******	******	******	******	0	Continuous	Totalz
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3400	(78) gal/min	******	******	******	******	0	Continuous	Totalz
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.49	******	(03) MGD	******	******	******	******	0	Continuous	Totalz
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Leonardo Olivarez, City Manager	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	956.973.3110		02/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITC REPORT (DMR)

Form Approved
IB No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: LEONARDO OLIVERS, CITY MGR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.08	(19) mg/L	0	Daily	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.22	******	******	(19) mg/L	0	Daily	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.8	6.0	(32) CFU/100m	0	Weekly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	72	******	(26) lb/d	******	3.4	4.0	(19) mg/L	0	Twice Every Week	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Leonardo Olivarez, City Manager	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.		956973310		02/19/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

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

Form Approved
No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: LEONARDO OLIVERS, CITY MGR

TX0052787	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	03/31/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	0	.....	(26) lb/d	.....	0.06	0.06	(19) mg/L	0	Quarterly	Compos
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	91 DAILY AV	.....	lb/d	.....	2.29785 DAILY AV	4.86143 DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Leonardo Olivarez, City Manager	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	956	973 3100	02/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION 5.50 MGD FACILITY.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME NORTH WWTP
ADDRESS 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS ,CITY MGR

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

TX0052787	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	02	01	TO	13	02	28

MAJOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	7.0	******	******	(19) MG/L	0	WICE/WEE	GRAB
	PERMIT REQUIREMENT	******	******		4.0 MO MIN	******	******			WICE/WEE	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	6.8	******	6.9	(12) SU	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	62	******	(26) LBS/DY	******	3.4	4.0	(19) MG/L	0	WICE/WEE	COMPOS
	PERMIT REQUIREMENT	594 DAILY AV	******		******	15 DAILY AV	40 DAILY MX			WICE/WEE	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.09	******	(26) LBS/DY	******	0.162	0.400	(19) MG/L	0	WICE/WEE	COMPOS
	PERMIT REQUIREMENT	119 DAILY AV	******		******	3 DAILY AVG	10 DAILY MX			WICE/WEE	COMPOS
FLOW, IN CONDUIT THRU TREATMENT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.2	2.6	(03) MGD	******	******	******	****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	3000	(78) GPM	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	******	11993 2HR PEAK		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	2.~~14~~ 2	******	(03) MGD	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	4.75 ANNL AVG	******		******	******	******			Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.		956	973-3146	13	03	08
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)*

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME NORTH WWTP
ADDRESS 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS ,CITY MGR

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

TX0052787	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	02	01	TO	13	02	28

MAJOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall - 001

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
50060 MG/L CL2 RESIDUAL Plnt Ef	SAMPLE MEASUREMENT	******	******	****	******	******	0.07	(19) MG/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		******	******	.1 INST MAX			DAILY	GRAB
50060 MG/L CL2 RESIDUAL Plnt Ef	SAMPLE MEASUREMENT	******	******	****	1.29	******	******	(19) MG/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		1.0 MO MIN	******	******			DAILY	GRAB
COLIFORM, E. GENERAL 70455 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	1.2	2.0	(3Z) CFU/100M	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******		******	126 DAILY AV	394 DAILY MX			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	70	******	(26) LBS/DY	******	3.88	5.00	(19) MG/L	0	WICE/WEE	COMPOS
	PERMIT REQUIREMENT	396 DAILY AV	******		******	10 DAILY AV	25 DAILY MX			WICE/WEE	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956	973-3146	13	03	08
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
INTERIM II PHASE EFFECTIVE 8/31/10 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME NORTH WWTP
ADDRESS 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS ,CITY MGR

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

TX0052787	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	03	01	TO	13	03	31

MAJOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	6.9	******	******	(19) MG/L	0	WICE/WEE	GRAB
	PERMIT REQUIREMENT	******	******		4.0 MO MIN	******	******			WICE/WEE	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	6.8	******	6.9	(12) SU	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	63	******	(26) LBS/DY	******	3.6	4.0	(19) MG/L	0	WICE/WEE	COMPOS
	PERMIT REQUIREMENT	594 DAILY AV	******		******	15 DAILY AV	40 DAILY MX			WICE/WEE	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.73	******	(26) LBS/DY	******	0.100	0.100	(19) MG/L	0	WICE/WEE	COMPOS
	PERMIT REQUIREMENT	119 DAILY AV	******		******	3 DAILY AVG	10 DAILY MX			WICE/WEE	COMPOS
FLOW, IN CONDUIT THRU TREATMENT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	2.2	(03) MGD	******	******	******	****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	2466	(78) GPM	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	******	11993 2HR PEAK		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	2.07	******	(03) MGD	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	4.75 ANNL AVG	******		******	******	******			Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.		956	973-3146	13	04	05
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)*

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME NORTH WWTP
ADDRESS 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS ,CITY MGR

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

TX0052787	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	03	01	TO	13	03	31

MAJOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall - 001

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
50060 MG/L CL2 RESIDUAL Plnt Ef	SAMPLE MEASUREMENT	******	******	****	******	******	0.08	(19) MG/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		******	******	.1 INST MAX			DAILY	GRAB
50060 MG/L CL2 RESIDUAL Plnt Ef	SAMPLE MEASUREMENT	******	******	****	1.14	******	******	(19) MG/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		1.0 MO MIN	******	******			DAILY	GRAB
COLIFORM, E. GENERAL 70455 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	2.2	11.0	(3Z) CFU/100M	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******		******	126 DAILY AV	394 DAILY MX			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	65	******	(26) LBS/DY	******	3.75	4.00	(19) MG/L	0	MCE/WEE	COMPOS
	PERMIT REQUIREMENT	396 DAILY AV	******		******	10 DAILY AV	25 DAILY MX			MCE/WEE	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.		956	973-3146	13	04	05
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)*
INTERIM II PHASE EFFECTIVE 8/31/10 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME NORTH WWTP
ADDRESS 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS ,CITY MGR

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

TX0052787	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	04	01	TO	13	04	30

MAJOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	6.8	******	******	(19) MG/L	0	WICE/WEE	GRAB
	PERMIT REQUIREMENT	******	******		4.0 MO MIN	******	******			WICE/WEE	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	7.0	******	7.2	(12) SU	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	53	******	(26) LBS/DY	******	3.0	4.0	(19) MG/L	0	WICE/WEE	COMPOS
	PERMIT REQUIREMENT	594 DAILY AV	******		******	15 DAILY AV	40 DAILY MX			WICE/WEE	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.75	******	(26) LBS/DY	******	0.100	0.100	(19) MG/L	0	WICE/WEE	COMPOS
	PERMIT REQUIREMENT	119 DAILY AV	******		******	3 DAILY AVG	10 DAILY MX			WICE/WEE	COMPOS
FLOW, IN CONDUIT THRU TREATMENT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.2	5.7	(03) MGD	******	******	******	****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	10000	(78) GPM	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	******	11993 2HR PEAK		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	2.11	******	(03) MGD	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	4.75 ANNL AVG	******		******	******	******			Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956	973-3146	13	05	13
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS ***(Reference all attachments here)***
INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME NORTH WWTP
ADDRESS 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS ,CITY MGR

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

TX0052787	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	04	01	TO	13	04	30

MAJOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall - 001

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
50060 MG/L CL2 RESIDUAL Plnt Ef	SAMPLE MEASUREMENT	******	******	****	******	******	0.08	(19) MG/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		******	******	.1 INST MAX			DAILY	GRAB
50060 MG/L CL2 RESIDUAL Plnt Ef	SAMPLE MEASUREMENT	******	******	****	1.44	******	******	(19) MG/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		1.0 MO MIN	******	******			DAILY	GRAB
COLIFORM, E. GENERAL 70455 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	2.0	6.0	(3Z) CFU/100M	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******		******	126 DAILY AV	394 DAILY MX			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	68	******	(26) LBS/DY	******	3.89	6.00	(19) MG/L	0	MCE/WEE	COMPOS
	PERMIT REQUIREMENT	396 DAILY AV	******		******	10 DAILY AV	25 DAILY MX			MCE/WEE	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.		956	973-3146	13	05	13
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)*
INTERIM II PHASE EFFECTIVE 8/31/10 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME CITY OF WESLACO
ADDRESS 4000' E OF STHWY 88 & 4000' N
WESLACO , TX 78956

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS,CITY MGR

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

TX0052787	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	04	01	TO	13	06	30

MAJOR
F - FINAL
QUARTERLY REPORTING

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	******	(26) LBS/DY	******	0.07	0.07	(19) MG/L	0	QTRLY	COMPOS
	PERMIT REQUIREMENT	91 DAILY AV	******		******	2.29785 DAILY AV	4.86143 DAILY AV			QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.		956	973-3146	13	05	13
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)*

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

Form Approved.
No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	6.4	******	******	(19) mg/L	0	Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.1	(12) SU	0	Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40	******	(26) lb/d	******	2.3	3.0	(19) mg/L	0	Twice Every Week	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.72	******	(26) lb/d	******	0.1	0.1	(19) mg/L	0	Twice Every Week	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	119 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.0	2.2	(03) MGD	******	******	******	******	0	Continuous	Totalz
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2267	(78) gal/min	******	******	******	******	0	Continuous	Totalz
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.06	******	(03) MGD	******	******	******	******	0	Continuous	Totalz
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DAVID SALINAS PUBLIC UTILITIES DIRECTOR	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.	David L. Salinas	956-973-3146		06/13/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.07	(19) mg/L	0	Daily	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.38	******	******	(19) mg/L	0	Daily	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.4	2.0	(32) CFU/100ml	0	Weekly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	394 DAILY MX	CFU/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	82	******	(26) lb/d	******	4.78	6.00	(19) mg/L	0	Twice Every Week	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

NOT NWTP

May, 2013 Weslaco	Plant effluent Flow MGD	Final plant eff ANNL AVG MGD	Effluent 2-hr peak gpm	Chlorine Corrected mg/l	Plant effluent Cl2 residual mg/l	Plant effluent pH S.U.	Plant effluent Temperature Degrees C	Plant effluent CBOD mg/l	Effluent CBOD lbs/day	Plant effluent TSS mg/l	Effluent TSS lbs/day	Plant effluent Ammonia mg/l	Effluent Ammonia lbs/day	Plant effluent E. coliform #/100ml	Plant effluent Zinc, total mg/l	Plant effluent Nitrate mg/l	Plant effluent D. O. mg/l	Plant effluent BOD mg/l
1 Wed	2.1	2.1	2100	3.36	0.07	6.8	25.5	3	52.5	3	52.5	0.1	1.75					
2 Thu	2	2.1	1800	1.62	0.04												6.9	
3 Fri	1.9	2.1	1967	2.47	0.05													
4 Sat	1.8	2.1	1900	3.92	0.03													
5 Sun	1.7	2.1	1800	4.01	0.04													
6 Mon	1.6	2.1	1467	3.05	0.04													
7 Tue	2	2.1	1600	2.78	0.04			4	66.2	2	33.1	0.1	1.65	2		24.6	7.1	4
8 Wed	2	2.1	1900	2.8	0.04	6.95	24.2	4	66.6	2	33.3	0.1	1.66					
9 Thu	2.1	2.1	1633	2.28	0.04												6.9	
10 Fri	2.2	2.1	2000	1.38	0.05													
11 Sat	2.1	2.1	1900	2.33	0.07													
12 Sun	1.9	2.1	2100	3.32	0.05													
13 Mon	2	2.1	1833	2.41	0.03													
14 Tue	2	2.1	1633	2.88	0.05			5	82.9	2	33.2	0.1	1.66	1			7	
15 Wed	2.1	2.1	1767	2.92	0.05	6.86	24.7	5	85.7	2	34.3	0.1	1.71					
16 Thu	2.1	2.1	2100	1.88	0.04												6.9	
17 Fri	2.1	2.1	1600	1.9	0.05													
18 Sat	2.1	2.1	1866	2.66	0.05													
19 Sun	2	2.1	1833	3.93	0.03													
20 Mon	2.1	2.1	1800	2.13	0.03													
21 Tue	2.1	2.1	1733	2.28	0.02			5	86.9	2	34.7	0.1	1.74	2			6.8	
22 Wed	2	2.1	1867	2.46	0.05	7.01	26.3	6	101.1	2	33.7	0.1	1.68					
23 Thu	2.1	2.1	1600	1.88	0.04												6.4	
24 Fri	2.2	2.1	2267	1.48	0.06													
25 Sat	2.1	2.1	1866	1.38	0.04													
26 Sun	2	2.1	1700	3.54	0.02													
27 Mon	2.1	2.1	1800	2.54	0.02													
28 Tue	2.1	2.1	1767	2.56	0.04			6	107.5	3	53.7	0.1	1.79	1			6.5	
29 Wed	2.2	2.1	1833	2.28	0.07	7.06	26.5	5	92.4	3	55.4	0.1	1.85					
30 Thu	2.1	2.1	1933	2.32	0.02												6.4	
31 Fri	2.2	2.1	1933	2.18	0													
Sum	63.322	63.7865789	57096	78.975	1.28	34.68	127.2	43	741.56778	21	363.89086	0.9	15.49989	6		24.6	60.9	4
Avg	2.04264516	2.05763158	1841.87097	2.54758065	0.04129032	6.936	25.44	4.77777778	82.39642	2.33333333	40.43232	0.1	1.72221	1.41421356		24.6	6.76666667	4
Max	2.249	2.05763158	2267	4.01	0.07	7.06	26.5	6	107.48592	3	55.4193	0.1	1.84731	2		24.6	7.1	4
Min	1.658	2.05763158	1467	1.38	0	6.8	24.2	3	52.51698	2	33.07644	0.1	1.653622	1		24.6	6.4	4
G Mean														1.41421356				

2.1 MGD 2.1 MGD 0.07 C 6.8 MIN 7.1 MAX 7 mg/l 0 AVG NA 0 AVG 1 6.4 MIN 20

Newsp

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME NORTH WWTP
ADDRESS 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY WESLACO NORTH WWTP
LOCATION 4000' E OF STHWY 88 & 4000' N
ATTN LEONARDO OLIVERS ,CITY MGR

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

TX0052787	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	06	01	TO	13	06	30

MAJOR
(SUBR 15)
DOMESTIC FACILITY - 001
External Outfall

Form Approved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	6.0	******	******	(19) MG/L	0	MICE/WEE	GRAB
	PERMIT REQUIREMENT	******	******		4.0 MO MIN	******	******			MICE/WEE	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	7.0	******	7.1	(12) SU	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******		6.0 MINIMUM	******	9.0 MAXIMUM			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	35	******	(26) LBS/DY	******	2.0	2.0	(19) MG/L	0	MICE/WEE	COMPOS
	PERMIT REQUIREMENT	594 DAILY AV	******		******	15 DAILY AV	40 DAILY MX			MICE/WEE	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.77	******	(26) LBS/DY	******	0.100	0.100	(19) MG/L	0	MICE/WEE	COMPOS
	PERMIT REQUIREMENT	119 DAILY AV	******		******	3 DAILY AVG	10 DAILY MX			MICE/WEE	COMPOS
FLOW, IN CONDUIT THRU TREATMENT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	2.3	(03) MGD	******	******	******	****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	2700	(78) GPM	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	******	11993 2HR PEAK		******	******	******			Continuous	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	2.10	******	(03) MGD	******	******	******	**** ****	0	Continuous	TOTALZ
	PERMIT REQUIREMENT	4.75 ANNL AVG	******		******	******	******			Continuous	TOTALZ

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY

Jun, 2013 Weslaco	Plant effluent Flow MGD	Final plant eff ANNL AVG MGD	Effluent 2-hr peak gpm	Chlorine Corrected mg/l	Plant effluent Cl2 residual mg/l	pH Plant effluent pH S.U.	Plant effluent Temperature Degrees C	Plant effluent CBOD mg/l	Effluent CBOD lbs/day	Plant effluent TSS mg/l	Effluent TSS lbs/day	Plant effluent Ammonia mg/l	Effluent Ammonia lbs/day	Plant effluent E. coliform #/100ml	Plant effluent Zinc, total mg/l	Plant effluent Nitrate mg/l	Plant effluent D. O. mg/l	Plant effluent BOD mg/l
1 Sat	2	2.1	2100	2.78	0													
2 Sun	2.3	2.1	2700	4.1	0.02													
3 Mon	2	2.1	1933	1.84	0.02													
4 Tue	2.2	2.1	1933	1.88	0.04			5	93	2	37.2	0.1	1.86	13		59.7	6.7	5
5 Wed	2.1	2.1	2033	1.96	0.04	7.12	27.3	5	87.1	2	34.8	0.1	1.74					
6 Thu	2.1	2.1	2133	2.12	0.05												6.1	
7 Fri	2.2	2.1	1733	3.66	0.02													
8 Sat	2.1	2.1	1800	2.22	0.05													
9 Sun	2.2	2.1	1766	2.6	0.01													
10 Mon	2.2	2.1	2200	2.22	0.04													
11 Tue	2.1	2.1	1966	2.35	0.01			5	89.2	2	35.7	0.1	1.78	8			6.3	
12 Wed	2	2.1	2033	2.4	0.04	6.99	27.7	4	66.5	2	33.3	0.1	1.66					
13 Thu	2.3	2.1	1867	3.4	0.04												6.3	
14 Fri	2.3	2.1	2066	1.82	0.02													
15 Sat	2.1	2.1	1866	2.58	0.02													
16 Sun	2.1	2.1	2366	2.88	0.02													
17 Mon	2.2	2.1	1966	3.8	0.03													
18 Tue	2.1	2.1	2100	1.21	0.03			4	70	2	35	0.1	1.75	16			6.2	
19 Wed	2.2	2.1	1900	2.56	0.02	7.13	26.6	4	74.6	2	37.3	0.1	1.86					
20 Thu	2.1	2.1	2267	2.26	0.02												6.2	
21 Fri	2	2.1	2233	1.04	0.03													
22 Sat	2	2.1	2100	2.65	0.06													
23 Sun	2.1	2.1	1066	3.86	0.02													
24 Mon	2	2.1	2000	3.59	0.04													
25 Tue	2.2	2.1	1833	2.88	0.06			5	92.1	2	36.8	0.1	1.84	6			6.7	
26 Wed	2	2.1	1800	3	0.02	7.03	27.9	6	100.9	2	33.6	0.1	1.68					
27 Thu	2.1	2.1	1767	3.48	0.02												6	
28 Fri	2	2.1	2000	2.6	0.06													
29 Sat	2	2.1	1933	2.79	0.04													
30 Sun	2	2.1	1666	4.04	0.02													
Sum	63.337	62.9191667	59126	80.565	0.91	28.27	109.5	38	673.4133	16	283.74348	0.8	14.187174	43		59.7	50.5	5
Avg	2.11123333	2.09730556	1970.86667	2.6855	0.03033333	7.0675	27.375	4.75	84.1766625	2	35.467935	0.1	1.77339675	9.9959976		59.7	6.3125	5
Max	2.273	2.09730556	2700	4.1	0.06	7.13	27.9	6	100.93068	2	37.2798	0.1	1.86399	16		59.7	6.7	5
Min	1.969	2.09730556	1066	1.045	0	6.99	26.6	4	66.51984	2	33.25992	0.1	1.662996	6		59.7	6	5
G Mean														9.9959976				

2.1 peak mx

mx

mn 7.0
mx 7.1

DN 35

2
2

10.0 DF
16.0 mx

6 mo.m

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	5.7	******	******	(19) mg/L	0	Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.1	(12) SU	0	Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	49	******	(26) lb/d	******	2.8	8.0	(19) mg/L	0	Twice Every Week	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	7.37	******	(26) lb/d	******	0.42	1.9	(19) mg/L	0	Twice Every Week	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	119 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.3	(03) MGD	******	******	******	******	0	Continuous	Totalz
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2567	(78) gal/min	******	******	******	******	0	Continuous	Totalz
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.08	******	(03) MGD	******	******	******	******	0	Continuous	Totalz
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DAVID SALINAS PUBLIC UTILITIES DIRECTOR	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.	David Salinas	956-973-3146		08/14/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.07	(19) mg/L	0	Daily	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.18	******	******	(19) mg/L	0	Daily	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	8.7	17.0	(72) CFU/100m	0	Weekly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	394 DAILY MX	CFU/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	113	******	(26) lb/d	******	6.50	9.0	(19) mg/L	0	Twice Every Week	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DAVID SALINAS PUBLIC UTILITIES DIRECTOR	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.	David Salinas	956-973-3146		08/14/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	09/30/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	0	******	(26) lb/d	******	0.04	0.04	(19) mg/L	0	Quarterly	Compos
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	91 DAILY AV	******	lb/d	******	2.29785 DAILY AV	4.86143 DAILY MX	mg/L		Quarterly	COMPOS

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
DAVID SALINAS PUBLIC UTILITIES DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956-973-3146		08/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION 5.50 MGD FACILITY.

PERMITTEE N/ ADDRESS *(Include Facility Name/Location if different)*

NAME City of Weslaco
ADDRESS 500 SOUTH KANSAS
WESLACO, TX 78956

FACILITY CITY OF WESLACO
LOCATION GRANDE LAKE, HIDALGO C TX

NATIONAL POLLUTAN HARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE ONITORING REPORT ***(DMR)***

TX0116394	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	08	01	TO	13	08	31

MINOR
F-FINAL
DOMESTIC FACILITY-001

For oved.
OMB No. 2040-0004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	****	****	**** ****	6.9	****	****	MG/L (19)	0	2/7	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	**** ****	**** ****		6.0 MO MIN	**** ****	**** ****			2/7	GRAB
pH	SAMPLE MEASUREMENT	****	****	**** ****	6.8	****	7.1	S.U. (12)	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**** ****	**** ****		6.0 MINIMUM	**** ****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	137.6	****	LB/D (26)	****	13.50	39.00	MG/L (19)	0	2/7	24HC
00530 1 0 Effluent Grosss	PERMIT REQUIREMENT	313 DAILY AVG	**** ****		**** ****	15 DAILY AVG	40 DAILY MAX			2/7	24HC
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	16.438	****	LB/D (26)	****	1.40	7.70	MG/L (19)	0	2/7	24HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	63 DAILY AVG	**** ****		**** ****	3 DAILY AVG	10 DAILY MAX			2/7	24HC
Flow, in conduit or thru trreatment plant	SAMPLE MEASUREMENT	****	4375	GPM (78)	****	****	****	**** ****	0	CONT.	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	**** ****	5208 2HR PEAK		**** ****	**** ****	**** ****			CONT.	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.729	****	MGD (03)	****	****	****	**** ****	0	CONT.	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.5 ANNL AVG	**** ****		**** ****	**** ****	**** ****			CONT.	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.8057	1.7040	MGD (03)	****	****	****	**** ****	0	CONT.	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		**** ****	**** ****	**** ****			CONT.	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956	973-3146	13	09	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE N ADDRESS (Include Facility Name/Location if different)

NAME CITY OF WESLACO
ADDRESS 500 SOUTH KANSAS
WESLACO, TX 78596

FACILITY CITY OF WESLACO
LOCATION GRANDE LAKE, HIDALGO C TX

NATIONAL POLLUTAN HARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE ONITORING REPORT (DMR)

TX0116394	001A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
F-FINAL
DOMESTIC FACILITY-001

For oved.
OMB No. 2040-0004

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	08	01	TO	13	08	31

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
E. coli	SAMPLE MEASUREMENT	****	****	**** ****	****	44.03	600.00	MPN/100ML (3%)	2	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	**** ****	**** ****		**** ****	126 DAILY AV	394 DAILY MX			DAILY	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	22.90	****	LB/D (26)	****	2.62	4.00	MG/L (19)	0	2/7	24HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	209 DAILY AVG	**** ****		**** ****	10 DAILY AVG	25 DAILY MAX			2/7	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David Salinas Public Utilities Director	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 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 or imprisonment for knowing violations.		956	973-3146	13	09	09
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)*

NATIONAL POLLUTANT DISC GE ELIMINATION SYSTEM (NPDES)
DISCHARGE M ORING REPORT (DMR)

Form Approved
OMB No. 2040-00

COPY

RECEIVED
OCT 11 2013
BY:

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	6.3	******	******	(19) mg/L	0	Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.2	******	6.6	(12) SU	0	Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	125	******	(26) lb/d	******	5.8	10.0	(19) mg/L	0	Twice Every Week	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	33.09	******	(26) lb/d	******	1.45	4.1	(19) mg/L	0	Twice Every Week	Compo.
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	119 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.5	3.9	(03) MGD	******	******	******	******	0	Continuous	Total/2
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	5776	(98) gal/min	******	******	******	******	0	Continuous	Total/2
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.54	******	(03) MGD	******	******	******	******	0	Continuous	Total/2
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, CFM	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.		(956)	968-3181	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISC GE ELIMINATION SYSTEM (NPDES)
DISCHARGE M ORING REPORT (DMR)

COPY

Form Approved
OMB No. 2040-000

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	09/30/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.08	(19) mg/L	0	Daily	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.15	******	******	(19) mg/L	0	Daily	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.0	5.0	(32) Colonies	0	Weekly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	394 DAILY MX	CFU/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	133	******	(26) lb/d	******	6.38	8.0	(19) mg/L	0	Twice Every Week	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, CFM	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	(956)	968-3181	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

DISCHARGE MON[illegible]EPORT (DMR)

[illegible]MB No. 2040-00[illegible]

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	10/31/2013

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

No Discharge [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	6.5	******	******	(19) mg/L	0	TWICE EVERY WEEK	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.8	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	60.55	******	(26) lb/d	******	3.2	5	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.9	******	(26) lb/d	******	0.1	0.1	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	119 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	2.6	(03) MGD	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2567	(78) gal/min	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.25	******	(03) MGD	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, CFM and Public Utilities Director	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.	David S. Salinas	956-968-3181		11/13/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

DISCHARGE MON REPORT (DMR)

OMB No. 2040-000

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596
FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	10/31/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.08	(19) mg/L	0	DAILY	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.23	******	******	(19) mg/L	0	DAILY	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3	5	(32) CFU/100ml	0	WEEKLY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	394 DAILY MX	CFU/100ml		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	116	******	(26) lb/d	******	6.8	9	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
David Salinas, CFM and Public Utilities Director	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.	956-968-3181		11/13/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONI EPORT (DMR)

Form Approved
3 No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596
FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	0.09	******	(26) lb/d	******	0.09	0.09	(19) mg/L	0	QUARTERLY	COMPOS
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	91 DAILY AV	******	lb/d	******	2.29785 DAILY AV	4.86143 DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, CFM and Public Utilities Director	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.	David S Salinas	956-968-3181		11/13/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	7.1	******	******	(19) mg/L	0	TWICE EVERY WEEK	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.7	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	101.9	******	(26) lb/d	******	5.4	10	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2.8	******	(26) lb/d	******	0.15	0.50	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	119 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	2.7	(03) MGD	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	2833	(78) GAL/min	******	******	******	******	0	CONTINUOS	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.22	******	(03) MGD	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, CFM and Public Utilities Director	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.	David Salinas	956-968-3181		12/12/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596
FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596
ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.08	(19) mg/L	0	DAILY	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.68	******	******	(19) mg/L	0	DAILY	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	4.5	6	(32) CFU/100mL	0	WEEKLY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	394 DAILY MX	CFU/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	137	******	(26) lb/d	******	7.3	15	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, CFM and Public Utilities Director	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	956-968-3181		12/12/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-000

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596
FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	12/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	7.4	******	******	(19) mg/L	0	TWICE EVERY WEEK	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.9	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	90	******	(26) lb/d	******	4.9	6.0	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	4.6	******	(26) lb/d	******	0.25	1.7	(19) mg/L	0	TWICE EVERY WEEK	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	119 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	3.1	(03) MGD	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	3067	(78) gal/min	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.20	******	(03) MGD	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
DAVID SALINAS PUBLIC UTILITIES DIRECTOR 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.	956-968-3181 AREA Code NUMBER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	02/18/2014 MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

Revised Form

PA Form 3320-1 (Rev.01/06) Previous editions may be used.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-00

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

NAME: NORTH WWTF
ADDRESS: 255 SOUTH KANSAS AVE
WESLACO, TX 78596

FACILITY: WESLACO NORTH WWTP
LOCATION: 4000' E OF ST HWY 88 AND 4000' N
WESLACO, TX 78596

ATTN: MIQUEL D. WHITE, MAYOR

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	12/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 78596
MAJOR
(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	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.09	(19) mg/L	0	DAILY	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.09	******	******	(19) mg/L	0	DAILY	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.2	4	(32) CFU/100 ML	0	WEEKLY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	394 DAILY MX	CFU/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	125.4	******	(26) lb/d	******	6.9	12	(19) mg/L	0	TWICE EVERY WEEK	COMPO
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DAVID SALINAS PUBLIC UTILITIES DIRECTOR	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.	David J. Salinas	956-968-318		02/18/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHASE EFFECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE 5.50 MGD FACILITY.

Revised Form