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

Form Approved
OMB No. 2040-0

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	01/01/2014	TO 01/31/2014

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	SAMPL TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	7.8	******	******	(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	******	******	******	6.7	******	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	95.26	******	(26) lb/d	******	5.4	7.0	(19) mgL	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	******	.11	0.337	(19) mgL	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	2.4	(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	******	2900	(98) 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, 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	02/11/2014
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
OMB No. 2040-0

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	01/01/2014	TO	01/31/2014

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	SAMP TYP
		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	******	******	******	1.05	******	******	(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	******	******	******	******	13.8	31	(32) CFU/100mL	0	Weekly ~~Daily~~	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	147	******	(24) lb/d	******	8.34	11.5	(19) mg/L	0	Twice Every Weekly	Comp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPO

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.	David S. Salinas	(956)	968-3181	02/11/2014
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.

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	02/01/2014	TO 02/28/2014

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	******	******	******	7.2	******	******	(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	******	******	******	6.7	******	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	102.89	******	(26) lb/d	******	5.7	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	4.2	******	(26) lb/d	******	.24	0.693	(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	2.4	(03) MGD	******	******	******	******	0	continous	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	******	2716	(78) gal/min	******	******	******	******	0	continous	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	continous	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(956)	968-3181	03/19/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

INTERIM II PHA) ECTIVE 8/31/2010 AND LASTING THROUGH THE COMPLETION OF EXPANSION OF THE) GD 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	02/01/2014	TO 02/28/2014

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	O	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.03	******	******	(19) MG/L	O	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.3	4	(32) CFU/100 ML	O	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	116.43	******	(26) lb/d	******	6.37	8.2	(19) MG/L	O	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.	David S. Salinas	(956) 968-3181		03/17/2015
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 MGD FACILITY.

DISCHARGE MO RING REPORT (DMR)

OMB No. 2040-0

PERMITTEE NAM DRESS *(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	03/01/2014	TO 03/31/2014

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	SAMPL TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	7.1	******	******	(19) MG/L	O	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	******	7.2	(12) SU	O	Weekly	grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	113.74	******	(26) lbd	******	6.2	10.3	(19) MG/L	O	Twice every week	COMPO
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	594 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Twice Every Week	COMPO
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	24.17	******	(26) lbd	******	1.3	4.4	(19) MG/L	O	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	COMPO
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	2.6	(03) MGD	******	******	******	******	O	Continuous	Total
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	******	2433	(78) gal/min	******	******	******	******	O	Continous	Total
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	******	******	******	******	O	Continous	Total
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
~~Leonardo Olivares, City Manager~~ 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(956)968-3181		4/8/2014
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
OMB No. 2040-

PERMITTEE NAME AND 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	03/01/2014	TO	03/31/2014

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	******	******	******	1.02	******	******	(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	******	******	******	******	147.25	568	(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	127.61	******	(26) lb/d	******	4.96	9.6	(19) mg/L	0	Twice every week	Comp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	396 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Twice Every Week	COMPOS

David L Salinas
Public Utilities Director

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
~~Leonardo Olivares, 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)	968-3181	4/08/2014
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
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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
4/1/2014	4/30/2014

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

No Discharge ☐

ATTN: MIQUEL D. WHITE, MAYOR

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	6.7	******	******	(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	******	******	******	7.0	******	7.2	(12) SU	0	weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	114.17	******		******	6.4	7.8	(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	5.5	******		******	0.29	1.5	(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	2.5		******	******	******	******	0	Continous	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	******	2500		******	******	******	******	0	Continous	Totalz
50050 P 0 See Comments	PERMIT REQUIREMENT	******	11993 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.19	******		******	******	******	******	0	Continous	Totalz
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	4.75 ANNL AVG	******	MGD	******	******	******	******		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956-968-3151		
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 0-0004

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

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2014	4/30/2014

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

No Discharge ☐

ATTN: MIQUEL D. WHITE, MAYOR

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	******	******	******	102	******	******	(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	14	(52) 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	112.04	******	(26) lb/d	******	4.37	7.8	(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	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
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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 MONIT G REPORT (DMR)

Form Approved
B 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	01/01/2014	TO	03/31/2014

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	0.08	******	(26) lb/d	******	0.08	0.08	(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		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 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHA[illegible]ONITORING REPORT (DMR)

Form Approved

O[illegible]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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2014	6/30/2014

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	0.07	******	(20) lb/d	******	0.07	0.07	(19) mg/L	0	Quarterly	Comp 03
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
	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 5.50 MGD FACILITY.

DISCHARGE MONITORING REPORT (DMR)

Form Approved. 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
5/1/2014	5/31/2014

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	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	******	******	******	1.04	******	******	mg/L	0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	17.3	44	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	7.2	******	4/6	******	7.2	9.5	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	956-973-3127		06/18/2014
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
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
5/1/2014	5/31/2014

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	6.3	******	******	mg/L	Ø	Twice Every Week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	7.04	******	7.25	SU	Ø	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.33	******	lb/d	******	5.3	8.0	mg/L	Ø	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	4.77	******	lb/d	******	0.24	0.816	mg/L	Ø	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	2.9	MGD	******	******	******	******	Ø	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	gal/min	******	******	******	******	Ø	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	******	MGD	******	******	******	******	Ø	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	956-973-3127		06/18/2014
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.

CBOD

5/6	2.2	X	8.34	X	7.7	= 141.28
5/7	2.3	X	8.34	X	6.8	= 130.44
5/13	2.9	X	8.34	X	4.7	= 162.05
5/14	2.0	X	8.34	X	4.8	= 80.06
5/20	2.1	X	8.34	X	9.5	= 166.38
5/21	2.3	X	8.34	X	7.2	= 180.31
5/27	2.2	X	8.34	X	9.4	= 172.47
5/28	2.6	X	8.34	X	5.2	= 112.76

Total - 1145.75
AVG - 143.22

Total - 57.3
AVG - 7.2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHAR MONITORING REPORT (DMR)

Form Approved
O 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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2014	6/30/2014

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	******	******	******	6.7	******	******	(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	******	******	******	6.5	******	7.3	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	81.37	******	(26) lb/d	******	4.5	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	2.2	******	(26) lb/d	******	.12	.426	(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	2.5	(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	******	2700	(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
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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
OM 040-0004

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
6/1/2014	6/30/2014

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	******	******	******	1.04	******	******	(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	******	******	******	******	5.3	10	(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	126.9	******	(26) lb/d	******	7.03	9.4	(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	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
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

APR 28 RECD
MAYORS OFFICE

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.1	******	******	(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	******	******	******	7.19	******	7.50	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	79.34	******	(26) lb/d	******	4.8	6.4	(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	12.77	******	(26) lb/d	******	0.71	5.31	(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	2.2	(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	******	3033	(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
	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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHAR( )NITORING REPORT (DMR)

Form Approved

OME)040-0004

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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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	******	******	******	******	******		(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	******	******	******		******	******	(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	******	******	******	******	3.34		(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		******	(26) lb/d	******			(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
	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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

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	******	0.03	0.03	(19) mg/L		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
	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 5.50 MGD FACILITY.

DISCHARGE MONITORING REPORT (DMR)

OMB 2040-0004

PERMITTEE NAME AND 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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.00	******	******	(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	******	******	******	7.2	******	7.2	(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	******	4.8	8	(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	28.02	******	(26) lb/d	******	1.68	4.89	(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	2.7	(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	******	4033	(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	2.18	******	(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 UTILITES 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	956-973	3146	09/16/2014
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)

OMB 2040-0004

PERMITTEE NAME AND 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
08/01/2014	08/31/2014

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	******	******	******	0.78	******	******	(19) mg/L	2	DAILY	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	******	******	******	1 MO MIN	******	******	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.89	7	CFU/100ml (72)	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	121	******	(26) lb/d	******	7.24	11.1	(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 UTILITES 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)	973-3146	09/16/2014
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
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
09/01/2014	09/30/2014

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	******	******	******	1.00	******	******	(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	******	******	******	******	3.15	11	(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	200.34	******	(26) lb/d	******	11.33	17	(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 SAUNAS, 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) 973-3146		10/13/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	6.40	******	******	(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	******	******	******	6.99	******	7.25	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	107.24	******	(20) lb/d	******	5.019	7.60	(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	101.92	******	(26) lb/d	******	~~0.58~~ 5.32	47.3	(19) mg/L	1	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	6.0	(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	******	7833	(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	2.2	******	(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, 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) 973-3146	10/17/2014
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)

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

04/06) Previous editions may be used.

DISCHARGE MONITORING REPORT (DMR) OMB 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
10/01/2014	10/31/2014

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7.3	******	******	(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	******	******	******	7.03	******	7.2	(12) SU	0	weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	69.59	******	(26) lb/d	******	4	6	(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	0.2	(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	2.01	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	******	3767	(18) 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	2.14	******	(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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956-968-3181		11/13/2014
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)

OMB 2040-0004

PERMITTEE NAME AND 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
10/01/2014	10/31/2014

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	******	******	******	1.04	******	******	(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	******	******	******	******	4.91	20	(32) 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	161.52 ~~9.33~~	******	(26) lb/d	******	9.33	14	(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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956-968-3181		11/13/2014
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
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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

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	******	******	******	7.8	******	******	(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	******	******	******	6.55	******	7.40	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	104	******	(26) lb/d	******	5.6	11	(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	3.79	******	(26) lb/d	******	0.20	.4	(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	6.1	(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	******	5033	(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	2.1	******	(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, 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		12/16/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

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	******	******	******	1.03	******	******	(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	******	******	******	******	2.59	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	114	******	(26) lb/d	******	6.1	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 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	956-969-3181 AREA Code	NUMBER	12/10/2014 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.

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
12/01/2014	12/31/2014

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	******	******	******	7.08	******	7.23	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	75	******	(26) lb/d	******	4.7	6	(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	1.92	******	(26) lb/d	******	.12	0.2	(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	3.0	(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	******	4266	(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	2.1	******	(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, 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		01/16/2015
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)

Form Approved
OMB No. 2040-0004

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

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

PERMIT NUMBER	DISCHARGE NUMBER
TX0052787	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

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	******	******	******	1.03	******	******	(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	1	(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	140	******	(26) lb/d	******	9.1	12	(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, 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 A Salinas	(956)968-3181	01/16/2015
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.