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
01/01/2015	01/31/2015

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	******	******	******	6.9	******	******	(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	******	******	******	7.04	******	7.19	(12) SU	0	WEEKLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	106	******	(26) lb/d	******	6.1	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	2.13	******	(26) lb/d	******	.13	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	2.0	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	******	4700	(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	2.1	******	(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 J Salinas	956-968-3181	02/13/2015
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)

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
01/01/2015	01/31/2015

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	2	(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	119	******	(26) lb/d	******	7.6	11	(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		03/13/2015
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.

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
01/01/2015	03/31/2015

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	0.05	******	(26) lb/d	******	0.05	0.05	(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, 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		02/13/2015
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 5.50 MGD FACILITY.

NATIONAL POLLUTANT DISC... ...GE 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: DAVID SALINAS

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

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	Five per week	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Five per Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3	(12) SU	0	Five per week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Five per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	57.94	******	(26) lb/d	******	3.4	5	(19) mg/L	0	Five per week	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Five per Week	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.98	******	(26) lb/d	******	0.11	0.4	(19) mg/L	0	Five per week	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	138 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Five per Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.97	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	******	3900	(78) gal/min	******	******	******	******	0	Continuous	Totalz
50050 P 0 See Comments	PERMIT REQUIREMENT	******	13882 2HR PEAK	gal/min	******	******	******	******		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.07	******	(03) MGD	******	******	******	******	0	Continuous	Totalz
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	5.5 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 A Salinas	(956)	973-3146	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)

NATIONAL POLLUTANT DISC ..RGE 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: DAVID SALINAS

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

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	******	******	******	******	1.31	13	(32) CFU/100mL	0	THREE PER WEEK	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	399 DAILY MX	CFU/100mL		Three per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	113.22	******	(26) lb/d	******	6.7	11	(19) mg/L	0	FIVE PER WEEK	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	459 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Five per 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 J 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)

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: DAVID SALINAS

TX0052787	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	04/30/2015

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	0.06	******	(26) lb/d	******	0.06	0.06	(19) mg/L	0	QUARTERLY	COMPOS
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	105 DAILY AV	******	lb/d	******	2.298 DAILY AV	4.861 DAILY MX	mg/L		Quarterly	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 S Salinas	956-968-3181		05/17/2015
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)

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: DAVID SALINAS

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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	******	******	******	******	1.59	26.00	(32) CFU/100m	0	THREE PER WEEK	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 DAILY AV	399 DAILY MX	CFU/100m L		Three per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	131.73	******	(19) lb/d	******	6.72	10.00	(19) mg/L	0	FIVE PER WEEK	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	459 DAILY AV	******	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Five per 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(956)	973-3146	04/13/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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: DAVID SALINAS

TX0052787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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	******	******	******	6.75	******	******	(19) mG/L	0	FIVE PER WEEK	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	4 MO MIN	******	******	mg/L		Five per Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	7.11	******	8.87	(12) SU	0	FIVE PER WEEK	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Five per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	74.23	******	(26) lb/d	******	3.78	5.00	(19) mg/L	0	FIVE PER WEEK	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 DAILY AV	******	lb/d	******	15 DAILY AV	40 DAILY MX	mg/L		Five per Week	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.60	******	(26) lb/d	******	0.14	0.40	(19) mg/L	0	FIVE PER WEEK	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	138 DAILY AV	******	lb/d	******	3 DAILY AV	10 DAILY MX	mg/L		Five per Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.31	2.9	(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	******	4764	(78) GAL/MIN	******	******	******	******	0	CONTINUOUS	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	******	13882 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	5.5 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 S Salinas	(956) 973-3146	04/13/2015
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)