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: LEONARDO OLIVERS, CITY MGR

TX0052787
PERMIT NUMBER

SLD-F
DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
LANDFILL- SLDF
Other

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	******	******	******	******	******	1	Y94			
49030 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0			

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
David Salinas, Public Utilities Director		David S Salinas	956	973-3146	08/29/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

10/2/2012

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

Resubmit

WQ10619-003

Compliance with Part 258 requirements means sludge passed TCLP and Paint Filter Test

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

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: LEONARDO OLIVERS, CITY MGR

TX0052787	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
PRODUCTION AND USE - SLDP
Other

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls (PCBs)	SAMPLE MEASUREMENT	******	******	******	******	******	<2.0	(69)	0	4/PR	B
39516 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	49 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	******	******	******	0	******	******	(9A)	0	4/PR	B
46390 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	pass=0/fail =1		See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	******	48.39	(4E)	******	******	******	******			
49017 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	******	0	(4E)	******	******	******	******			
49018 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	******	848.37	(4E)	******	******	******	******			
49019 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	******	0	(4E)	******	******	******	******			
49020 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	******	0	(4E)	******	******	******	******			
49021 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
David Salinas, Public Utilities Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David S. Salinas	956	973-3146	08/29/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL. WQ10619-003

Other methods include sludge land applied off-site (on land that is not contiguous to the plant site)

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

OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

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

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

ATTN: LEONARDO OLIVERS, CITY MGR

TX0052787	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
PRODUCTION AND USE - SLDP
Other

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	******	799.98	(4E)	******	******	******	******			
49022 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	******	0	(4E)	******	******	******	******			
49023 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA

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

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL. WQ10619-003

Other methods include sludge land applied off-site (on land that is not contignous to the plant site)

DISCHARGE MONITORING REPORT (DMR)

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

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

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

ATTN: LEONARDO OLIVERS, CITY MGR

TX0052787	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
LAND APPLICATION - SLLA
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	******			******						
01003 R 0 See Comments	PERMIT REQUIREMENT	******	36 MX VALUE	lb/acr	******	41 SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	******			******						
01148 R 0 See Comments	PERMIT REQUIREMENT	******	89 MX VALUE	lb/acr	******	36 SINGSAMP	100 MAXIMUM	mg/kg		Annual	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	******			******						
46394 R 0 See Comments	PERMIT REQUIREMENT	******	1339 MX VALUE	lb/acr	******	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Annual	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	******			******						
46395 R 0 See Comments	PERMIT REQUIREMENT	******	35 MX VALUE	lb/acr	******	39 SINGSAMP	85 MAXIMUM	mg/kg		Annual	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	******			******	******	******	******			
49016 P 0 See Comments	PERMIT REQUIREMENT	******	Opt. Mon. MX VALUE	met t/ha/yr	******	******	******	******			
Molybdenum, dry weight	SAMPLE MEASUREMENT	******			******						
78465 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MX VALUE	lb/acr	******	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	******			******						
78467 R 0 See Comments	PERMIT REQUIREMENT	******	2500 MX VALUE	lb/acr	******	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Annual	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, Public Utilities Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David L Salinas	956	973-7146	08/24/2012
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)

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CA = 1, B = 2, NONE = 0. WQ10619-003

DISCHARGE MONI[illegible]NG 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: LEONARDO OLIVERS, CITY MGR

TX0052787	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
LAND APPLICATION - SLLA
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	******			******						
78468 R 0 See Comments	PERMIT REQUIREMENT	******	268 MX VALUE	lb/acr	******	300 SINGSAMP	840 MAXIMUM	mg/kg		Annual	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	******			******						
78469 R 0 See Comments	PERMIT REQUIREMENT	******	375 MX VALUE	lb/acr	******	420 SINGSAMP	420 MAXIMUM	mg/kg		Annual	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	******			******						
78471 R 0 See Comments	PERMIT REQUIREMENT	******	15 MX VALUE	lb/acr	******	17 SINGSAMP	57 MAXIMUM	mg/kg		Annual	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	******			******						
78473 R 0 See Comments	PERMIT REQUIREMENT	******	2677 MX VALUE	lb/acr	******	1200 SINGSAMP	3000 MAXIMUM	mg/kg		Annual	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	******	******	******	******	******					
84367 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	******	******	******	******	******					
84368 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	******	******	******	******	******					
84369 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	alt #		See Permit	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas, Public Utilities Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David S. Salinas	956	973-3146	03/29/2012
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)

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CA = 1, B = 2, NONE = 0. WQ10619-003

DISCHARGE MONI" "NG REPORT (DMR)

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

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

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

ATTN: LEONARDO OLIVERS, CITY MGR

TX0052787	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
LAND APPLICATION - SLLA
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	******	******	******	******	******					
84370 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	alt #		Report	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
David Salinas Public Utilities Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	David S. Salinas	956	973-3146	08/29/2012
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)

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CA = 1, B = 2, NONE = 0. WQ10619-003

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

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: LEONARDO OLIVERS, CITY MGR

TX0052787	SLL-Y
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
SECTION I, C - SLLY
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal coliform	SAMPLE MEASUREMENT	******			******	******	******	******			
31641 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MAXIMUM	MPN/g	******	******	******	******		See Permit	BATCH
Salmonella	SAMPLE MEASUREMENT	******			******	******	******	******			
71204 R 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MAXIMUM	MPN/g	******	******	******	******		See Permit	BATCH

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

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

R= SLUDGE; SEE PERMIT FOR REPORTING REQUIREMENTS. WQ10619-003

OMB No. 2040-0004

DISCHARGE MONI NG REPORT (DMR)

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

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

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

ATTN: LEONARDO OLIVERS, CITY MGR

TX0052787	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
SURFACE DISPOSAL-SLSA
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******	******				
00400 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	******	SU		Contingent	BATCH
Arsenic, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
01003 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Nickel, total (as Ni)	SAMPLE MEASUREMENT	******	******	******	******						
01067 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	******	******	******	******	******					
49028 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0			
Boundary areas	SAMPLE MEASUREMENT	******	******	******	******	******					
51004 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	acr			
Chromium, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
78473 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	******	******	******	******	******					
84368 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	state class		Contingent	BATCH

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

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

T = STATE CLASS: A=1, B=2, NONE=0. WQ10619-003

DISCHARGE MONI NG 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: LEONARDO OLIVERS, CITY MGR

TX0052787	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	08/01/2011	TO 07/31/2012

DMR Mailing ZIP CODE: 78596
MAJOR
(SUBR 15)
SURFACE DISPOSAL-SLSA
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Description of pathogen option used	SAMPLE MEASUREMENT	******	******	******	******	******					
84369 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	******	******	******	******	******					
84370 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	alt #		Contingent	BATCH

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

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

T = STATE CLASS: A=1, B=2, NONE=0. WQ10619-003