

SECTOR E FACILITIES WITH CEMENT MANUFACTURING

STW/ TXR05 _____ / CO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

NAME

DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

ADDRESS

| | | |
|---------------|-----|------------------|
| PERMIT NUMBER | N/A | DISCHARGE NUMBER |
|---------------|-----|------------------|

FACILITY LOCATION

| MONITORING PERIOD | | | | | |
|-------------------|---------|---------|---------|---------|---------|
| YEAR | MO | DAY | YEAR | MO | DAY |
| | 01 | 01 | | 12 | 31 |
| (20-21) | (22-23) | (24-25) | (26-27) | (28-29) | (30-31) |

Only If required, mail to: TCEQ (MC 213)
P.O. Box 13087
Austin, TX 78711-3087

| PARAMETER (32-37) | SAMPLE MEASUREMENT / REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------|----------------------------------|---|---------|-------|--|---------|-----------------|-------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| Total Suspended Solids | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| | SAMPLE REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 50 Daily Max | mg/l | | 1/Year | Grab |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| | SAMPLE REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 6.0 - 9.0 Range | S.U. | | 1/Year | Grab |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | SAMPLE REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | SAMPLE REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|---|--|-----------|--------|------|----|
| 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 | YEAR | MO |
| TYPED OR PRINTED | | | | | | |

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