

**CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT**

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL VALLEY REGION
3443 ROUTER ROAD
SACRAMENTO, CA 95827-3098

SACRAMENTO N.U.D.
RANCH SEC D

BOX 15830
SACRAMENTO
95813

CA

- INSTRUCTIONS FOR DISCHARGER**
1. Remove COPY 4 (pink yellow) and use for your worksheet
 2. Use ballpoint pen or typewriter for data entry on forms
 3. Provide dates for beginning and ending in reporting period blocks
 4. Provide data on specified units, volume, loadings
 5. Enter monthly summary data (MONTHLY AVERAGE MONTHLY HIGH etc.)
 6. Appropriate signature is required at the bottom of the form
 7. Remove COPY 1 and retain for your records
 8. Send COPY 2 to EPA Region 9, San Francisco and COPY 3 to

YOUR REPORTING PERIOD IS **MONTHLY** AND YOUR REPORTS MUST
BE SUBMITTED BY **15** DAYS FOLLOWING THIS PERIOD

Transaction Code: Facility ID: **5A342008001** Year: **90** Month: **07** Reporting Period: Beginning **90/07/01** Ending **90/07/31** State Code: **06** NPDES Permit Number: **0004758** Date form was computer printed: **90/06/1** PAGE **06**

STATION DESCRIPTION	DOM SEWAGE	DOM SEWAGE	DOM SEWAGE	REC WATER R1	REC WATER R1	REC WATER R1	REC WATER R1	XXXXXXXX
CONSTITUENT NAME	SETT MATTER	FLOW	TOT COLIFORM	DO	PH	CHLORINE RES	TEMPERATURE	XXXXXX
UNITS	MG/L	GPD	MPN/100 ML	MG/L	NUMBER	MG/L	DEGREES F	XXXX
SAMPLE TYPE	CRAB	MONTHLY MEAN	CRAB	CRAB	CRAB	CRAB	CRAB	XXXXXXXXXX
FREQUENCY	2 TIMES/NO	CONTINUOUS	WEEKLY	2 TIMES/NO	2 TIMES/NO	2 TIMES/NO	2 TIMES/NO	XXXXX
MONTH DAY	*	*	*	*	*	*	*	*
07 01								
07 02								
07 03								
07 04	<0.1							
07 05								
07 06								
07 07								
07 08								
07 09			1600	8.80	8.38	<0.05	76	
07 10			2400					
07 11	<0.1							
07 12								
07 13								
07 14								
07 15								
07 16								
07 17				9.20	8.42	<0.05	79	
07 18	<0.1							
07 19								
07 20								
07 21								
07 22								
07 23								
07 24								
07 25	<0.1							
07 26								
07 27								
07 28								
07 29								
07 30								
07 31								

MONTHLY AVERAGE		5694	*NO FLOW					
MONTHLY HIGH								
MONTHLY LOW			NOTE 1					
TOTAL RECORDINGS MO								
REQUIREMENT #1	30-D AVG 0.1	30-D MAX	30-D MED 23	MIN 5.0	NO CHECK	MAX 0.02	NO CHECK	
Times Exceeded	0	0	1	0		0		
REQUIREMENT #2	1-D MAX 0.5	30000 GAL	1-D MAX 500					
Times Exceeded	0	0	2					
REQUIREMENT #3								
Times Exceeded								

* Enter number of samples taken during the day

Typed Name of Principal Executive Officer: **CLARK JIM R.**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

David Pina for JC
Signature of Principal Executive Officer or Authorized Agent

90/08/09
Date

REGIONAL BOARD COPY

REMARKS: Jim R. Clark (916) 452-3211, Ext. 4378
NOTE 1: See attached Letter, Item #7

9008270104 900815
PDR ADOCK 05000312
PDC

**CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT**

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1. Remove COPY 4 (dark yellow) and use for your worksheet.
 2. Use ballpoint pen or typewriter for data entry on forms.
 3. Provide dates for beginning and ending in reporting period blocks.
 4. Provide data as specified under column headings.
 5. Enter monthly summary data (MONTHLY AVERAGE, MONTHLY HIGH, etc.).
 6. Appropriate signature is required at the bottom of the form.
 7. Remove COPY 3 and retain for your records.
 8. Send COPY 2 to EPA, Region 9, San Francisco and COPY 1 to:

**CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL VALLEY REGION
3443 ROUTER ROAD
SACRAMENTO, CA 95827-3098**

**SACRAMENTO N.O.D.
RAMCND SECD
BOX 15830
SACRAMENTO
95813**

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST
BE SUBMITTED BY 15 DAYS FOLLOWING THIS PERIOD.

Transaction Code: 02 Facility ID: 5A342008001 Year Month for this report: 90/07 Reporting Period Beginning: 90 07 01 Ending: 90 07 31 State Code: 06 NPDES Permit Number: 0004758 Date form was computer printed: 90 08 14 PAGE 1 of 1

STATION DESCRIPTION CONSTITUENT NAME UNITS	SUPPLY WATER		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT	
	PH	TDS	SUSP	CHLORINE	ZINC	SPEC COND	OL & GREASE							
SAMPLE TYPE	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB
FREQUENCY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY
MONTH DAY														
07 01					2.1									<5
07 02		51.5			3.4		<0.1			<0.1				<5
07 03					2.6									<5
07 04					2.0									<5
07 05	8.72				3.6*									<5
07 06					3.0									<5
07 07					2.9									<5
07 08					3.6									<5
07 09		48			5.0									<5
07 10	8.81				3.9									<5
07 11					3.3									<5
07 12					4.2									<5
07 13					3.6									<5
07 14					1.5									<5
07 15					3.35									<5
07 16		51.4			2.0									<5
07 17	8.79				2.8									<5
07 18					2.7									<5
07 19					3.0									<5
07 20					5.3/5.3									<5/<5
07 21					1.9									<5
07 22					2.0									<5
07 23	8.62	49.6			1.5									<5
07 24					1.2									<5
07 25					1.6									<5
07 26					1.2/1.0									<5/<5
07 27					1.2									<5
07 28					1.5									<5
07 29					1.4									<5
07 30	8.75/8.76	50			1.4									<5
07 31					1.0									<5

MONTHLY AVERAGE									90					8.0
MONTHLY HIGH									175					8.8
MONTHLY LOW									60					7.2
TOTAL RECORDINGS MO														
REQUIREMENT #1	SAMPLE WHEN	30-D AVG 800	30-D AVG 30	30-D AVG 0.2	30-D AVG 1.0	NO CHECK					30-D AVG 15			MIN 6.0
Times Exceeded		0	0	0	0	0					0			0
REQUIREMENT #2	EFFLUENT PH	1-D MAX 850	1-D MAX 90	1-D MAX 0.2	1-D MAX 1.0						1-D MAX 20			MAX 6.0
Times Exceeded		0	0	0	0	0					0			0
REQUIREMENT #3	EXCEEDS 8.5													
Times Exceeded		0	0	0	0	0					0			0

* Enter number of samples. Typed Name of Principal Executive Officer: Clark Jim R. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am responsible for obtaining the information. I certify that the information is true, accurate, and complete. I am responsible for obtaining the information. I certify that the information is true, accurate, and complete. I am responsible for obtaining the information. Signature of Principal Executive Officer: Clark Jim R. No. 70 Date 8/09 REGIONAL BOARD COPY

REMARKS: Jim Clark (916) 452-3211, Ext. 4378

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DISCHARGER SELF MONITORING REPORT**

**CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL VALLEY REGION
3443 RIVIERE ROAD
SACRAMENTO, CA 95827-3098**

FACILITY NAME: **SACRAMENTO M.U.O.D.
RAMCRO SECO**
 MAILING ADDRESS: **BOX 15830
SACRAMENTO
95813**
 STATE: **CA**

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 BE SUBMITTED BY **15** DAYS FOLLOWING THIS PERIOD

Transaction Code: **QA** Facility I.D.: **SA34200900** Reporting Period: Year: **90** Month: **07** Day: **01** Year: **90** Mo: **07** Day: **31** NPDES Permit Number: **0004758** Date form was computer printed: **90 06 16** PAGE No. of: **90 06 16**

STATION DESCRIPTION CONSTITUENT NAME UNITS	EFFLUENT TEMPERATURE DEGREES F		EFFLUENT CHLORINE RES MG/L		EFFLUENT FLOW MGD		REGEN EFF SUSP MATTER MG/L		REGEN EFF HYDRAZINE MG/L		REGEN EFF OIL & GREASE MG/L		REMARKS
	MEAN R. RANGE	CONTINUOUS	MEAN R. RANGE	DAILY	MEAN R. RANGE	CONTINUOUS	MEAN R. RANGE	CONTINUOUS	MEAN R. RANGE	CONTINUOUS	MEAN R. RANGE	CONTINUOUS	
MONTH DAY													
07 01	<0.05		<0.05										
07 02	<0.05		<0.05										
07 03	<0.05		<0.05										
07 04	<0.05		<0.05										
07 05	<0.05		<0.05										
07 06	<0.05		<0.05										
07 07	<0.05		<0.05										
07 08	<0.05		<0.05										
07 09	<0.05		<0.05										
07 10	<0.05		<0.05										
07 11	<0.05		<0.05										
07 12	<0.05		<0.05										
07 13	<0.05		<0.05										
07 14	<0.05		<0.05										
07 15	<0.05		<0.05										
07 16	<0.05		<0.05										
07 17	<0.05		<0.05										
07 18	<0.05		<0.05										
07 19	<0.05		<0.05										
07 20	<0.05/<0.05		<0.05/<0.05										
07 21	<0.05		<0.05										
07 22	<0.05		<0.05										
07 23	<0.05		<0.05										
07 24	<0.05		<0.05										
07 25	<0.05		<0.05										
07 26	<0.05/<0.05		<0.05/<0.05										
07 27	<0.05		<0.05										
07 28	<0.05		<0.05										
07 29	<0.05		<0.05										
07 30	<0.05		<0.05										
07 31	<0.05		<0.05										
MONTHLY AVERAGE		78.8											
MONTHLY HIGH		82.4											
MONTHLY LOW		75.2											
TOTAL RECORDINGS MO													
REQUIREMENT #1													
REQUIREMENT #2													
REQUIREMENT #3													

REMARKS													
+	MONTHLY AVERAGE	12.9	No Regen	Effluent	Discharges								
	MONTHLY HIGH	14.1											
	MONTHLY LOW	10.4											
	TOTAL RECORDINGS MO												
	REQUIREMENT #1												
	REQUIREMENT #2												
	REQUIREMENT #3												