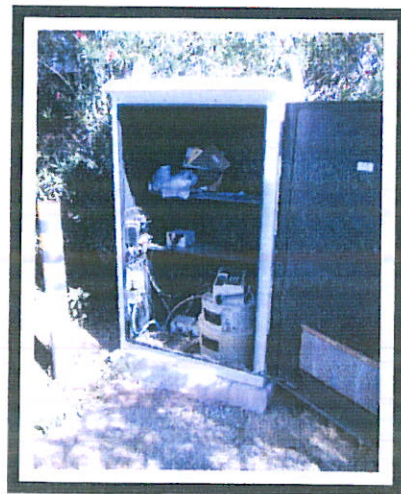


APPENDIX E

DISCHARGE MONITORING REPORTS

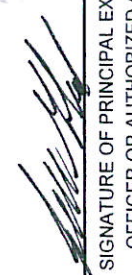


Rillito River 7-31-06



City of Tucson
 Department of Transportation
 P. O. Box 27210
 Tucson, Az 85727-7210
 Single Family Residential Site
 2295 E. Grant Rd.

NOTE: Read instructions before completing this form.

Parameter (32-37)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)			No. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
	AVERAGE (46-43)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS
July 4, 2008 27 minutes Previous - 8 days	Auto. Gage	0.48	Inches		100,268	Gal.				
pH					5.85	S.U.				
Temperature					31.4	C				
Arsenic					<0.010	mg/L			C(F)	
Copper					0.068	mg/L			C(F)	
Lead					0.041	mg/L			C(F)	
Zinc					0.24	mg/L			C(F)	
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  NAME/TITLE PRINCIPAL EXECUTIVE OFFICER James W. Glock Director, Department of Transportation										
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
							TELEPHONE	DATE		
							AREA CODE	YEAR	MO	DAY
							NUMBER	09	09	15
							520	791-4372		

PERMITTEE NAME: **WESS (include different)**
 Facility Name/LC
 ADDRESS: **City of Tucson**
 Department of Transportation
 P.O. Box 27210
 Tucson, Az 85727-7210
 FACILITY: **Single Family Residential Site**
 LOCATION: **2295 E. Grant Rd.**

NATIONAL POLLUTANT DISCHARGE DISCHARGE PERMIT NUMBER: **AZS000001**
 DISCHARGE REPORT (DMR) (17-19) DISCHARGE NUMBER: **001**
 Form Approved OMB No. 2040-0004

MONITORING PERIOD (4 Card Only)
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
 YEAR MO DAY YEAR MO DAY
08 7 1 09 6 30

FROM: _____
 TO: _____

NOTE: Read instructions before completing this form.

Parameter (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			No. OF EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-43)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
Biochemical Oxygen Demand	SAMPLE MEASUREMENT								C(F)
	PERMIT REQUIREMENT				42	mg/L			
Chemical Oxygen Demand	SAMPLE MEASUREMENT								C(F)
	PERMIT REQUIREMENT				<200	mg/L			
Nitrate-Nitrite (As N)	SAMPLE MEASUREMENT								C(F)
	PERMIT REQUIREMENT				1.5	mg/L			
Nitrogen, Kjeldahl, Total	SAMPLE MEASUREMENT								C(F)
	PERMIT REQUIREMENT				5.2	mg/L			
Total Dissolved Solids	SAMPLE MEASUREMENT								C(F)
	PERMIT REQUIREMENT				100	mg/L			
Total Suspended Solids	SAMPLE MEASUREMENT								C(F)
	PERMIT REQUIREMENT				370	mg/L			
Phosphorus, Total (As P)	SAMPLE MEASUREMENT								C(F)
	PERMIT REQUIREMENT				0.92	mg/L			

NAME/TITLE: **James W. Glock**
 Director, Department of Transportation
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE: _____
 DATE: _____
 AREA CODE: **520** NUMBER: **791-4372** YEAR: **09** MO: **9** DAY: **15**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

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

EPA FORM 3320-1 (Rev. 9-88) Previous editions may be used. REPLACES EPA FORM T-40 WHICH MAY NOT BE USED. PAGE 2 OF 4