CIWQS/ESMR Coding Sheet
California NPDES Permit Program

NPDES No: *Place/Identifier*	CA0105295	**Order No:** *Reg Meas/Identifier*	R8-2007-0006
Permit Type: *(Reg Meas/Reg Meas)*	REI	**Applicable or Previous Order No. if REI or A. Also denote OTH.**	R8-2001-0004
Facility Name: *Place/Place Name*	City of Rialto Municipal Wastewater Treatment Plant		
Place Type: *Place/Type*	Facility		
Regional Board: *Place/Reg Wtr Bd*	8	**Subregional Board:** *Place/Sub-Region*	

Adoption Date *Reg Meas/Date & Type*	3/2/2007	**Effective Date** *Reg Meas/Date & Type*	3/2/2007	**Expiration Date** *Reg Meas/Date & Type*	3/2/2012

Discharge Point Information
(Place/Identifier Type = Discharge Pipe)

Discharge Point 1	**ID** Place/Identifier	001	**Latitude 1**	34 03 04	← **ENTER in degrees, minutes, and seconds for each.**
	Name in Permit Place/Place Name	Tertiary treated and disinfected recycled water	**Longitude 1**	117 21 11	
Discharge Point 2	**ID** Place/Identifier	002	**Latitude 2**	34 02 36	
	Name in Permit Place/Place Name	Tertiary treated and disinfected recycled water, or secondary treated and disinfected	**Longitude 2**	117 21 30	
Discharge Point 3	**ID** Place/Identifier	003	**Latitude 3**	34 03 12	
	Name in Permit Place/Place Name	Tertiary treated and disinfected recycled water for irrigation	**Longitude 3**	117 21 36	

Coding, QA and Data Entry Staffing Information

Coder Name:	Jane Qiu		
Start Date:	6/28/2007	**End Date:**	7/25/2007
Reviewer Name:			
Start Date		**End Date:**	
Data Entry Name:			
Start Date:		**End Date:**	

CIWQS/ESMR Coding Sheet
CA NPDES Permit Program

REPORTING SCHEDULES
Reg Meas / Requirements

Instructions: For each applicable report type required by the permit, indicate the number of days the discharger has before reports are due from the close of the sampling period. Note that monitoring periods begin on the first day of a month and end on the last day of a month. Record exactly the number of days provided in the permit. If no time period is specified, use 32 days (i.e., one month and one day) as a default.

Monthly Reporting	32	**Days**
Quarterly Reporting	32	**Days**
Semi-Annual Reporting	32	**Days**
Annual Reporting*	92	**Days**

***Note:** This refers to sampling that is required on an annual basis. It does not refer to the Annual Report.

NOTES

Chromium (M-001 & M-002): The discharger is given the option of monitoring either Chromium VI or Total Chromium. The limit is expressed as Chromium VI. The parameter was coded as Chromium VI.
Priority Pollutants (R-001U): The MRP does not indicate sample type or units for these parameters. The defaults of grab and ug/l were used.

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-INF	**Monitoring Location Type:** (INF, EFF, INT, or RW)	INF				**Associated Discharge Point** (for effluent only):
Monitoring Location Description:	Infuent diversion box	**Monitoring Location Latitude:**	34	03	18	← ENTER degrees, minutes, and seconds for each.	
		Monitoring Location Longitude:	117	21	42		

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
	Add mos. sampling applies; default is 12Y.				Enter months the limit applies on bottom line. The default value is 12Y.									
50050 Flow	1	D	M	MEAS					MGD					
00400 pH	1	D	M	MEAS					SU					
00095 Electrical Conductivity @ 25 Deg. C	1	D	M	MEAS					umhos/cm					
00680 TOC	1	W	M	C					mg/l					
00310 BOD	1	w	M	C					mg/L					
00530 TSS	1	W	M	C					mg/L					
70295 TDS	1	M	M	C					mg/l					
00610 Ammonia-Nitrogen	1	M	M	G					mg/l					
00625 TKN	1	M	M	C					mg/L					
00999 Boron	1	Q	Q	C					mg/l					
	YNN YNN YNN YNN													
00940 Chloride	1	Q	Q	C					mg/L					
	YNN YNN YNN YNN													
00951 Fluoride, Total	1	Q	Q	C					mg/L					
	YNN YNN YNN YNN													
00945 Sulfate, Total (as SO4)	1	Q	Q	C					mg/L					
	YNN YNN YNN YNN													
00900 hardness	1	Q	Q	C										
	YNN YNN YNN YNN													
01002 Arsenic, Total	1	Q	Q	C					µg/L					
	YNN YNN YNN YNN													

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-INF	**Monitoring Location Type:** (INF, EFF, INT, or RW)	INF				**Associated Discharge Point** (for effluent only):
Monitoring Location Description:	Infuent diversion box	**Monitoring Location Latitude:**	34	03	18	← ENTER degrees, minutes, and seconds for each.	
		Monitoring Location Longitude:	117	21	42		

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
01113 Cadmium, Total	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
01119 Copper, Total	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
78247 Chromium (VI) Total Recoverable	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
01118 Chromium, Total	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
01114 Lead, Total Recoverable	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
71901 Mercury, Total	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
01074 Nickel, Total Recoverable	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
01147 Selenium, Total	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
01079 Silver, Total Recoverable	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
01094 Zinc, Total Recoverable	1 YNN YNN YNN YNN	Q	Q	C					µg/L					
51173 Cyanide, free available	1 YNN YNN YNN YNN	Q	Q	G					µg/L					
39100 Bis (2-Ethylhexyl)	1 YNN YNN YNN YNN	Q	Q	G					µg/L					
#N/A Remaining volatile	1 7N 1Y 4N	Y	Y	G					µg/L					
#N/A Remaoning EPA priority	1 7N 1Y 4N	Y	Y	C					µg/L					

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-INF	**Monitoring Location Type:** (INF, EFF, INT, or RW)	INF				**Associated Discharge Point** (for effluent only):	
Monitoring Location Description:	Infuent diversion box	**Monitoring Location Latitude:**	34	03	18	← ENTER degrees, minutes, and seconds for each.		
		Monitoring Location Longitude:	117	21	42			

Parameter Code	Sample Frequency		Reporting Frequency	Sample Type	Requirements and Limits									
Parameter Name	No. Times	Period			Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text *(or Limit Description, if necessary)*

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
	Add mos. sampling applies; default is 12Y.				*Enter months the limit applies on bottom line. The default value is 12Y.*									
50050 FLOW	1	D	M	MEAS					MGD				Y	monitor at both cases: tertiary and secondary, w/wo 20:1 dilution
00095 Electrical Conductivity @ 25 Deg. C	1	D	M	MEAS					umhos/cm					
00400 pH	1	D	M	MEAS	IMIN		>=	6.5	pH units				Y	monitor at both cases: tertiary and secondary, w/wo 20:1 dilution
00400 pH	1	D	M	MEAS	IMAX			8.5	pH units				Y	monitor at both cases: tertiary and secondary, w/wo 20:1 dilution
00400 pH	1	D	M	MEAS					pH units				Y	total time durign which the pH vallue are outside the required range 6.5-8.5 pH vallues shall not exceed 7 hours and 26 minutes in any calendar month, and
00400 pH	1	D	M	MEAS					pH units				Y	No individual excursion from the range of pH vallues shall exceed 60 minutes.
50060 Chlorine, Total Residual	1	D	M	MEAS	IMAX			0.1	mg/L				Y	Compliance is based on 99% compliance. Total time when total chlorine residual values are > 0.1 mg/l shall not exceed 7 hours and 26 minutes in any calendar month.
50060 Chlorine, Total Residual	1	D	M	MEAS	IMAX			0.1	mg/L				Y	No individual excusion from 0.1 mg/l value shall exceed 30 minutes; and
50060 Chlorine, Total Residual	1	D	M	MEAS					mg/L				Y	No individual excusion shall exceed 5.0 mg/L.
50060 Chlorine, Total Residual	1	D	M	MEAS	IMAX			2.1	mg/L				Y	No individual excusion shall exceed 2.1 mg/L during secondary discharge w/ 20:1 dilution.
#N/A CT	1	D	M	MEAS	IMIN		>=	450	mg/L-min				Y	At all times with a modal contact time of at lease 90 minutes, based on peak dry weather design flow.
00680 TOC	1	w	M	C					mg/l					

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← ENTER degrees, minutes, and seconds for each.		
		Monitoring Location Longitude:	117	21	11			

Parameter Code	Sample Frequency		Reporting Frequency	Sample Type	Requirements and Limits									
Parameter Name	No. Times	Period			Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
00610	2	W	M	G	AMEL			4.5	mg/L					
Ammonia-Nitrogen														
00010	1	W	M	G					Degrees C					
temperature														
00310	1	W	M	C	AWEL			30	mg/l					
BOD														
00310	1	W	M	C	AMEL			20	mg/l					
BOD														
00310	1	W	M	C	AMEL		>=	85	%				Y	Average monthly percentage removal shall not be less than 85%. w/wo 20:1 dilution.
BOD														
00310	1	D	M	G	AWEL			45	mg/l				Y	Under 20:1 dilution
BOD														
00310	1	D	M	G	AMEL			30	mg/l					Under 20:1 dilution
BOD														
00530	1	W	M	C	AWEL			30	mg/l					
TSS														
00530	1	W	M	C	AMEL			20	mg/l					
TSS														
00530	1	W	M	C	AMEL		>=	85	%				Y	Average monthly percentage removal shall not be less than 85%. w/wo 20:1 dilution.
TSS														
00530	1	D	M	G	AMEL			30	mg/l				Y	Under 20:1 dilution
TSS														
00530	1	D	M	G	AWEL			45	mg/l				Y	Under 20:1 dilution
TSS														
70295	1	M	M	C	AAFWRL			490	mg/l				Y	The 12-month flow weighted running average total dissolved solids concentration shall not exceed 490 mg/l, if maximum benefit is demonstrated.
TDS														
70295	1	M	M	C	AAFWRL			49,039	lbs/day				Y	The 12-month flow weighted running average total dissolved solids mass emission reate shall not exceed 49039 lbs/day, if maximum benefit is demonstrated.

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
TDS														
70295 TDS	1	M	M	C	AAFWRL			250	mg/l				Y	The 12-month flow weighted average total dissolved solids concentration shall not exceed the 12-month flow weighted average TDS concentration in the water supply by more than 250 mg/l. TDS shall be determined from TDS analysis of influent wastewater.
00640 Nitrogen, Total Inorganic	1	M	M	C	AAFWRL			10	mg/l					
00640 Nitrogen, Total Inorganic	1	w	M	C	AAFWRL			1001	lbs/day					
00900 hardness	1	M	M	C					mg/l					
71850 Nitrate, total nitrogen	1	M	M	G					mg/L					
TC000 Chronic Toxicity	1	M	M	G					TUc				Y	Chronic toxicity testing shall increase to every two weeks whenever any test result exceeds 1.0 TUc.
01119 Copper, Total Recoverable	1	M	M	C	AMEL			26.1	µg/L					
01119 Copper, Total Recoverable	1	M	M	C	MDEL			52.4	µg/L					
51173 Cyanide, free available	1	M	M	G	AMEL			4.2	µg/L	F	3/2/2008			
51173 Cyanide, free available	1	M	M	G	MDEL			8.5	µg/L	F	3/2/2008			
51173 Cyanide, free available	1	M	M	G	AMEL			24	µg/L	I	3/2/2007	3/1/2008		
51173 Cyanide, free available	1	M	M	G	MDEL			24	µg/L	I	3/2/2007	3/1/2008		

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← ENTER degrees, minutes, and seconds for each.		
		Monitoring Location Longitude:	117	21	11			

Parameter Code	Sample Frequency		Reporting Frequency	Sample Type	Requirements and Limits									
Parameter Name	**No. Times**	**Period**			**Basis**	**Pre-calc?**	**Bound <= default**	**Value**	**Units**	**Limit Type**	**Effective Start Date**	**Effective End Date**	**Narr Reqmt?**	**Narrative Text** *(or Limit Description, if necessary)*
71901	1	M	M	C	AMEL			0.051	µg/L	F	3/2/2008			
Mercury, Total Recoverable														
71901	1	M	M	C	MDEL			0.102	µg/L	F	3/2/2008			
Mercury, Total Recoverable														
71901	1	M	M	C	AMEL			0.23	µg/L	I	3/2/2007	3/1/2008		
Mercury, Total Recoverable														
71901	1	M	M	C	MDEL			0.23	µg/L	I	3/2/2007	3/1/2008		
Mercury, Total Recoverable														
39100	1	M	M	G	AMEL			5.9	µg/L	F	3/2/2008			
Bis (2-Ethylhexyl) Phthalate														
39100	1	M	M	G	MDEL			11.8	µg/L	F	3/2/2008			
Bis (2-Ethylhexyl) Phthalate														
39100	1	M	M	G	MDEL			15	µg/L	I	3/2/2007	3/1/2008		
Bis (2-Ethylhexyl) Phthalate														
39100	1	M	M	G	AMEL			15	µg/L	I	3/2/2007	3/1/2008		
Bis (2-Ethylhexyl) Phthalate														
00440	1	Q	Q	C					mg/L					
Bicarbonate Ion (as HCO3)	YNN YNN YNN YNN													
01022	1	Q	Q	C					mg/L					
Boron, Total	YNN YNN YNN YNN													
00916	1	Q	Q	C					mg/L					
Calcium, Total	YNN YNN YNN YNN													

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← ENTER degrees, minutes, and seconds for each.		
		Monitoring Location Longitude:	117	21	11			

Parameter Code	Sample Frequency		Reporting Frequency	Sample Type	Requirements and Limits									
Parameter Name	**No. Times**	**Period**			**Basis**	**Pre-calc?**	**Bound <= default**	**Value**	**Units**	**Limit Type**	**Effective Start Date**	**Effective End Date**	**Narr Reqmt?**	**Narrative Text** *(or Limit Description, if necessary)*
00445	1	Q	Q	C					mg/L					
Carbonate Ion (as CO3)	YNN YNN YNN YNN													
00940	1	Q	Q	C					mg/L					
Chloride	YNN YNN YNN YNN													
00951	1	Q	Q	C					mg/L					
Fluoride, Total	YNN YNN YNN YNN													
00927	1	Q	Q	C					mg/L					
Magnesium, Total	YNN YNN YNN YNN													
00929	1	Q	Q	C					mg/L					
Sodium, Total	YNN YNN YNN YNN													
00945	1	Q	Q	C					mg/L					
Sulfate, Total (as SO4)	YNN YNN YNN YNN													
01105	1	Q	Q	C					mg/L					
Aluminum, Total	YNN YNN YNN YNN													
01268	1	Q	Q	C					mg/L					
Antimony, Total Recoverable	YNN YNN YNN YNN													
01002	1	Q	Q	C					µg/L					
Arsenic, Total	YNN YNN YNN YNN													
01009	1	Q	Q	C					µg/L					
Barium, Total Recoverable	YNN YNN YNN YNN													
01113	1	Q	Q	C					µg/L					
Cadmium, Total Recoverable	YNN YNN YNN YNN													

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← ENTER degrees, minutes, and seconds for each.		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
78247	1	Q	Q	C					µg/L					
Chromium (VI) Total Recoverable	YNN YNN YNN YNN													
00979	1	Q	Q	C					µg/L					
Cobalt, Total Recoverable	YNN YNN YNN YNN													
01114	1	Q	Q	C					µg/L					
Lead, Total Recoverable	YNN YNN YNN YNN													
01074	1	Q	Q	C					µg/L					
Nickel, Total Recoverable	YNN YNN YNN YNN													
01147	1	Q	Q	C					µg/L					
Selenium, Total	YNN YNN YNN YNN													
01079	1	Q	Q	C					µg/L					
Silver, Total Recoverable	YNN YNN YNN YNN													
01094	1	Q	Q	C					µg/L					
Zinc, Total Recoverable	YNN YNN YNN YNN													
34438	1	Y	Y	C					µg/L					
N-Nitrosodimethylamine	7N 1Y 4N													
58899	1	Y	Y	C					µg/L					
BHC Gamma	7N 1Y 4N													
#N/A	1	Y	Y	G					µg/L					
Remaining volatile organic portion of EPA priority pollutants	7N 1Y 4N													
#N/A	1	Y							µg/L					

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency No. Times	Sample Frequency Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text *(or Limit Description, if necessary)*
Remaoning EPA priority pollutants	7N 1Y 4N		Y	C										
#N/A	1	Y	Y	G					µg/L					secondary discharge during 20:1 dilution.
EPA priority pollutants														
03582	1	M	M										Y	No visible oil&grease in the discharge.
Oil and Grease														
01268								7	µg/L				Y	Trigeer for monitoring
Antimony, Total Recoverable														
00978								75	µg/L				Y	Trigeer for monitoring
Arsenic, Total Recoverable														
01113								4.2	µg/L				Y	Trigeer for monitoring
Cadmium, Total Recoverable														
04262								147	µg/L				Y	Trigeer for monitoring
Chromium (III) Total Recoverable														
78247								5.7	µg/L				Y	Trigeer for monitoring
Chromium (VI) Total Recoverable														
01119								16.8	µg/L				Y	Trigeer for monitoring
Copper, Total Recoverable														
01114								12	µg/L				Y	Trigeer for monitoring
Lead, Total Recoverable														
71901								0.026	µg/L				Y	Trigeer for monitoring
Mercury, Total Recoverable														
01074								37.5	µg/L				Y	Trigeer for monitoring
Nickel, Total Recoverable														

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
00981 Selenium, Total Recoverable								2.5	µg/L				Y	Trigeer for monitoring
01079 Silver, Total Recoverable								4.3	µg/L				Y	Trigeer for monitoring
00982 Thallium, Total Recoverable								3.2	µg/L				Y	Trigeer for monitoring
01094 Zinc, Total Recoverable								86	µg/L				Y	Trigeer for monitoring
51173 Cyanide, Free Available								2.6	µg/L				Y	Trigeer for monitoring
34675 2,3,7,8-TCDD								0.007	pg/L				Y	Trigeer for monitoring
34210 Acrolein								160	µg/L				Y	Trigeer for monitoring
34215 Acrylonitrile								0.03	µg/L				Y	Trigeer for monitoring
34030 Benzene								0.6	µg/L				Y	Trigeer for monitoring
32104 Bromoform								2.2	µg/L				Y	Trigeer for monitoring
32102 Carbon Tetrachloride								0.13	µg/L				Y	Trigeer for monitoring
34301 Chlorobenzene								340	µg/L				Y	Trigeer for monitoring
32105 Chlorodibromomethane								0.22	µg/L				Y	Trigeer for monitoring
32101 Dichlorobromomethane								0.28	µg/L				Y	Trigeer for monitoring

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
34496 ***1,1-Dichloroethane***								5	µg/L					
32103 1,2-Dichloroethane								0.19	µg/L				Y	Trigeer for monitoring
34501 1,1-Dichloroethylene								0.029	µg/L				Y	Trigeer for monitoring
34541 1,2-Dichloropropane								0.26	µg/L				Y	Trigeer for monitoring
77163 1,3-Dichloropropylene								5	µg/L				Y	Trigeer for monitoring
34371 ***Ethylbenzene***								0.3	µg/L				Y	Trigeer for monitoring
34413 Methyl Bromide								24	µg/L				Y	Trigeer for monitoring
34423 Methylene Chloride								2.4	µg/L				Y	Trigeer for monitoring
79345 1,1,2,2-Tetratchloroethane								0.085	µg/L				Y	Trigeer for monitoring
127184 Tetratchloroethylene								0.4	µg/L				Y	Trigeer for monitoring
34010 ***Toluene***								0.15	µg/L				Y	Trigeer for monitoring
156605 ***trans-1,2-dichloroethylene***								10	µg/L				Y	Trigeer for monitoring
34506 ***1,1,1-Trichloroethane***								200	µg/L				Y	Trigeer for monitoring
34511 1,1,2-Trichloroethane								0.3	µg/L				Y	Trigeer for monitoring
39180 Trichloroethylene								1.35	µg/L				Y	Trigeer for monitoring
39175 ***Vinyl Chloride***								0.5	µg/L				Y	Trigeer for monitoring
34586 2-Chlorophenol								60	µg/L				Y	Trigeer for monitoring
34601 2,4-Dichlorophenol								46.5	µg/L				Y	Trigeer for monitoring
34606								270	µg/L				Y	Trigeer for monitoring

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
2,4-Dimethylphenol														
534521								6.7					Y	No visible oil&grease in the discharge.
2-Methy-4,6-Dinitrophenol														
34616								35	µg/L				Y	Trigeer for monitoring
2,4-Dinitrophenol														
39032								0.14	µg/L				Y	Trigeer for monitoring
Pentachlorophenol														
108952								10500	µg/L				Y	Trigeer for monitoring
Phenol														
34621								1.05	µg/L				Y	Trigeer for monitoring
2,4,6-Trichlorophenol														
#N/A								600	µg/L				Y	Trigeer for monitoring
Acenapthene														
34220								4800	µg/L				Y	Trigeer for monitoring
Anthracene														
39120								0.00006	µg/L				Y	Trigeer for monitoring
Benzidine														
56553								0.0022	µg/L				Y	Trigeer for monitoring
Benzo (a) anthracene														
50328								0.0022	µg/L				Y	Trigeer for monitoring
Benzo (a) pyrene														
205992								0.0022	µg/L				Y	Trigeer for monitoring
Benzo (b) fluoranthene														
207089								0.0022	µg/L				Y	Trigeer for monitoring
Benzo (k) fluorantene														
34273								0.016	µg/L				Y	Trigeer for monitoring
Bis (2-Chloroethyl) ether														
34283								700	µg/L				Y	Trigeer for monitoring
Bis (2-Chloroisopropyl) ether														
117817								0.9	µg/L				Y	Trigeer for monitoring
Bis (2-ethyhexyl) phthalate														
85687								1500	µg/L				Y	Trigeer for monitoring
Butyl benzyl phthalate														
91587								850	µg/L				Y	Trigeer for monitoring
2- Chloronapthalene														

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
34320 Chrysene								0.0022	µg/L				Y	Trigeer for monitoring
53703 Dibenzo (a,h) anthracene								0.0022	µg/L				Y	Trigeer for monitoring
34536 ***1,2-Dichlorobenzene***								0.6	µg/L				Y	Trigeer for monitoring
34566 1,3-Dichlorobenzene								200	µg/L				Y	Trigeer for monitoring
34571 ***1,4-Dichlorobenzene***								5	µg/L				Y	Trigeer for monitoring
34631 3,3-Dichlorobenzidine								0.02	µg/L				Y	Trigeer for monitoring
34336 Diethyl phthalate								11500	µg/L				Y	Trigeer for monitoring
34341 Dimethyl phthalate								156500	µg/L				Y	Trigeer for monitoring
39110 Di-N-butyl phthalate								1350	µg/L				Y	Trigeer for monitoring
34611 2,4-Dinitrotoluene								0.055	pg/L				Y	Trigeer for monitoring
34346 1,2-Diphenylhydrazine								0.02	µg/L				Y	Trigeer for monitoring
34376 Fluoranthene								150	µg/L				Y	Trigeer for monitoring
34381 Fluorene								650	µg/L				Y	Trigeer for monitoring
39700 Hexachlorobenzene								0.00038	µg/L				Y	Trigeer for monitoring
34391 Hexachlorobutadiene								0.22	µg/L				Y	Trigeer for monitoring
34386 ***Hexachlorocyclopenta***								50					Y	Trigeer for monitoring
34396 Hexachloroethane								0.95	µg/L				Y	Trigeer for monitoring
34403 Indeno (1,2,3-cd) pyrene								0.0022	µg/L				Y	Trigeer for monitoring
34408 Isophorone								4.2	µg/L					

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code	Sample Frequency		Reporting Frequency	Sample Type	Requirements and Limits									
Parameter Name	**No. Times**	**Period**			**Basis**	**Pre-calc?**	**Bound <= default**	**Value**	**Units**	**Limit Type**	**Effective Start Date**	**Effective End Date**	**Narr Reqmt?**	**Narrative Text** *(or Limit Description, if necessary)*
34696								17	µg/L				Y	Trigeer for monitoring
Naphthalene														
34447								8.5	µg/L				Y	Trigeer for monitoring
Nitrobenzene														
34438								0.00035	µg/L				Y	Trigeer for monitoring
N-Nitrosodimethylamine														
34428								0.0025	µg/L				Y	Trigeer for monitoring
N-Nitrosodi-N-propylamin														
34433								2.5	µg/L				Y	Trigeer for monitoring
N-Nitrosodiphenylamine														
34469								480	µg/L				Y	Trigeer for monitoring
Pyrene														
120821								5	µg/L				Y	Trigeer for monitoring
1,2,4 - Trichlorobenzene														
39330								0.00007	µg/L				Y	Trigeer for monitoring
Aldrin														
319846								0.002	µg/L				Y	Trigeer for monitoring
BHC Alpha														
319857								0.007	µg/L				Y	Trigeer for monitoring
BHC Beta														
58899								0.01	µg/L				Y	Trigeer for monitoring
BHC Gamma														
39350								0.00029	µg/L				Y	Trigeer for monitoring
Chlordane														
39300								0.0003	µg/L				Y	Trigeer for monitoring
4,4-DDT														
39320								0.0003	µg/L				Y	Trigeer for monitoring
4,4-DDE														
39310								0.00042	µg/L				Y	Trigeer for monitoring
4,4-DDD														
39380								0.00007	µg/L				Y	Trigeer for monitoring
Dieldrin														
959988								0.028	µg/L				Y	Trigeer for monitoring
Endosulfan Alpha														
33213659								0.028	µg/L				Y	Trigeer for monitoring
Endosulfan Beta														
34351								55	µg/L				Y	Trigeer for monitoring
Endosulfan Sulfate														
39390								0.018	µg/L				Y	Trigeer for monitoring

CIWQS/ESMR Coding Sheet – CA NPDES Permit Program

Reg Meas / Monitoring Locations & Requirements

Mon. Location ID:	M-001	**Monitoring Location Type:** (INF, EFF, INT, or RW)	Tertiary EFF default, otherwise specifed as secondary EFF.				**Associated Discharge Point** (for effluent only):	001
Monitoring Location Description:	final effluent downstream of dechlorination	**Monitoring Location Latitude:**	34	03	04	← **ENTER degrees, minutes, and seconds for each.**		
		Monitoring Location Longitude:	117	21	11			

Parameter Code / Parameter Name	Sample Frequency: No. Times	Sample Frequency: Period	Reporting Frequency	Sample Type	Requirements and Limits: Basis	Pre-calc?	Bound <= default	Value	Units	Limit Type	Effective Start Date	Effective End Date	Narr Reqmt?	Narrative Text (or Limit Description, if necessary)
Endrin														
34366								0.38	µg/L				Y	Trigeer for monitoring
Endrin Aldehyde														
39410								0.00011	µg/L				Y	Trigeer for monitoring
Heptachlor														
39420								0.00005	µg/L				Y	Trigeer for monitoring
Heptachlor Epoxide														
12674112								0.000085	µg/L				Y	Trigeer for monitoring
PCB 1016														
11104282								0.000085	µg/L				Y	Trigeer for monitoring
PCB 1221														
11096825								0.000085	µg/L				Y	Trigeer for monitoring
PCB 1260														
39400								0.00037	µg/L				Y	Trigeer for monitoring
Toxaphene														