

INSTRUCTIONS FOR DISCHARGER

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 STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL VALLEY REGION
3201 S STREET
SACRAMENTO, CA 95816
5A34200800101A M0785

RANCHO SECO
SACRAMENTO M.U.D.
RANCHO SECO

BOX 15830
SACRAMENTO M.U.D. CALIF
95813

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

Transaction Code Q2 Facility I.D. 5A342008001 Year/Month for this report 85/7 Reporting Period: Beginning 85/07/01 Ending 85/07/31 State Code 06 NPDES Permit Number 0004758 Date form was computer printed 85/06/27 PAGE 1A

STATION DESCRIPTION		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT	
CONSTITUENT NAME		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW	
UNITS		MGD		NUMBER		UMHOS/CM		DEGREE F		MG/L		MG/L		MG/L		MG/L	
SAMPLE TYPE		MEAN & RANGE		MEAN & RANGE		MEAN & RANGE		MEAN & RANGE		GRAB		24HR COMP		24HR COMP		GRAB	
FREQUENCY		CONTINUOUS		CONTINUOUS		CONTINUOUS		CONTINUOUS		DAILY		MONTHLY		2 TIMES WEEK		DAILY	
		* 1	50050	* 2	00400	* 3	00095	* 4	00010	* 5	< 0.1	* 6	0.15	* 7	1.6	* 8	< 0.02
REMARKS-- Fred Kellie (916) 452-3211 Ext. 4294	MONTH	DAY	07	01	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	02	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	03	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	04	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	05	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	06	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	07	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	08	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	09	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	10	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	11	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	12	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	13	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	14	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	15	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	16	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	17	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	18	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	19	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	20	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	21	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	22	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	23	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	24	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	25	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	26	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	27	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	28	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	29	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	30	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02
	07	31	.	.	.	.	.	.	.	1	< 0.1	1	0.15	1	1.6	1	< 0.02

+	MONTHLY AVERAGE	5.1	7.3	100	74.3	CHLORINE RES	BURON	SUSP MAT	HYDRAZINE
MONTHLY HIGH	XXXXXXX	LOW	PH	SPEC COND	TEMPERATURE				
MONTHLY LOW	XXXXXXX	HIGH	8.2	HIGH	80.6				
TOTAL RECORDS	XXXXXXX	LOW	6.8	LOW	68.0				
REQUIREMENT #1	NO-CHK	MIN	6.500	NO-CHK	1 MAX	1 MAX	30 D-AVE	30 D-AVE	
Times Exceeded					90.000	200.0	30.000	100.0	
REQUIREMENT #2		MAX	8.500				1 MAX	1 MAX	
Times Exceeded							100.000	.500	
REQUIREMENT #3									
Times Exceeded									

*Enter number of samples taken during the day.

Typed Name of Principal Executive Officer:
Kellie Fred W
Last First MI

I declare under penalty of perjury that the foregoing is true and accurate, and that the sampling procedure and analysis used for the column constituents was as specified in the Waste Discharge Order for this facility.

Signature of Principal Executive Officer or Authorized Agent
Fred W. Kellie

85.8.6
Year Mo Day

REGIONAL BOARD COPY

1

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DISCHARGER SELF MONITORING REPORT

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CONTROL BOARD
CENTRAL VALLEY REGION
3201 S STREET
SACRAMENTO, CA 95816
5A34200800102A M0785

FACILITY NAME
RANCHO SECO
SACRAMENTO M.U.D.
RANCHO SECO

MAILING ADDRESS
BOX 15830
SACRAMENTO M.U.D.
95813

CALIF

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

Transaction Code Q2 Facility I.D. 5A342008001 Year/Month for this report 85/7 Reporting Period: Beginning 85/07/01 Ending 85/07/31 State Code 06 NPDES Permit Number 0004758 Date form was computer printed 85/06/27 PAGE 2A

STATION DESCRIPTION		R-1	R-2	R-3	R-1	R-2	R-3	EFFLUENT
CONSTITUENT NAME		* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW
UNITS		MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
SAMPLE TYPE		GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY		WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY
MONTH		* 1	* 2	* 3	* 4	* 5	* 6	* 7
07 01		00300	00300	00300				0.34
07 02		9.0	9.0	9.0	OK	OK	OK	
07 03		.	.	.	.	.	.
07 04		.	.	.	.	.	.
07 05		.	.	.	.	.	.
07 06		.	.	.	.	.	.
07 07		.	.	.	.	.	.
07 08		.	.	.	.	.	.
07 09		8.3	9.0	9.5	OK	OK	OK	
07 10		.	.	.	.	.	.
07 11		.	.	.	.	.	.	0.09
07 12		.	.	.	.	.	.
07 13		.	.	.	.	.	.
07 14		.	.	.	.	.	.
07 15		.	.	.	.	.	.
07 16		7.6	6.1	6.0	OK	OK	OK	6.30
07 17		.	.	.	.	.	.
07 18		.	.	.	.	.	.
07 19		.	.	.	.	.	.
07 20		.	.	.	.	.	.
07 21		.	.	.	.	.	.
07 22		9.0	7.3	7.1	OK	OK	OK	
07 23		.	.	.	.	.	.
07 24		.	.	.	.	.	.
07 25		.	.	.	.	.	.	1.33
07 26		.	.	.	.	.	.
07 27		.	.	.	.	.	.
07 28		.	.	.	.	.	.
07 29		7.9	7.0	7.1	OK	OK	OK	
07 30		.	.	.	.	.	.
07 31		.	.	.	.	.	.
+ MONTHLY AVERAGE								
MONTHLY HIGH XXXXXX.XX			UU	UU	VISUAL	VISUAL	VISUAL	OIL GREASE
MONTHLY LOW XXXXXX.XX								
TOTAL RECORDS XXXX								
REQUIREMENT #1		MIN	NO-CHK	MIN	NO-CHK	NO-CHK	NO-CHK	30 D-AVE
Times Exceeded		5.000 0		5.000 0				15.000 0
REQUIREMENT #2								1 MAX
Times Exceeded								20.000 0
REQUIREMENT #3								
Times Exceeded								

*Enter number of samples
taken during the day.

Typed Name of Principal Executive Officer

Kellie Fred W
Last First MI

I declare under penalty of perjury that the foregoing is true and accurate, and that the sampling procedure and analysis used for the column constituents was as specified in the Waste Discharge Order for this facility.

Signature of Principal Executive
Officer or Authorized Agent

85.8.6
Mo Day
Date

REGIONAL
BOARD COPY

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5A342008001018 M0785

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STATION DESCRIPTION		WATER SUPPLY		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE	
CONSTITUENT NAME		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW	
UNITS		NUMBER		GPD		MG/L		LBS/DAY		MG/L		LBS/DAY		MG/L		MPN/100ML	
SAMPLE TYPE		GRAB		MONTHLY		BHR COMP		BHR COMP		BHR COMP		BHR COMP		BHR COMP		BHR COMP	
FREQUENCY		WEEKLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY		WEEKLY	
MONTH	DAY	* 1	00400	* 2		* 3	00310	* 4	85001	* 5	70299	* 6	85002	* 7	50086	* 8	31505
07	01																
07	02	1	8.40														
07	03															1	10.0
07	04																
07	05									1	73.5	1	7.6				
07	06																
07	07																
07	08																
07	09	1	8.45														
07	10					1	33.6	1	3.4							1	13.0
07	11																
07	12																
07	13																
07	14																
07	15																
07	16	1	8.01											1	1.5	1	11.0
07	17																
07	18																
07	19																
07	20																
07	21															1	20.0
07	22	1	7.90														
07	23															1	17.0
07	24																
07	25																
07	26																
07	27																
07	28																
07	29	1	7.90														
07	30																
07	31																
+ MONTHLY AVERAGE				FLOW		BOD		BOD		SUSP MATTER		SUSP MATTER		SETT MATTER		TOT COLIFORM	
MONTHLY HIGH XXXX.XXX																	
MONTHLY LOW XXXX.XXX																	
TOTAL RECORD XXXX.XXX																	
REQUIREMENT #1		NO-CHK		NO-CHK		30 D-AVE NOTE 80.000		30 D-AVE NOTE 1 2.500		30 D-AVE NOTE 30.000		30 D-AVE NOTE 1 2.500		30 D-AVE NOTE 1 2.200		30 D-MED 23.000 0	
Times Exceeded						7 D-AVE 45.000 0		7 D-AVE 3.500 0		7 D-AVE 45.000 1		7 D-AVE 3.500 1		1 MAX .500 2		1 MAX 500.000 0	
REQUIREMENT #2																	
Times Exceeded																	
REQUIREMENT #3																	
Times Exceeded																	

*Enter number of samples
taken during the day.

Typed Name of Principal Executive Officer
Kellie Fred W
(last) First MI

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in the Waste Discharge Order for this facility.

Signature of Principal Executive
Officer or Authorized Agent
Fred W Kellie
8.8.86

REGIONAL
BOARD COPY

1

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