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

5A342008001O1A M0985

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

MAILING ADDRESS: 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.

Q2 | Transaction Code | Facility I.D. 5A342008001 | Year/Month for this report 85/9 | Reporting Period: Beginning (Year Mo. Day) 85/09/01 | Ending 85/09/30 | State Code 06 | NPDES Permit Number 0004758 | PAGE 1A | Date form was computer printed (Year Mo. Day) 85/06/27

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	CONTINOUS	CONTINOUS	CONTINOUS	CONTINOUS	DAILY	MONTHLY	2 TIMES WEEK	DAILY
	* 1 50050	* 2 00400	* 3 00095	* 4 00010	* 5	* 6	* 7	* 8

MONTH	DAY																																		
09	01											1	<0.1							1	<0.02														
09	02											1	<0.1							1	<0.02														
09	03											1	<0.1			1	<0.1			1	<0.02														
09	04											1	<0.1							1	<0.02														
09	05											1	<0.1							1	<0.02														
09	06											1	<0.1							1	<0.02														
09	07											1	<0.1							1	<0.02														
09	08											1	<0.1							1	<0.02														
09	09											1	<0.1							1	<0.02														
09	10											1	<0.1							1	<0.02														
09	11											1	<0.1							1	<0.02														
09	12											1	<0.1							1	<0.02														
09	13											1	<0.1							1	<0.02														
09	14											1	<0.1							1	<0.02														
09	15											1	<0.1							1	<0.02														
09	16											1	<0.1							1	<0.02														
09	17											1	<0.1							1	<0.02														
09	18											1	<0.1							1	<0.02														
09	19											1	<0.1							1	<0.02														
09	20											1	<0.1							1	<0.02														
09	21											1	<0.1							1	<0.02														
09	22											1	<0.1							1	<0.02														
09	23											1	<0.1							1	<0.02														
09	24											1	<0.1							1	<0.02														
09	25											1	<0.1							1	<0.02														
09	26											1	<0.1							1	<0.02														
09	27											1	<0.1							1	<0.02														
09	28											1	<0.1							1	<0.02														
09	29											1	<0.1							1	<0.02														
09	30											1	<0.1							1	<0.02														
+ MONTHLY AVERAGE			5.0			7.7			125			71.6																							
MONTHLY HIGH XXXXXXXX		FLOW			PH			SPEC COND			TEMPERATURE			CHLORINE RES			BORON			SUSP MAT			HYDRAZINE											
MONTHLY LOW XXXXXXXX		High	8.6		High	8.3		High	650		High	77.9																							
TOTAL RECORDS XXXXXXXX		Low	2.4		Low	6.7		Low	75		Low	67.1																							
REQUIREMENT #1		NO-CHK			MIN 6.500			NO-CHK			1 MAX 90.000			1 MAX .200		Ø	1 MAX 1.200		Ø	30 D-AVE 30.000		Ø	30 D-AVE .100		Ø									
Times Exceeded																																			
REQUIREMENT #2					MAX 8.500															1 MAX 100.000		Ø	1 MAX .500		Ø									
Times Exceeded																																			
REQUIREMENT #3																																			
Times Exceeded																																			

REMARKS- Fred Kellie (916) 452-3211 Ext. 4294

*Enter number of samples taken during the day.

Form Q2 9-74

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

I declare under penalty of perjury that the same filed in th

8510290146 851007
PDR ADOCK 05000312
R PDR

at

Fred Kellie
Signature of Principal Executive Officer or Authorized Agent

85 10 7
Yr. Mo. Day Date

REGIONAL BOARD COPY 1

INSTRUCTIONS FOR DISCHARGER

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DISCHARGER SELF MONITORING REPORT

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

5A342008001018 M0985

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

MAILING ADDRESS: 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	Facility I.D.	Year/Month for this report	Reporting Period: Beginning (Year Mo. Day)	Ending (Year Mo. Day)	State Code	NPDES Permit Number	PAGE	Date form was computer printed (Year Mo. Day)
Q2	5A342008001	85/9	85/09/01	85/09/30	06	0004758	1B	85/06/27

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	ML/L	MPN/100ML
SAMPLE TYPE	GRAB		8HR COMP	8HR COMP	8HR COMP	8HR COMP	GRAB	GRAB
FREQUENCY	WEEKLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	WEEKLY
	* 1 00400	* 2	* 3 00310	* 4 85001	* 5 70299	* 6 85002	* 7 50086	* 8 31505
MONTH DAY								
09 01								
09 02								
09 03								
09 04	1 8.1				1 44.7	4.4		1 <2.2
09 05								
09 06								
09 07								
09 08								
09 09	1 7.7							
09 10			1 43.0	4.2				
09 11								1 <2.2
09 12							1 12.0	
09 13								
09 14								
09 15								
09 16								
09 17	1 8.2							1 542.0
09 18								
09 19								
09 20								
09 21								1 240.0
09 22								
09 23	1 8.2							
09 24								
09 25								
09 26								1 14.0
09 27								
09 28								
09 29								
09 30	1 8.5							
+ MONTHLY AVERAGE		11,789						
MONTHLY HIGH	XXXXXXXX PH	FLOW	BOD	BOD	SUSP MATTER	SUSP MATTER	SETT MATTER	TOT COLIFORM
MONTHLY LOW	XXXXXXXX							
TOTAL RECOVERY	XXXXXXXX							
REQUIREMENT #1	NO-CHK	NO-CHK	30 D-AVE Note 1 30.000	30 D-AVE Note 1 2.500	30 D-AVE Note 1 30.000	30 D-AVE Note 1 2.500	30 D-AVE .200	30 D-MED 23.000
Times Exceeded								Ø
REQUIREMENT #2			7 D-AVE 45.000	7 D-AVE 3.500	7 D-AVE 45.000	7 D-AVE 3.500	1 MAX .500	1 MAX 500.000
Times Exceeded			Ø	1	Ø	1	1	1
REQUIREMENT #3								
Times Exceeded								

REMARKS- Fred Kellie (916) 452-3211 Ext. 4294
Note 1: Permit does not allow 30 day average with fewer than four measurements

*Enter number of samples taken during the day.

Form Q2 9-74

Typed Name of Principal Executive Officer: Kellie (Last) Fred (First) W (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.

Fred Kellie
Signature of Principal Executive Officer or Authorized Agent

85 10 7
Yr Mo Day
Date

REGIONAL BOARD COPY 1

INSTRUCTIONS FOR DISCHARGER

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DISCHARGER SELF MONITORING REPORT

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

5A342008001O2A M0985

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

MAILING ADDRESS: BOX 15830
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PAGE 2A

Q2 | Transaction Code | Facility I.D. 5A342008001 | Year/Month for this report 85/9 | Reporting Period: Beginning Year Mo. Day 85/09/01 | Ending Year Mo. Day 85/09/30 | State Code 06 | NPDES Permit Number 0004758 | Date form was computer printed Year Mo. Day 85/06/27

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	
SAMPLE TYPE	GRAB	GRAB	GRAB				GRAB	
FREQUENCY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	
MONTH DAY	* 1 00300	* 2 00300	* 3 00300	* 4	* 5	* 6	* 7	*
09 01								
09 02								
09 03								
09 04	1 8.3	1 7.2	1 7.3	1 OK	1 OK	1 OK		
09 05							1 2.0	
09 06								
09 07								
09 08								
09 09	1 8.7	1 7.2	1 7.7	1 OK	1 OK	1 OK		
09 10								
09 11								
09 12							1 1.2	
09 13								
09 14								
09 15								
09 16								
09 17	1 8.5	1 6.4	1 6.5	1 OK	1 OK	1 OK		
09 18								
09 19							1 19.8	
09 20							1 2.1	
09 21								
09 22								
09 23	1 8.9	1 8.7	1 7.6	1 OK	1 OK	1 OK		
09 24								
09 25							1 8.8	
09 26								
09 27								
09 28								
09 29								
09 30	1 8.0	1 7.8	1 7.9	1 OK	1 OK	1 OK		
+ MONTHLY AVERAGE								
MONTHLY HIGH	DO	DO	DO	VISUAL	VISUAL	VISUAL	OIL GREASE	
MONTHLY LOW								
TOTAL RECORDS								
REQUIREMENT #1	MIN 5.000	NO-CHK	MIN 5.000	NO-CHK	NO-CHK	NO-CHK	30 D-AVE 15.000	
Times Exceeded	0		0				0	
REQUIREMENT #2							1 MAX 20.000	
Times Exceeded							0	
REQUIREMENT #3								
Times Exceeded								

REMARKS- Fred Kellie (916) 452-3211 Ext. 4294

*Enter number of samples taken during the day.

Form Q2 9-74

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Signature of Principal Executive Officer or Authorized Agent: Fred Kellie

Date: Yr. Mo. Day 85.10.7

REGIONAL BOARD COPY 1