

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **Louisiana State Police Troop L**
 ADDRESS **2600 North Causeway Blvd.**
Mandeville, LA 70471
 Contact: **Lt. Richard McNeese**
 PH: **(985) 893-6239**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

LAG480304
 PERMIT NUMBER

OUTFALL 001
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
 EE# S-41164-17

FACILITY **LDEQ/OEC**
 LOCATION **ENFORCEMENT DIVISION**
 (1 of 3) **2600 N. Cause Blvd.**

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
17	10	01		17	12	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TSS	Measurement	****	****		****	****	45		1/3 months	Grab
	Sample Measurement	****	****				6.8	0	1/3 months	Grab
	Permit Measurement	****	****		****	****	45		1/3 months	Grab
COD	Sample Measurement	****	****				<24	0	1/3 months	Grab
	Permit Measurement	****	****		****	200	300		1/3 months	Grab
	Measurement	****	****		****	****	15		1/3 months	Grab
Oil & Grease	Sample Measurement	****	****				<5.0	0	1/3 months	Grab
	Permit Measurement	****	****		****	****	15		1/3 months	Grab
	Measurement	****	****		****	****	7.4		1/3 months	Grab
pH	Sample Measurement	****	****				6.0		1/3 months	Grab
	Permit Measurement	****	****		6.0	****	9.0		1/3 months	Grab
	Measurement	****	****		****	****	180		1/3 months	Estimate
Flow	Sample Measurement	****	****				Report		1/3 months	Estimate
	Permit Measurement	****	****		****	****	Report		1/3 months	Estimate
	Measurement	****	****		****	****	Report		1/3 months	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Lt. Richard McNeese
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONNALLY 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 19 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 6 years.)

Lt. Richard McNeese
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE #
 area code number
 DATE

YEAR	MO	DAY
17	11	20

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

No Discharge