

RECEIVED

CORRES. CONTROL  
INCOMING LTR NO.

00342 RF05

DUE DATE

ACTION



2005 JUN 29 P 2:36

CORRESPONDENCE  
CONTROL

Department of Energy

ROCKY FLATS PROJECT OFFICE  
12101 AIRPORT WAY, UNIT A  
BROOMFIELD, COLORADO 80021-2583

JUN 28 2005

05-DOE-00385

DIST.	LTR	ENC
BERARDINI, J.H.	X	X
BOGNAR, E.S.	X	X
BROOKS, L.		
CARPENTER, M.	X	X
CIUCCI, J.A.		
CROCKETT, G. A.	X	X
DECK, C. A.	X	X
DEGENHART, K. R.	X	X
DEL VECCHIO, D.		
FERRERA, D. W.	X	Y
GIACOMINI, J. J.		
GILPIN, H.		
LINDSAY, D. C.	X	X
LONG, J. W.		
NESTA, S.		
SHELTON, D. C.	X	X
TUOR, N. R.	X	X
WARD, D.	X	X
WIEMELT, K.	X	X
ZAHM, C.	X	X
Cable, J.	X	Y
Fishweiger, R.	X	Y
Waringer, R.	X	X
Biskavina, F.	X	X

Ms. Sandra Johnson  
U.S. Environmental Protection Agency, Region VIII  
Technical Enforcement Program, 8ENF-PT  
999 18<sup>th</sup> Street, Suite 300  
Denver, Colorado 80202-2466

Mr. Dave Akers, Manager  
Colorado Department of Public Health and Environment  
Water Quality Protection Section, WQCD-PWQPS-B2  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530

Dear Ms. Johnson and Mr. Akers:

The May 2005 Discharge Monitoring Report (DMR), required by the Rocky Flats Environmental Technology Site National Pollutant Discharge Elimination System (NPDES) Permit is enclosed. During the May 2005 reporting period, there was no discharge from the Sewage Treatment Plant (Outfall STP 1), which is indicated on the forms. As directed by the form instructions, "No Discharge" is written across the form in place of data entry.

On November 24<sup>th</sup>, 2004 the co-permittees provided formal notification to the Environmental Protection Agency (EPA) of the abandonment of Outfall STP1 and requested agency action to remove the outfall from the current permit. Until that action is taken, the requirement to submit monthly reports remains in effect. Once agency action is taken, the requirement for monthly reports will be removed.

I certify under penalty of law that this document and all enclosures were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for

COR. CONTROL	X	X
ADMIN. RECORD	X	X

Reviewed for Addressee  
Corres. Control RFP

6/29/05  
Date By

Ref. Ltr. #

DOE ORDER #

5400.1

ADMIN RECORD

8

S. Johnson and D. Akers  
05-DOE-00385

2

JUN 28 2005

submitting false information, including the possibility of fine and imprisonment for knowing violations.

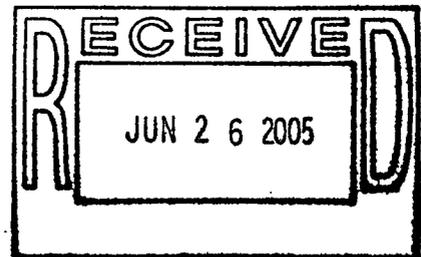
If you have any questions or desire additional information on this matter please contact John Stover, of my staff, at (303) 966-9735.

Sincerely,

  
Frazer R. Lockhart  
Manager

Enclosures

cc w/Encs:  
J. Stover, RFPM, RFPO  
C. Gillespie, US EPA  
L. Kaiser, Stollar  
Administrative Record



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

NAME **USDOE-ROCKY FLATS FIELD OFFICE**  
 ADDRESS **10808 HIGHWAY 93, UNIT A**  
**GOLDEN CO 80403-8200**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

FACILITY LOCATION **USDOE-ROCKY FLATS FIELD OFFICE**  
**GOLDEN CO 80403-8200**  
 ATTN: **JOE LEGARE, ASST MGR/ENV COMP**

00001333			D14 A		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	03	31	03	03	31

MAJOR

FINAL  
 DISCH OF PROD WATER FROM EVAP

NO DISCHARGE  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. OF ANALYSES	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
CONDUCTIVITY	00094 0 0	*****	*****	****	*****					
EFFLUENT GROSS VALUE										
PH	00400 0 0	*****	*****	****						
EFFLUENT GROSS VALUE										
PURGEABLE HYDRO-CARBON METH	03768 0 0	*****	*****	****						
EFFLUENT GROSS VALUE										
FLOW	74076 0 0	*****	*****	****						
EFFLUENT GROSS VALUE										
METALS TOTAL	78240 0 0	*****	*****	****						
EFFLUENT GROSS VALUE										
ALPHA GROSS PARTIC E ACTIVITY	80045 0 0	*****	*****	****						
EFFLUENT GROSS VALUE										
GROSS BETA	83917 0 0	*****	*****	****						
EFFLUENT GROSS VALUE										

NAME/TITLE PRINCIPAL SUPERVISOR  
*FRANK R. LAURITZ*

I hereby certify that the data reported on this discharge monitoring report were obtained from monitoring equipment which has been certified by the appropriate authority and that the data were obtained from the monitoring equipment in accordance with the approved monitoring system. I am aware that there are no known or suspected circumstances which could result in the data being reported on this report being inaccurate or incomplete. I understand that the data reported on this report are subject to audit and that the appropriate authority may require the permittee to provide additional information to support the data reported on this report.

OFFICER OF MONITORING AGENT  
*[Signature]*

TELEPHONE  
 DATE **03 28**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all equipment here)  
 IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

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

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A

GOLDEN

CO 80403-8200

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN

CO 80403-8200

ATTN: JOE LEGARE, ASST MGR/ENV/CDMP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MAJOR

Form Approved GMB No. 2040-8004

CD0001333 PERMIT NUMBER

STEP 1 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	07	TO	05	03	31

F - FINAL DISCHARGE FROM SEWAGE TRMT PLT

NO DISCHARGE \*\*\* NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. OF EXCESS DISCHARGES	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
PH		*****	*****							
00400 5 0 0 EFFLUENT GROSS VALUE										
ALKALINITY, TOTAL (AS CaCO3)		*****	*****							
00410 0 0 0 EFFLUENT GROSS VALUE										
SOLIDS, TOTAL SUSPENDED		*****	*****							
00530 0 0 0 RAW SEMI-FINEMENT										
SOLIDS, TOTAL SUSPENDED		*****	*****							
00530 0 0 0 EFFLUENT GROSS VALUE										
OIL & GREASE		*****	*****							
00556 0 0 0 EFFLUENT GROSS VALUE										
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****							
00610 0 0 0 EFFLUENT GROSS VALUE										
NITROGEN, NITRITE TOTAL (AS N)		*****	*****							
00615 0 0 0 EFFLUENT GROSS VALUE										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
FRANK D. BOENHART

DATE  
05 6 28  
AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all sampling events)  
IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
 OMB No. 2040-0004

ADDRESS

PERMIT NUMBER
---------------

DISCHARGE NUMBER
------------------

FACILITY LOCATION

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	PERMIT REQUIREMENT	*****	*****		*****	30DA AVG	150	DAILY MX			CONTIN RECORD
	PERMIT REQUIREMENT	*****	*****		REPORT MINIMUM	*****	REPORT MAXIMUM				DAILY GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MX				ONCE/GRAB MONTH
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				CONTIN RECORD
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MX				ONCE/COMPOS MONTH
	PERMIT REQUIREMENT	*****	*****		*****	*****	11	30DA AVG			TWICE/COMPOS MONTH
	PERMIT REQUIREMENT	*****	*****		*****	*****	19	30DA AVG			TWICE/COMPOS MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE NUMBER YEAR MO DAY

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

# Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## General Instructions

1. If form has been partially completed by preprinting, disregard instruction directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" as specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g. Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g. Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
 OMB No. 2040-0004

ADDRESS

PERMIT NUMBER
---------------

DISCHARGE NUMBER
------------------

FACILITY LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM			DAILY	GRAB	
		SAMPLE MEASUREMENT	*****	*****								
		PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY MX			TWICE/COMPOSE WEEK		
		SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX			TWICE/COMPOSE WEEK	
		PERMIT REQUIREMENT	*****	*****	*****	15 30DA AVG	25 DAILY MX			TWICE/COMPOSE WEEK		
		SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10 DAILY MX			SEE GRAB PERMIT	
		PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX			TWICE/COMPOSE WEEK	
		SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.5 DAILY MX			TWICE/COMPOSE WEEK	
		PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
--

TELEPHONE	DATE
AREA CODE	NUMBER
YEAR	MO
DAY	

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

# Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## General Instructions

1. If form has been partially completed by preprinting, disregard instruction directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

ADDRESS

PERMIT NUMBER
---------------

DISCHARGE NUMBER
------------------

FACILITY  
LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	PERMIT REQUIREMENT	*****	*****		*****	*****		REPORT DAILY MX		TWICE/COMPOS WEEK	
	PERMIT REQUIREMENT	*****	*****		*****	30DA AVG		DAILY MX		TWICE/COMPOS WEEK	
	PERMIT REQUIREMENT	*****	*****		*****	*****		DAILY MX		TWICE/COMPOS MONTH	
	PERMIT REQUIREMENT	*****	*****		*****	30DA AVG		DAILY MX		SEE GRAB PERMIT	
	PERMIT REQUIREMENT	*****	*****		*****	0.6		DAILY MX		WEEKLY COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****		5		ONCE/GRAB MONTH	
	PERMIT REQUIREMENT	*****	*****		*****	*****		5		ONCE/GRAB MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
203 960 2025  
DATE  
05 16 78  
AREA CODE NUMBER YEAR MO DAY

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

# Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## General Instructions

1. If form has been partially completed by preprinting, disregard instruction directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
 OMB No. 2040-0004

ADDRESS

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY  
 LOCATION

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	PERMIT REQUIREMENT	*****	*****		*****	*****	5	30DA AVG		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	*****	71	30DA AVG		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	*****	200	30DA AVG		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	*****	70	DAILY MX		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	*****	5	30DA AVG		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	0.5	30DA AVG	*****	*****	*****	*****		CONTIN RECORDS	UDUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	200	400	30DA GEO 7 DA GEO		TWICE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  FRANCO R. LORANT TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY

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

# Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## General Instructions

1. If form has been partially completed by preprinting, disregard instruction directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

ADDRESS

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY  
LOCATION

MONITORING PERIOD  
YEAR MO DAY FROM TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	PERMIT REQUIREMENT	*****	*****		*****	*****		11		TWICE/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30DA AVG	REPORT DAILY MX			TWICE/WEEK	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	8.0 30DA AVG	20 DAILY MX			TWICE/WEEK	COMPOS
	PERMIT REQUIREMENT	*****	*****		85 MN % RMV	*****	*****			SEE CALCD PERMIT	
	PERMIT REQUIREMENT	*****	*****		85 MN % RMV	*****	*****			SEE CALCD PERMIT	
	PERMIT REQUIREMENT	*****	INST MAX		*****	*****	*****			DAILY VISUAL	
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 30DA AVG			ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*FRANK R. LOEWENST*

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE

*303 766 2003*

AREA CODE NUMBER

DATE

*05 6 28*

YEAR MO DAY

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

# Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## General Instructions

1. If form has been partially completed by preprinting, disregard instruction directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

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

ADDRESS

FACILITY  
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
---------------	------------------

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	*****				19 P 300A AVG	TWICE/MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY

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