NAME

U.S. DEPT. OF INTERIOR U.S. FISH

AND WILDLIFE SERVICE

ADDRESS

Leavenworth National Fish Hatchery

12790 Fish Hatchery Rd Leavenworth, WA 98826

FACILITY LOCATION

Leavenworth, WA

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

WA-000190-2

DISCHARGE NUMBER

			MONITO	ORING PERIOD								
	YEAR	мо	DAY		YEAR	МО	DAY					
ROM	12	7	1	то	12	7	31					

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

PARAMETER		QUANT	ITY OR LOADING		QUALITY OR CONCENTRATION						FREQUENCY		PLE	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	U	NITS	EX	ANALYSIS	TYI	PΕ	
Flow Suspended Solids	SAMPLE MEASUREMENT	29	29	MGD								То	tal	
	PERMIT REQUIREMENT	N/A	N/A	IVIGD	N/A	N/A	N/A				Daily			
Suspended Solids .	SAMPLE MEASUREMENT	NA	NA	Kg/Day										
Non-Cleaning Total Discharge	PERMIT REOUIREMENT	704	921	Ng/Day	N/A	N/A	N/A				1/Month	Cor	np	
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1		1L/L					
	PERMIT REQUIREMENT	N/A	N/A] [N/A	0.1	N/A		, <u>.</u>		2/Month	Gra	ab	
Suspended Solids	SAMPLE MEASUREMENT				<1	<1 1.6 2.2 MG/L								
Cleaning Effluent	PERMIT REQUIREMENT	N/A	. N/A]	N/A	N/A	15*	111072		2/Month	Gra	ab		
' Settleable Solids	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1		A1 /I					
Cleaning Effluent	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2	ML/L			1/Week	Gra	ab	
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT			.]										
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	prepared under my of	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 the accurate and complete. Law areas that there are spoilfeant.							TELEPHONE		DA		TE	
Al Jensen Hatchery Manager, LNFH	information submitted manage the system, information, the information, the information, the information, the information, the information, accurate, accurat				Mil			509 >-	548-	7641	12	7	31	
TYPED OR PRINTED		ief, true, accurate, and complete. I am aware that there are significant netties for submitting false information, including the possibility of fine and prisonment for knowing violations.				PRINCIPAL EXECU AUTHORIZED AGE		AREA CQDE	EA NUMBER		YEAR	мо	DA	

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

^{*} Grab net over influent.

PERMITTEE	NAME.
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.ESS (Include Facility Name/Location if Different)

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WA-000190-2 PERMIT NUMBER

DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | YEAR | MO | DAY | AT | DEPTH | TD | 12 | 8 | 31 |

NOTE: Read instructions before completing this form.

Form Ap. d.

OMB No. 2040-0004

PARAMETER		QUANT	ITY OR LOADING		QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPL	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	L.	UNITS	EX	ANALYSIS	¬	ΥPI
Flow	SAMPLE MEASUREMENT	26.6	26.6	MCD								To	ot
FlOW	PERMIT REQUIREMENT	N/A	N/A	MGD	N/A	N/A	N/A				Daily		_
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	<1	<1	Kg/Day									_
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A	7			1/Month	Co	'n
Settleable Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	AL /I				_
	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A	┐ "	VIL/L		2/Month	Gı	ra
Suspended Solids Cleaning Effluent	SAMPLE MEASURÉMENT				<1	1.35	1.7	Τ.	467				_
	PERMIT REQUIREMENT	N/A	N/A]	N/A	N/A	· 15*	┐ ゛	/IG/L		2/Month	Gi	r
Settleable Solids	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	141.0					_
Cleaning Effluent	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2		/IL/L		1/Week	Gı	ra
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT							7					
	SAMPLE MEASUREMENT				-								_
	PERMIT REQUIREMENT			1									_
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		y of law that this docume direction or supervision in						ELEPHON	E	OA	ΤE		
Al Jensen Hatchery Manager, LNFH	designed to assure the information submitted manage the system, information, the information and the information are information, the information are information, the information are inform	nat qualified personnel pro l. Based on my inquiry of or those persons directly mation submitted is, to the and complete. I am aware	perly gather and evaluation or person of the person or person responsible for gathe e best of my knowled	uate the ons who ring the tige and	All-	eJ		509	548-7	641	12	8	
TYPED OR PRINTED		ng false information, includ				PRINCIPAL EXECU		AREA CODE			YEAR	MΩ	

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

^{*} Grab net over influent.

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

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WA-000190-2
PERMIT NUMBER

DISCHARGE NUMBER

			MONITO	RING	PERIOD		
	YEAR	<u>м</u>	DAY		YEAR	MO	DAY
FROM	12	9	1	то	12	9	30
				•			

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

PARAMETER		QUANT	TTY OR LOADING		QUALITY OR CONCENTRATION					NO.	FREQUENCY	SA	MPL
LADAMETER	i	AVERAGE	MUMIXAM	UNITS	NITS MINIMUM AVERAGE MAXIMU	MAXIMUM	ا ا	STINL	EX	OF ANALYSIS		TYPE	
Flow	SAMPLE MEASUREMENT	26.8	26.8	MGD								T	ot
HOW	PERMIT REQUIREMENT	N/A	N/A	IVIGD	N/A	N/A	N/A	7			Daily	T	_
Suspended Solids Non-Cleaning	SAMPLE MEASUREMENT	<1	<1	Kg/Day						•		1	_
Total Discharge	PERMIT REQUIREMENT	704	921	Ng/Day	N/A	N/A	N/A			·	1/Month	Co	n
Settleable Solids	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	A1 /1			T	_
Non-Cleaning Total Discharge	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A		VIL/L		2/Month	G	ra
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	1.4	2	1.	16.11			T	
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	15*	٦ ,	MG/L		2/Month	√ G	ra
Settleable Solids	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1						_
Cleaning Effluent	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2	7 ^	ML/L	• • •	1/Week	G	ra
	SAMPLE MEASUREMENT												_
	PERMIT REQUIREMENT		-			-		7	l				_
	SAMPLE MEASUREMENT											1	_
	PERMIT REQUIREMENT			1 1				1				 	_
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	prepared under my d	of law that this docume	n accordance with a	system					TELEPHONE		DA	TE	_
Al Jensen Hatchery Manager, LNFH	designed to assure the information submitted manage the system, o information, the inform belief, true, accurate, a	at qualified personnel pro Based on my inquiry of those persons directly nation submitted is, to the and complete. I am aware	perly gather and evaluation of the person or person responsible for gather best of my knowled that there are significations.	vate the ns who ring the ige and ant	Anc	1	َ ا	509	548-7	641	12	9	
TYPED OR PRINTED		g false information, includ			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				EA NUMBER		YEAR	мо	ľ

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