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

NAME

ADDRESS U.S. DEPT. OF INTERIOR U.S FISH AND WILDLIFE SERVICE

FACILITY LOCATION Leavenworth National Fish Hatchery
12790 Fish Hatchery Road
Leavenworth, Wa. 98826

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

WA-000190-2
PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	6	01	TO	06	6	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Flow	SAMPLE MEASUREMENT	22.3	22.3	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	84.4	84.4	Kg/day							
	PERMIT REQUIREMENT	704	921		N/A	N/A	N/A			1/Month	Comp.
Settleable Solids Non-cleaning Total discharge	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	0.1	N/A			2/Month	Grab
Suspended Solids Cleaning Effluent	SAMPLE MEASUREMENT				<1	1.2	2.5	MG/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	15*			2/Month	Grab
Settleable Solids Cleaning Effluent	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L			
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	0.2			1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	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. SEE 18 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 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
509	548-7641	06	6	30
AREA CODE	NUMBER	YEAR	MO	DAY

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

* Grab net over influent