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

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	
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	6	1	TO	10	6	30

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	18.4	18.6	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	0	0	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				1.0	1.5	2.0	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			TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH	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.		509	548-7641	10	6	30
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

* Grab net over influent.