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)*

Form Approved
OMB No. 2040-0004

| WA-000190-2 | |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 8 | 9 | 1 | TO | 8 | 9 | 30 |

**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 | 28.3 | 29.6 | MGD | | | | | | | Total |
| Suspended Solids Non-Cleaning Total Discharge | SAMPLE MEASUREMENT | <167.8 | <167.8 | Kg/Day | | | | | | | |
| Settleable Solids Non-Cleaning Total Discharge | SAMPLE MEASUREMENT | | | | <0.1 | <0.1 | <0.1 | ML/L | | | |
| Suspended Solids Cleaning Effluent | SAMPLE MEASUREMENT | | | | <1.0 | <1.0 | <1.0 | MG/L | | | |
| Settleable Solids Cleaning Effluent | SAMPLE MEASUREMENT | | | | <0.1 | <0.1 | <0.1 | ML/L | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| Al Jensen<br>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 | 8 | 9 | 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.