

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	TO	YEAR	MO	DAY
8	11	1		8	11	30

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow		26.5	26.5	MGD							Total	
Suspended Solids Non-Cleaning Total Discharge		<100.2	<100.2	Kg/Day								
Settleable Solids Non-Cleaning Total Discharge					<0.1	<0.1	<0.1	ML/L				
Suspended Solids Cleaning Effluent					1.0	1.25	1.50	MG/L				
Settleable Solids Cleaning Effluent					<0.1	<0.1	<0.1	ML/L				
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.							TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH								509	548-7641	8	11	28
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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

\* Grab net over influent.