

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

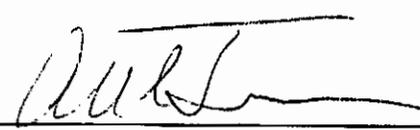
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved.  
 OMB No. 2040-0004

WA-000190-2	
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	11	1		12	11	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	25.35	26.87	MGD							Total	
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A	N/A		Daily		
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	30.52	30.52	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	<1	MG/L				
	PERMIT REQUIREMENT	N/A	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	N/A	0.2		1/Week	Grab		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Al Jensen Hatchery Manager, LNFH								509	548-7641	12	11	30
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

\* Grab net over influent.