

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

ADDRESS U.S. DEPT. OF INTERIOR U.S FISH AND WILDLIFE SERVICE
 Leavenworth National Fish Hatchery
 12790 Fish Hatchery Road
 FACILITY LOCATION 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	TO	YEAR	MO	DAY
06	4	01	TO	06	4	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)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	17.5	17.5	MGD							Total	
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily		
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	113.4	113.4	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	1.2	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	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.)							TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							509 548-7641	06	4	30	
								AREA CODE	NUMBER	YEAR	MO	DAY

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

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