

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

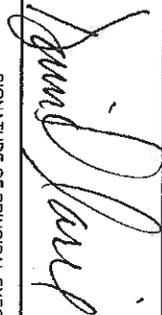
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 WA-000190-2
 PERMIT NUMBER
 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004

FACILITY
 LOCATION Leavenworth, WA

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2015	7	1	2015	7	31

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			
Flow	PERMIT REQUIREMENT	24.94	24.94	MGD	N/A	N/A	N/A		Daily	Total
	SAMPLE MEASUREMENT	N/A	N/A		N/A	N/A	N/A			
Suspended Solids Non-Cleaning Total Discharge	PERMIT REQUIREMENT	0	0	Kg/Day	N/A	N/A	N/A		1/Month	Comp.
	SAMPLE MEASUREMENT	704	921		<0.1	<0.1	<0.1			
Settleable Solids Non-Cleaning Total Discharge	PERMIT REQUIREMENT	N/A	N/A	ML/L	N/A	0.1	N/A		2/Month	Grab
	SAMPLE MEASUREMENT	N/A	N/A		<1	1.35	2.6			
Suspended Solids Cleaning Effluent	PERMIT REQUIREMENT	N/A	N/A	MG/L	N/A	N/A	15*		2/Month	Grab
	SAMPLE MEASUREMENT	N/A	N/A		<0.1	0.17	0.5			
Settleable Solids Cleaning Effluent	PERMIT REQUIREMENT	N/A	N/A	ML/L	N/A	N/A	0.2		1/Week	Grab
	SAMPLE MEASUREMENT	N/A	N/A							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Carie Hatchery Manager, LNPH TYPED OR PRINTED										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 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 										AREA CODE 509 TELEPHONE NUMBER 548-7641 DATE 2015 7 31

* Grab net over influent.