

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
Leavenworth, Wa. 98826

FACILITY LOCATION

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	YEAR	MO	DAY
06	08	01	06	08	31
(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)	X	(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	27.48	27.55	MGD						Total	
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A		Daily		
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	<124.7	<124.7	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	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		
Travis Collier Fisheries Biologist, LNFH							509 548-7641		06	08	31
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)

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