

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)

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
05	12	01	05	12	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)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (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	19.2	22.8	MGD							Total
	PERMIT REQUIREMENT	N/A	N/A		N/A	N/A	N/A			Daily	
Suspended Solids Non-Cleaning Total Discharge	SAMPLE MEASUREMENT	59.8	59.8	Kg/day	<1	<1	1				
	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 Travis Collier Fisheries Biologist TYPED OR PRINTED	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 509 548-7641	DATE		
			AREA CODE	NUMBER	YEAR

Joan Seaman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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