

Discharge Monitoring Report (DMR)

Gerald Cook
PO Box 156
Medicine Bow, Wyoming

Submission Period: 3 mo(s) | 7/1/2008 - 9/30/2008

WY0020257 - 001

No Discharge For Period

Outfall Not Constructed

BegDate	EndDate	Comment	SmpTy	SmpFreq	#Exc's	Parameter	SBCCode	Limit	Units	Discharge Note	Value
07/01/2008	07/31/2008		GRAB	01/30	1/30	0	BOD, 5-day, 20 deg. C				
							DAILY MX	<= 90	mg/L		26
							MO AVG	<= 30	mg/L		26
							WKLY AV	<= 45	mg/L		26
			GRAB	01/01	1/1	0	Chlorine, total residual				
							DAILY MX	<= 0.02	mg/L	Non Detect	
			GRAB	01/30	3/30	2	Fecal coliform				
							DAILY MX	<= 1213	#/100mL		1750
							MO AVG	<= 580	#/100mL		414
			GRAB	01/30	1/30	0	Nitrogen, ammonia total (as N)				
							DAILY MX	<= 9.94	mg/L		2.1
							MO AVG	<= 2.58	mg/L		2.1
			GRAB	01/30	1/30	0	pH				
							INST MAX	<= 9	SU		7.2
							INST MIN	>= 6.5	SU		7.2
			GRAB	01/30	1/30	0	Solids, total suspended				
							DAILY MX	<= 300	mg/L		44
							MO AVG	<= 100	mg/L		44
							WKLY AV	<= 150	mg/L		44
08/01/2008	08/31/2008		GRAB	01/30	1/30	0	BOD, 5-day, 20 deg. C				
							DAILY MX	<= 90	mg/L		23
							MO AVG	<= 30	mg/L		23
							WKLY AV	<= 45	mg/L		23
			GRAB	01/01	1/1	0	Chlorine, total residual				
							DAILY MX	<= 0.02	mg/L	Non Detect	
			GRAB	01/30	1/30	0	Fecal coliform				
							DAILY MX	<= 1213	#/100mL		400
							MO AVG	<= 580	#/100mL		400
			GRAB	01/30	1/30	0	Nitrogen, ammonia total (as N)				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Print Name

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 OFFICE OR AUTHORIZED AGENT	TELEPHONE
Signature	XXX-XXX-XXXX
	DATE
	mm/dd/yy

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08/01/2008	08/31/2008		GRAB	01/30	1/30	0	Nitrogen, ammonia total (as N)	DAILY MX <= 9.94	mg/L		2.3
							MO AVG <= 2.58	mg/L			2.3
			GRAB	01/30	1/30	0	pH	INST MAX <= 9	SU		7
							INST MIN >= 6.5	SU			7
			GRAB	01/30	1/30	0	Solids, total suspended	DAILY MX <= 300	mg/L		42
							MO AVG <= 100	mg/L			42
							WKLY AV< <= 150	mg/L			42
09/01/2008	09/30/2008		GRAB	01/30	2/30	2	BOD, 5-day, 20 deg. C	DAILY MX <= 90	mg/L		100
							MO AVG <= 30	mg/L			50
							WKLY AV< <= 45	mg/L			100
			GRAB	01/01	1/1	5	Chlorine, total residual	DAILY MX <= 0.02	mg/L		1.0
			GRAB	01/30	1/30	0	Fecal coliform	DAILY MX <= 1213	#/100mL		208
							MO AVG <= 580	#/100mL			208
			GRAB	01/30	1/30	0	Nitrogen, ammonia total (as N)	DAILY MX <= 9.94	mg/L		1.4
							MO AVG <= 2.58	mg/L			1.4
			GRAB	01/30	1/30	0	pH	INST MAX <= 9	SU		6.8
							INST MIN >= 6.5	SU			6.8
			GRAB	01/30	1/30	0	Solids, total suspended	DAILY MX <= 300	mg/L		58
							MO AVG <= 100	mg/L			58
							WKLY AV< <= 150	mg/L			58

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