NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: Gypsum Town of
ADDRESS: PO Box 130
Gypsum, CO 81637
FACILITY: GYPSUM TOWN OF WWTF
LOCATION: 437- B PORPHYRY RD
GYPSUM, CO 81637
ATTN: Jeff Shreeve, City Mgr

CO0048830	001- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 81637
MINOR

Discharge to Eagle River
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	IR: ~~7.~~ 6.6	******	7.2		0	3/7	GR.
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Three per Week	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	10.6	22.3		0	1/7	CO
00610 1 5 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	43 30DA AVG	130 DAILY MX	mg/L		Weekly	COMPOS
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	—		—	—	—
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.43	0.48		******	******	******	******	0	1/1	REC.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.96 30DA AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NCT			—	—	—
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	.5 INST MAX	mg/L		Twice per Month	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******	0		******	******	******	******	—	3/7	VIS.
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	N= 0;Y= 1	******	******	******	******		Twice per Week	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Tim Reitz ORC	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	970	914 8036	06/23/17
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see I.A.2, pg 3. If no chlorine was used report "NCT" (no chlorine treatment). Antidegradation - see C.1. Report influent samples on DMR marked 300I.

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