ENTERED MAR 2 7 2012

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAR 2 3 2012

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: Mt Crested Butte WSD
ADDRESS: PO Box 3787
Crested Butte, CO 81224

FACILITY: MT CRESTED BUTTE WSD WWTF
LOCATION: 100 GOTHIC RD
MOUNT CRESTED BUTTE, CO 81225

ATTN: William D. Cavanaugh, Chairman

CO0027171	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2012	TO	02/29/2012

DMR Mailing ZIP CODE: 81224
MAJOR
GUNSN
Discharge to Woods Cr/Washington Gulch
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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	MN ~~4.0~~ 11.46	MX ~~6.0~~ 11.72			7/7	GR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MX WK AV	Req. Mon. DAILY MX	deg C		Daily	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	4.0	6.0			2/7	24HC
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 MX 7D AV	mg/L		Twice Every Week	COMPOS
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.8			7/7	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	3.0	5.0			2/7	24HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 MX 7D AV	mg/L		Twice Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	.2	.9			2/7	24HC
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	7.6 30DA AVG	20 DAILY MX	mg/L		Twice Per Week	COMPOS
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	ND	ND			1/30	24HC
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	33	******			1/30	24HC
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	ug/L		Monthly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bill Cavanaugh	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]	970-349-7575		20 Mar 12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

MAR 3 3 2012

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: Mt Crested Butte WSD
ADDRESS: PO Box 3787
Crested Butte, CO 81224

FACILITY: MT CRESTED BUTTE WSD WWTF
LOCATION: 100 GOTHIC RD
MOUNT CRESTED BUTTE, CO 81225

ATTN: William D. Cavanaugh, Chairman

CO0027171	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2012	TO	02/29/2012

DMR Mailing ZIP CODE: 81224
MAJOR
GUNSN
Discharge to Woods Cr/Washington Gulch
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			
Chromium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	1.8			1/30	24HC
01118 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Chromium, hexavalent dissolved (as Cr)	SAMPLE MEASUREMENT	******	******	******	******	ND	ND			1/30	GR
01220 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Zinc, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******	47	47			1/30	24HC
01303 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	~~58~~ 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Silver, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******	ND	ND			1/30	24HC
01304 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Copper, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******	12.8	12.8			1/30	24HC
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******	ND	ND			1/30	24HC
01313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Chromium, trivalent, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******	ND	ND			1/30	24HC
01314 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bill Cavanaugh	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]	970 349 7575		20 May 12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

MAR 23 2012

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: Mt Crested Butte WSD
ADDRESS: PO Box 3787
Crested Butte, CO 81224

FACILITY: MT CRESTED BUTTE WSD WWTF
LOCATION: 100 GOTHIC RD
MOUNT CRESTED BUTTE, CO 81225

ATTN: William D. Cavanaugh, Chairman

CO0027171	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2012	TO	02/29/2012

DMR Mailing ZIP CODE: 81224
MAJOR
GUNSN
Discharge to Woods Cr/Washington Gulch
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			
Lead, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******	.3	.3			1/50	24HC
01318 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******	ND	ND			1/30	24HC
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMPOS
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	*			*	*
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. INST MAX	mg/L		Contingent	GRAB
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	******	1.0	1.0			2/7	GR
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	64 30DA AVG	128 MX 7D AV	#/100mL		Twice Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.50		******	******	******	******		7/7	GR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 30DA AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Daily	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NCT	NCT			N/A	N/A
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.005 30DA AVG	.019 INST MAX	mg/L		Five Per Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	393	398			1/30	24HC
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bill Cavanaugh	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]	970849-7575		20 Mar 12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

* - No Grease Sighted, No testing required

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

MAR 23 2012

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: Mt Crested Butte WSD
ADDRESS: PO Box 3787
Crested Butte, CO 81224

FACILITY: MT CRESTED BUTTE WSD WWTF
LOCATION: 100 GOTHIC RD
MOUNT CRESTED BUTTE, CO 81225

ATTN: William D. Cavanaugh, Chairman

CO0027171	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 81224
MAJOR
GUNSN
Discharge to Woods Cr/Washington Gulch
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			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	209	220			1/30	24HC
70295 3 0 Intake Public Water	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	ND	N******			1/30	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	COMPOS
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******			2/7	24HC
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Twice Per Week	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******			2/7	24HC
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MINIMUM	******	******	%		Twice Per Week	CALCTD
Oil and grease visual	SAMPLE MEASUREMENT	******	Ø		******	******	******	******		7/7	GR
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bill Cavanaugh	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.	Frank L Glick	9703497575		20 Mar 12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

MAR 23 2012

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: Mt Crested Butte WSD
ADDRESS: PO Box 3787
Crested Butte, CO 81224

FACILITY: MT CRESTED BUTTE WSD WWTF
LOCATION: 100 GOTHIC RD
MOUNT CRESTED BUTTE, CO 81225

ATTN: William D. Cavanaugh, Chairman

CO0027171	300-I
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 81224
MAJOR
GUNIS
Influent Measurements
Influent Structure

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	489	546		******	185	216			2/7	24HC
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. MX 7D AV	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. MX 7D AV	mg/L		Twice Every Week	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	262	338			2/7	24HC
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. MX 7D AV	mg/L		Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	.50		******	******	******	******		7/7	4R
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bill Cavanaugh	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.		970-349-7575		20 Mar 12
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Influent samples must be collected, analyzed and reported monthly regardless of whether an effluent discharge occurs. Hydraulic capacity = 1.2 MGD; organic capacity = 3,500 lbs BOD-5/Day.