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: Mt Crested Butte WSD
ADDRESS: PO Box 5740
Crested Butte, CO 81224
FACILITY: MT CRESTED BUTTE WSD
LOCATION: 100 GOTHIC RD
MOUNT CRESTED BUTTE, CO 81225

ATTN: John Sale, Pres

CO0027171	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 81224
MAJOR

Quarterly Monitoring for 001A
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			
Nonylphenol	SAMPLE MEASUREMENT	******	******	******	******	ND	ND		0	1/4	GRAB
51568 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	0.002	******		0	1/4	COMP
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	ug/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
BRYAN BURKS, 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	970-349-7575		7/20/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Quarterly discharge - I.C.17, pg 15. AD limits - see I.C.27, pg 16. Report influent samples on DMR marked 300I.

Received 07/28/2015

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DISCHARGE MONITORING REPORT (DMR)

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

NAME: Mt Crested Butte WSD
ADDRESS: PO Box 5740
Crested Butte, CO 81224
FACILITY: MT CRESTED BUTTE WSD
LOCATION: 100 GOTHIC RD
MOUNT CRESTED BUTTE, CO 81225

ATTN: John Sale, Pres

CO0027171	001-X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 81224
MAJOR

Chronic WET Testing for 001A
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			
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	100	******	******			1/4	COMP
TKP3B P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. SINGSAMP	******	******	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	100	******	******			1/4	COMP
TKP3B S 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MN VALUE	******	******	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	100	******	******			1/4	COMP
TKP3B T 0 See Comments	PERMIT REQUIREMENT	******	******	******	96 MN VALUE	******	******	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	100	******	******			1/4	COMP
TKP6C P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. SINGSAMP	******	******	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	100	******	******			1/4	COMP
TKP6C S 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MN VALUE	******	******	tox chronic		Quarterly	COMP-3
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	100	******	******			1/4	COMP
TKP6C T 0 See Comments	PERMIT REQUIREMENT	******	******	******	96 MN VALUE	******	******	tox chronic		Quarterly	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
BRIAN BURKS, 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	970-349-7575		7/22/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

See I.B.5 for details of test procedure. Rpt NOEC using test code "S". Rpt IC25 using test code "P". Rpt highest number between "P" and "S" at "T" for each parameter. IWC=96%.

ecieved 07/28/2015