Rcvd 7/10/09

Form Approved.
OMB No. 2040-0004

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

NAME: HOT SPRINGS- TOWN OF

ADDRESS: P O BOX 669
HOT SPRINGS MT 59845

FACILITY LOCATION: HOT SPRINGS- TOWN OF
HOT SPRINGS MT 59845
ATTN: DAN OBERLANDER, PUB. WORKS DIR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	DISCHARGE NUMBER
MT0020591	001 A

MONITORING PERIOD: FROM YEAR 09 MO 04 DAY 01 TO YEAR 09 MO 04 DAY 30

MINOR

8/3/09

F - FINAL

DISCHARGE TO HOT SPRINGS CREEK

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING: AVERAGE	QUANTITY OR LOADING: MAXIMUM	QUANTITY OR LOADING: UNITS	QUALITY OR CONCENTRATION: MINIMUM	QUALITY OR CONCENTRATION: AVERAGE	QUALITY OR CONCENTRATION: MAXIMUM	QUALITY OR CONCENTRATION: UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******		******	194 mg/L	******	(19)	0	one/month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 30DA AVG	******	MG/L		ONCE/ MONTH	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	12 mg/L		(19)	0	one/month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		7.88	******	7.88	(12)	0	one/month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	INSTAN
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******		******	85 mg/L	******	(19)	0	one/month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 30DA AVG	******	MG/L		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	4 mg/L		(19)	0	one/month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/ MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	******	N/D	(19)		one/month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		MEASRD WHNMON	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 45613 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	No	(94)	******	******	******			NO	Ø
	PERMIT REQUIREMENT	******	0 INST MAX	YES=1 NO=0	******	******	******	**** ****		DAILY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Rachel A Woods Mayor

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE	NUMBER	DATE: YEAR	MO	DAY
741	3	09	7	9

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

THE 30-DAY AVERAGE (30 DA AV) IS THE AVERAGE OF ALL SAMPLES COLLECTED DURING THE MONTH; IF ONLY ONE SAMPLE IS COLLECTED DURING THE MONTH IT IS CONSIDERED A 30 DA AV. IF NO DISCHARGE OCCURS DURING THE MONTH CHECK THE "NO DISCHARGE" BOX ON THIS FORM. IF NOT CHLORINATING INDICATE SO ON THIS REPORT FORM. EPA 00042 (This form replaces

Rev 7/10/07 [illegible]

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OMB No. 2040-0004

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DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	DISCHARGE NUMBER
MT0020591	001 A

MINOR 8/3/09

F - FINAL
DISCHARGE TO HOT SPRINGS CREEK

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	04	01	TO	09	04	30

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.082	.082	(03)	******	******	******		27	27	Inst
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	See Document	(19)	27	1	Fwst
	PERMIT REQUIREMENT	******	******	**** ****			0 10 X	MG/L		ILY	I N
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2 - e coli 2 - Fecal		(13)	0	~~Once/Month~~	Grab
	PERMIT REQUIREMENT	*	*	**** ****		G	G	#/ 100ML		D H	
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	[illegible]	[illegible]		93.5	******	******	(23)	0	~~Once/Month~~	Cal
	PERMIT REQUIREMENT	******		**** ****.	85 30DA AVG	*****	******	PER- CENT		D H	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	**	******		93.7	******	******	(23)		~~Once/Month~~	Cal
	PERMIT REQUIREMENT	******	******	**** ****	85 30DA AVG	******	******	PER- CENT		ONCE/ MONTH	CALCTD
OIL AND GREASE VISUAL 84066 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	Ø	(94)	******	******	******		27	27	Visual
	PERMIT REQUIREMENT	******	0 INST MAX	YES=1 NO=0	******	******	******	*** ****		DAILY	VISUAL
[illegible]	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

ENVIRONMENTAL PROTECTION AGENCY
JUL 10 2009
MONTANA OFFICE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Randal A Woods Mayor	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.	[illegible]	9	7	9
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

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

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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. This is a 4-part form. PAGE OF