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

Resented 6/20/11 JAM

Form Approved
OMB No. 2040-0004

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

NAME: Hot Springs, Town of
ADDRESS: 109 Main Street
Hot Springs, MT 59845

FACILITY: HOT SPRINGS, TOWN OF
LOCATION: 109 MAIN STREET
HOT SPRINGS, MT 59845

ATTN: Dan Oberlander

REGION 8 ENF-PJ
JUN 09 2011
Information Management

MT0020591	001-A
PERMIT NUMBER	DISCHARGE NUMBER

ENVIRONMENTAL PROTECTION AGENCY
MAY 10 2011
MONTANA OFFICE

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	04/01/2011	TO 04/30/2011

DMR Mailing ZIP CODE: 59845
MINOR $
(SUBR 08)
Hot Springs Creek
External Outfall

6.70.77 EXTRC

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	******	******	******	******	11 mg/L	11 mg/L	mg/L	0/31	1/31	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7DA AVG	mg/L		Monthly When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	73 mg/L	73 mg/L	mg/L	0/31	1/31	Grab
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7DA AVG	mg/L		Monthly When Discharging	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	8.79	******	8.79	SU	0/31	1/31	Instan
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly When Discharging	INSTAN
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18 mg/L	18 mg/L	mg/L	0/31	1/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7DA AVG	mg/L		Monthly When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	62 mg/L	62 mg/L	mg/L	0/31	1/31	Grab
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7DA AVG	mg/L		Monthly When Discharging	GRAB
Oil & Grease	SAMPLE MEASUREMENT	******	******	******	******	******	N/D	mg/L	0/31	1/31	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Measured When Monitor	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	******	******	******	******	17 cfu/100ml	17 cfu/100ml	cfu/100ml	0/31	1/31	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DA AVG	252 7 DA AVG	CFU/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
Mayor/Randy Woods		406-741-2353		05/09/11
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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.

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	******	N/D		******	******	******	******	0/31	31/31	Visual
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 INST MAX	Y=1;N=0	******	******	******	******		Daily	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3166	.3324	mgd	******	******	******	******	0/31	31/31	Instan
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly When Discharging	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	Can not Determine	—			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Daily	INSTAN
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	50 ctu/100ml	58 ctu/100ml	100ml	0/31	1/31	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 30DA AVG	400 7 DA AVG	#/100mL		Monthly When Discharging	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	84.9%	******	******		0/31	1/31	CalctD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 30DA AVG	******	******	%		Monthly When Discharging	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	71.0%	******	******		0/31	1/31	CalctD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 30DA AVG	******	******	%		Monthly When Discharging	CALCTD
Oil and grease visual	SAMPLE MEASUREMENT	******	N/D		******	******	******	******	0/31	31/31	Visual
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 INST MAX	Y=1;N=0	******	******	******	******		Daily	VISUAL

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Mayor/ Randy Woods	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.	406-741-2353		05/09/11
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