ENV-542.0420

K. Michael Krumland
Environmental Protection Supvr.
PH: 402-563-5329

October 25, 2011

Mr. Steven M. Goans
Permits and Compliance Section
Nebraska Department of Environmental Quality
P.O. Box 98922
Lincoln, NE 68509-8922

REF: NPDES Permit No. NE0111546/Discharge Monitoring Rpt.
Nebraska Public Power District
Gerald Gentleman Station, Sutherland, NE

Dear Mr. Goans:

Enclosed are the Gerald Gentleman Station NPDES Discharge Monitoring Reports for the quarter ending September 30, 2011.

If you have any questions concerning this report, please contact Ed Chrisp of my staff at (402) 563-5687.

Sincerely,

K. Michael Krumland
Environmental Protection Supervisor.

KMK:EYC:csa
Enclosures

bc: J. L. Citta w/o enc.
K.M. Krumland w/o enc.
G.E. Phelps w/o enc.
D. D. Harris w/enc.
E. Y. Chrisp w/enc.

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2011	TO	07/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
COOLING POND TO SUTHERLAND
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. fahrenheit	SAMPLE MEASUREMENT	******	******	******	******	86.0	89.2	deg F	0	Cont	Measrd
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	94 MAXIMUM	deg F		See Permit	CK REQ
pH	SAMPLE MEASUREMENT	******	******	******	8.13	******	8.27	SU	0	1/7	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<5.05	<5.40	mg/l	0	1/7	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	10 MAXIMUM	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	651.63	668.67	Mgal/d	******	******	******	******	—	31/31	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. MAXIMUM	Mgal/d	******	******	******	******		Daily	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	<0.0012	<0.0012	mg/l	0	1/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 30DA AVG	.019 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000585
ED_005798_00000144-00002

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2011	TO	07/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
EVAPORATIOND POND TO SUTHERLND
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Conductivity	SAMPLE MEASUREMENT	******	******	******	******						
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1633 MO AVG	3277 MAXIMUM	umho/cm		See Permit	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 MAXIMUM	mg/L		See Permit	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Rep. Mon. MO AVG	10 MAXIMUM	mg/L		See Permit	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	187 MO AVG	376 MAXIMUM	mg/L		See Permit	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT				******						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 MAXIMUM	kg/d	******	.0065 MO AVG	.013 MAXIMUM	mg/L		See Permit	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT				******						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 MAXIMUM	kg/d	******	.82 MO AVG	1.93 MAXIMUM	mg/L		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000586
ED_005798_00000144-00003

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2011	TO	07/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
EVAPORATIOND POND TO SUTHERLND
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MAXIMUM	Mgal/d	******	******	******	******		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 MO AVG	.019 MAXIMUM	mg/L		See Permit	GRAB
Toxicity, ceriodaphnia acute	SAMPLE MEASUREMENT	******	******	******	******						
61425 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 MAXIMUM	toxic		See Permit	GRAB
Toxicity, pimephales acute	SAMPLE MEASUREMENT	******	******	******	******						
61427 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 MAXIMUM	toxic		See Permit	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT				******						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1.27 MO AVG	2.04 MAXIMUM	kg/d	******	25 MO AVG	40 MAXIMUM	mg/L		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000587
ED_005798_00000144-00004

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2011	TO	07/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
COAL PILE SETTLING POND
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 30DA MAX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. 30DA MAX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000588
ED_005798_00000144-00005
Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	L01-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2011	TO	07/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
REVERSE OSMOSIS REJECT WATER
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	******	******	******	7.68	******	7.68	SU	0	1/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.0	4.0	mg/l	0	1/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<5.16	<5.16	mg/l	0	1/31	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 30DA AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.171	0.236	Mgal/d	******	******	******	******	—	31/31	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000589
ED_005798_00000144-00006
Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	L02-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2011	TO	07/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
ZEOLITE SOFTENER REJECT WATER
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	******	******	******	7.66	******	7.66	SU	0	1/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.0	2.0	mg/l	0	1/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<4.95	<4.95	mg/l	0	1/31	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 30DA AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.016	0.016	Mgal/d	******	******	******	******	---	31/31	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000590
ED_005798_00000144-00007

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	08/01/2011	TO 08/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
COOLING POND TO SUTHERLAND
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. fahrenheit	SAMPLE MEASUREMENT	******	******	******	******	86.1	89.4	deg F	0	Cont	Measrd
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	94 MAXIMUM	deg F		See Permit	CK REQ
pH	SAMPLE MEASUREMENT	******	******	******	7.49	******	7.90	SU	0	1/7	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<4.91	<5.00	mg/l	0	1/7	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	10 MAXIMUM	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	656.12	668.82	Mgal/d	******	******	******	******	----	31/31	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. MAXIMUM	Mgal/d	******	******	******	******		Daily	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	<0.0012	<0.0012	mg/l	0	1/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 30DA AVG	.019 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329	10/25/2011
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)

NPPDRH114_0000591
ED_005798_00000144-00008
Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	08/01/2011	TO 08/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
EVAPORATIOND POND TO SUTHERLND
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Conductivity	SAMPLE MEASUREMENT	******	******	******	******						
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1633 MO AVG	3277 MAXIMUM	umho/cm		See Permit	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 MAXIMUM	mg/L		See Permit	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 MAXIMUM	mg/L		See Permit	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	187 MO AVG	376 MAXIMUM	mg/L		See Permit	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT				******						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 MAXIMUM	kg/d	******	.0065 MO AVG	.013 MAXIMUM	mg/L		See Permit	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT				******						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 MAXIMUM	kg/d	******	.82 MO AVG	1.93 MAXIMUM	mg/L		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000592
ED_005798_00000144-00009

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	08/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
EVAPORATIOND POND TO SUTHERLND
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MAXIMUM	Mgal/d	******	******	******	******		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 MO AVG	.019 MAXIMUM	mg/L		See Permit	GRAB
Toxicity, ceriodaphnia acute	SAMPLE MEASUREMENT	******	******	******	******						
61425 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 MAXIMUM	toxic		See Permit	GRAB
Toxicity, pimephales acute	SAMPLE MEASUREMENT	******	******	******	******						
61427 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 MAXIMUM	toxic		See Permit	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT				******						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1.27 MO AVG	2.04 MAXIMUM	kg/d	******	25 MO AVG	40 MAXIMUM	mg/L		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000593
ED_005798_00000144-00010

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	08/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
COAL PILE SETTLING POND
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 30DA MAX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. 30DA MAX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000594
ED_005798_00000144-00011
Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	L01-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	08/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
REVERSE OSMOSIS REJECT WATER
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	******	******	******	7.65	******	7.65	SU	0	1/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.0	2.0	mg/l	0	1/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<4.90	<4.90	mg/l	0	1/31	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 30DA AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.167	0.287	Mgal/d	******	******	******	******	----	31/31	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K.M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000595
ED_005798_00000144-00012

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	L02-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2011	TO	08/31/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
ZEOLITE SOFTENER REJECT WATER
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	******	******	******	7.54	******	7.54	SU	0	1/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.0	2.0	mg/l	0	1/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<5.05	<5.05	mg/l	0	1/31	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 30DA AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.016	0.016	Mgal/d	******	******	******	******	—	31/31	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000596
ED_005798_00000144-00013
Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2011	TO	09/30/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
COOLING POND TO SUTHERLAND
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. fahrenheit	SAMPLE MEASUREMENT	******	******	******	******	80.9	86.8	deg F	0	Cont	Measrd
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	94 MAXIMUM	deg F		See Permit	CK REQ
pH	SAMPLE MEASUREMENT	******	******	******	7.55	******	7.91	SU	0	1/7	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<4.90	<5.00	mg/l	0	1/7	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	10 MAXIMUM	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	651.84	663.54	Mgal/d	******	******	******	******	----	1/30	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. MAXIMUM	Mgal/d	******	******	******	******		Daily	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	<0.0012	<0.0012	mg/l	0	1/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 30DA AVG	.019 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000597
ED_005798_00000144-00014

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2011	TO	09/30/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
EVAPORATIOND POND TO SUTHERLND
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Conductivity	SAMPLE MEASUREMENT	******	******	******	******						
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1633 MO AVG	3277 MAXIMUM	umho/cm		See Permit	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 MAXIMUM	mg/L		See Permit	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Rep. Mon. MO AVG	10 MAXIMUM	mg/L		See Permit	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	187 MO AVG	376 MAXIMUM	mg/L		See Permit	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT				******						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 MAXIMUM	kg/d	******	.0065 MO AVG	.013 MAXIMUM	mg/L		See Permit	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT				******						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 MAXIMUM	kg/d	******	.62 MO AVG	1.93 MAXIMUM	mg/L		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329	10/25/2011
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)

NPPDRH114_0000598
ED_005798_00000144-00015

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2011	TO	09/30/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
EVAPORATIOND POND TO SUTHERLND
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MAXIMUM	Mgal/d	******	******	******	******		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 MO AVG	.019 MAXIMUM	mg/L		See Permit	GRAB
Toxicity, ceriodaphnia acute	SAMPLE MEASUREMENT	******	******	******	******						
61425 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 MAXIMUM	toxic		See Permit	GRAB
Toxicity, pimephales acute	SAMPLE MEASUREMENT	******	******	******	******						
61427 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 MAXIMUM	toxic		See Permit	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT				******						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1.27 MO AVG	2.04 MAXIMUM	kg/d	******	25 MO AVG	40 MAXIMUM	mg/L		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000599
ED_005798_00000144-00016
Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2011	TO	09/30/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
COAL PILE SETTLING POND
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	50 30DA MAX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. 30DA MAX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000600
ED_005798_00000144-00017

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	L01-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2011	TO	09/30/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
REVERSE OSMOSIS REJECT WATER
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	******	******	******	7.58	******	7.58	SU	0	1/30	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.0	2.0	mg/l	0	1/30	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<5.05	<5.05	mg/l	0	1/30	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 30DA AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.153	0.227	Mgal/d	******	******	******	******	---	30/30	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000601
ED_005798_00000144-00018

Question 4

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: NPPD GERALD GENTLEMAN STATION
ADDRESS: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

FACILITY: NPPD GERALD GENTLEMAN STATION
LOCATION: 6089 SOUTH HWY 25
SUTHERLAND, NE 691650068

NE0111546	L02-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2011	TO	09/30/2011

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
ZEOLITE SOFTENER REJECT WATER
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	******	******	******	7.18	******	7.18	SU	0	1/30	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10.0	10.0	mg/l	0	1/30	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<5.05	<5.05	mg/l	0	1/30	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 30DA AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.016	0.016	Mgal/d	******	******	******	******	----	30/30	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	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.	K. M. Krumland	402-563-5329		10/25/2011
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)

NPPDRH114_0000602
ED_005798_00000144-00019

Question 4