ENV-542.0420

Joe L. Citta, Jr.
Corporate Environmental Manager
PH: 402-563-5355

July 27, 2012

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 June 30, 2012.

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

Sincerely,

Joe L. Citta, Jr.
Corporate Environmental Manager

JLC: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	04/01/2012	TO	04/30/2012

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	69.2	77.9	deg F	*****	*****	*****	*****	0	Cont	Measrd
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	94 DAILY MX	deg F	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.23	*****	8.51	SU	0	4/7	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	9 DAILY MX	SU		Weekly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	mg/l	0	4/7	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	563.930	675.172	Mgal/d	*****	*****	*****	*****	---	30/30	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	METER
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0012	<0.0012	mg/l	0	4/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.0095 MO AVG	.019 DAILY MX	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.	KMK	402-563-5329		07/27/2012
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_0000636
ED_005798_00000161-00002

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	04/01/2012	TO	04/30/2012

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		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	187 MO AVG	376 DAILY MX	mg/L		Twice Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT				******						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 DAILY MX	kg/d	******	.0065 MO AVG	.013 DAILY MX	mg/L		Twice Per Month	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT				******						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 DAILY MX	kg/d	******	.82 MO AVG	1.93 DAILY MX	mg/L		Twice Per Month	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.	KMK	402-563-5329	07/27/2012
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_0000637
ED_005798_00000161-00003

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	04/01/2012	TO	04/30/2012

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. DAILY MX	Mgal/d	******	******	******	******		Twice Per Month	METER
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 MO AVG	.019 DAILY MX	mg/L		Twice Per Month	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT				******						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1.27 MO AVG	2.04 DAILY MX	kg/d	******	25 MO AVG	40 DAILY MX	mg/L		Twice Per Month	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.	Joel Sutton for KMK	402-563-5329		09/27/2012
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_0000638
ED_005798_00000161-00004

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	04/01/2012	TO	04/30/2012

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 DAILY MN	******	9 DAILY MX	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	50 DAILY MX	mg/L		Twice Per Month	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Twice Per Month	MEASRD
Duration of discharge	SAMPLE MEASUREMENT				******	******	******	******			
81381 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	hr	******	******	******	******		Twice Per Month	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.	for KMK	402-563-5329		07/27/2012
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_0000639
ED_005798_00000161-00005

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	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2012	TO	05/31/2012

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	76.0	84.1	deg F	*****	*****	*****	*****	0	Cont	Measrd
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	94 DAILY MX	deg F	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.12	*****	8.26	SU	0	5/7	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	9 DAILY MX	SU		Weekly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.2	mg/l	0	5/7	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	355.421	373.473	Mgal/d	*****	*****	*****	*****	----	31/31	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	METER
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0012	<0.0012	mg/l	0	5/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.0095 MO AVG	.019 DAILY MX	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.	for KMK	402-563-5329		07/27/2012
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_0000640
ED_005798_00000161-00006

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	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2012	TO	05/31/2012

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		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	187 MO AVG	376 DAILY MX	mg/L		Twice Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT				******						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 DAILY MX	kg/d	******	.0065 MO AVG	.013 DAILY MX	mg/L		Twice Per Month	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT				******						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 DAILY MX	kg/d	******	.82 MO AVG	1.93 DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	KMK	402-563-5329		07/27/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NPPDRH114_0000641
ED_005798_00000161-00007

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	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2012	TO	05/31/2012

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. DAILY MX	Mgal/d	******	******	******	******		Twice Per Month	METER
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 MO AVG	.019 DAILY MX	mg/L		Twice Per Month	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT				******						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1.27 MO AVG	2.04 DAILY MX	kg/d	******	25 MO AVG	40 DAILY MX	mg/L		Twice Per Month	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.	KMK	402-563-5329		07/27/2012
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_0000642
ED_005798_00000161-00008

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	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2012	TO	05/31/2012

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 DAILY MN	******	9 DAILY MX	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	50 DAILY MX	mg/L		Twice Per Month	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Twice Per Month	MEASRD
Duration of discharge	SAMPLE MEASUREMENT				******	******	******	******			
81381 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	hr	******	******	******	******		Twice Per Month	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.	KMK	402-563-5329		07/27/2012
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_0000643
ED_005798_00000161-00009

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	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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	79.3	86.7	deg F	******	******	******	******	0	Cont	Measrd
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	94 DAILY MX	deg F	******	******	******	******		Continuous	METER
pH	SAMPLE MEASUREMENT	******	******	******	8.18	******	8.27	SU	0	4/7	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Weekly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<4.8	<4.9	mg/l	0	4/7	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	354.233	370.581	Mgal/d	******	******	******	******	---	30/30	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	METER
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	<0.0012	<0.0012	mg/l	0	4/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 MO AVG	.019 DAILY MX	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.	KMK	402-563-5329		07/27/2012
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_0000644
ED_005798_00000161-00010

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	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
PHOSPHORUS
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			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	<0.100*	<0.100*	mg/l	----	1/91	Grab
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	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.	KMK	402-563-5329		07/27/2012
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)

* Calculated and reported on a net basis according to requirements set forth in Part I A. Outfall 001 Table 1. of NPDES permit.

NPPDRH114_0000645
ED_005798_00000161-00011

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	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	187 MO AVG	376 DAILY MX	mg/L		Twice Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT				******						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 DAILY MX	kg/d	******	.0065 MO AVG	.013 DAILY MX	mg/L		Twice Per Month	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT				******						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	3.79 MO AVG	3.79 DAILY MX	kg/d	******	.82 MO AVG	1.93 DAILY MX	mg/L		Twice Per Month	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.	KMK	402-563-5329	07/27/2012
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_0000646
ED_005798_00000161-00012

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	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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. DAILY MX	Mgal/d	******	******	******	******		Twice Per Month	METER
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.0095 MO AVG	.019 DAILY MX	mg/L		Twice Per Month	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT				******						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1.27 MO AVG	2.04 DAILY MX	kg/d	******	25 MO AVG	40 DAILY MX	mg/L		Twice Per Month	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.	KMK	402-563-5329		07/27/2012
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_0000647
ED_005798_00000161-00013
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	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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 DAILY MN	******	9 DAILY MX	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	50 DAILY MX	mg/L		Twice Per Month	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Twice Per Month	MEASRD
Duration of discharge	SAMPLE MEASUREMENT				******	******	******	******			
81381 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	hr	******	******	******	******		Twice Per Month	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.	KMK	402-563-5329		07/27/2012
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_0000648
ED_005798_00000161-00014
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	L01-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
R.O. 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	******	******	******	7.57	******	7.57	SU	0	1/91	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 DAILY MN	******	9 DAILY MX	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/l	0	1/91	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	5.4	5.4	mg/l	0	1/91	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.092	0.353	Mgal/d	******	******	******	******	----	91/91	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Quarterly	MEASRD

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.	KMK	402-563-5329		07/27/2012
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_0000649
ED_005798_00000161-00015

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	L02-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2012	TO	06/30/2012

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	******	******	******	7.25	******	7.25	SU	0	1/91	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 DAILY MN	******	9 DAILY MX	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	1	1	mg/l	0	1/91	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Quarterly	GRAB
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	<5.3	<5.3	mg/l	0	1/91	Grab
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.022	Mgal/d	******	******	******	******	----	91/91	Measrd
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Quarterly	MEASRD

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.	KMK	402-563-5329		11/27/2012
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_0000650
ED_005798_00000161-00016

Question 4