ENV-542.0420

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

April 23, 2014

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 March 31, 2014.

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	01/01/2014	TO	01/31/2014

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	55.6	59.0	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	******	******	******	8.52	******	8.80	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	******	******	******	******	<5.00	<5.00	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	416.38	430.91	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	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.	K. M. Krumland	402-563-5329		04/23/2014
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_0000824
ED_005798_00000163-00002

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	01/01/2014	TO	01/31/2014

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
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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_0000825
ED_005798_00000163-00003

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	01/01/2014	TO	01/31/2014

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.	K M Krumland	402-563-5329		04/23/2013
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_0000826
ED_005798_00000163-00004
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	01/01/2014	TO	01/31/2014

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
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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_0000827
ED_005798_00000163-00005

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)*

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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	02/01/2014	TO	02/28/2014

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	57.8	62.8	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	******	******	******	8.58	******	8.80	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	******	******	******	******	<5.00	<5.00	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	429.99	454.45	Mgal/d	******	******	******	******	----	28/28	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	3/7	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
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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_0000828
ED_005798_00000163-00006
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
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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	02/01/2014	TO	02/28/2014

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
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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_0000829
ED_005798_00000163-00007

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	02/01/2014	TO	02/28/2014

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
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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_0000830
ED_005798_00000163-00008

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)*

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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	02/01/2014	TO	02/28/2014

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.	K.M. Krumland	402-563-5329		04/23/2014
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_0000831
ED_005798_00000163-00009

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	03/01/2014	TO	03/31/2014

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	60.7	68.3	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	******	******	******	8.73	******	8.81	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	******	******	******	******	<5.00	<5.00	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	435.65	463.66	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	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.	K.M. Krumland	402-563-5329		04/23/2014
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_0000832
ED_005798_00000163-00010

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	01/01/2014	TO	03/31/2014

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	----	1/90	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.	K. M. Krumland	402-563-5329		04/23/2014
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_0000833
ED_005798_00000163-00011

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	03/01/2014	TO	03/31/2014

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.	K. M. Krumland	402-563-5329		04/23/2014
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_0000834
ED_005798_00000163-00012
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	03/01/2014	TO	03/31/2014

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.	K. M. Krumland	402-563-5329		04/23/2014
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_0000835
ED_005798_00000163-00013

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	03/01/2014	TO	03/31/2014

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.	K. M. Krumland	402-563-5329		04/23/2014
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_0000836
ED_005798_00000163-00014

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	01/01/2014	TO	03/31/2014

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	******	******	******	7.62	******	7.62	SU	0	1/90	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 DAILY MN	******	9 DAILY MX	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<5.00	<5.00	mg/l	0	1/90	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	******	******	******	******	<5.00	<5.00	mg/l	0	1/90	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	0.177	0.331	Mgal/d	******	******	******	******	----	90/90	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.	K.M. Krumland	402-563-5329		04/23/2014
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_0000837
ED_005798_00000163-00015

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	01/01/2014	TO	03/31/2014

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	******	******	******	7.41	******	7.41	SU	0	1/90	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 DAILY MN	******	9 DAILY MX	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<5.00	<5.00	mg/l	0	1/90	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	******	******	******	******	<5.00	<5.00	mg/l	0	1/90	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	******	******	******	******	----	90/90	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.	K. M. Krumland	402-563-5329		04/23/2014
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_0000838
ED_005798_00000163-00016

Question 4