ENV-542.0420

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

July 23, 2013

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, 2013.

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	04/01/2013	TO	04/30/2013

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	61.9	75.5	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	******	8.38	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	******	******	******	******	<5.00	<5.00	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	326.93	549.33	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	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.	K. M. K	402-563-5329		07/23/2013
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_0000703
ED_005798_00000166-00002

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	04/01/2013	TO	04/30/2013

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

NPPDRH114_0000704
ED_005798_00000166-00003

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)*

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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	04/01/2013	TO	04/30/2013

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

NPPDRH114_0000705
ED_005798_00000166-00004
Question 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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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	04/01/2013	TO	04/30/2013

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_0000706
ED_005798_00000166-00005

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	05/01/2013	TO	05/31/2013

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	73.5	83.7	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	******	******	******	8.27	******	8.47	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	411.34	717.39	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
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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_0000707
ED_005798_00000166-00006
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	05/01/2013	TO	05/31/2013

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_0000708
ED_005798_00000166-00007

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
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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	05/01/2013	TO	05/31/2013

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_0000709
ED_005798_00000166-00008

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
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SUTHERLAND, NE 691650068

NE0111546	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2013	TO	05/31/2013

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. K	402-563-5329		07/23/2013
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_0000710
ED_005798_00000166-00009

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	06/01/2013	TO	06/30/2013

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	82.2	88.2	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	******	******	******	8.04	******	8.26	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	698.11	711.63	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.	K. M. K	402-563-5329		07/23/2013
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_0000711
ED_005798_00000166-00010

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	04/01/2013	TO	06/30/2013

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.	K. M. K	402-563-5329		07/23/2013
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)

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

NPPDRH114_0000712
ED_005798_00000166-00011

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	06/01/2013	TO	06/30/2013

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		07/23/2013
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_0000713
ED_005798_00000166-00012

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	06/01/2013	TO	06/30/2013

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		07/23/2013
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_0000714
ED_005798_00000166-00013
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	06/01/2013	TO	06/30/2013

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_0000715
ED_005798_00000166-00014

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	04/01/2013	TO	06/30/2013

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	******	******	******	7.60	******	7.60	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	******	******	******	******	<5.00	<5.00	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	******	******	******	******	<5.00	<5.00	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	0.168	0.554	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.	K. M. Krumland	402-563-5329		07/23/2013
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_0000716
ED_005798_00000166-00015
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	04/01/2013	TO	06/30/2013

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	******	******	******	7.71	******	7.71	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	******	******	******	******	<5.00	<5.00	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	******	******	******	******	<5.00	<5.00	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	0.015	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.	K. M. K	402-563-5329		07/23/2013
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_0000717
ED_005798_00000166-00016

Question 4