ENV-542.0420

**Nebraska Public Power District**
*Always there when you need us*

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

April 23, 2015

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, 2015.

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

**General Office**
*1414 15th Street / PO Box 499 / Columbus, NE 68602-0499*
***Telephone:*** *(402) 564-8561* / ***Fax:*** *(402) 563-5527*
*www.nppd.com*

ENV-542.0420

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

April 23, 2015

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, 2015.

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 | 01/01/2015 | TO | 01/31/2015 |

**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 | 56.0 | 61.3 | 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 | ****** | ****** | ****** | 8.33 | ****** | 8.55 | 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 | ****** | ****** | ****** | ****** | <5.12 | 5.52 | 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 | 449.93 | 515.29 | 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. | K. M. Krumland | 402-563-5329 | | 4/23/2015 |
| 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_0000755
ED_005798_00000191-00003
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 | 01/01/2015 | TO | 01/31/2015 |

**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 | | 4/23/2015 |
| 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_0000756
ED_005798_00000191-00004
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 | 002-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2015 | TO | 01/31/2015 |

**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 | | 4/23/2015 |
| 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_0000757
ED_005798_00000191-00005

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 | 003-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2015 | TO | 01/31/2015 |

**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 | | 4/23/2015 |
| 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_0000758
ED_005798_00000191-00006

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 | 001-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | |
|---|---|---|
| | MM/DD/YYYY | MM/DD/YYYY |
| FROM | 02/01/2015 | TO 02/28/2015 |

**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 | 58.3 | 65.9 | 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 | ****** | ****** | ****** | 8.37 | ****** | 8.62 | 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 | ****** | ****** | ****** | ****** | <4.96 | <5.05 | 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 | 445.58 | 565.27 | 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 | 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 | | 4/23/2015 |
| 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_0000759
ED_005798_00000191-00007

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 | 02/01/2015 | TO 02/28/2015 |

**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 | | 4/23/2015 |
| 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_0000760
ED_005798_00000191-00008

Question 4

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

Form Approved
OMB No. 2040-0004

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

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

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

| NE0111546 | 002-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2015 | TO | 02/28/2015 |

**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 | | 4/23/2015 |
| 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_0000761
ED_005798_00000191-00009
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 | 003-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2015 | TO | 02/28/2015 |

**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 | | 4/23/2015 |
| 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_0000762
ED_005798_00000191-00010

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-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 03/01/2015 | TO | 03/31/2015 |

**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 | 64.2 | 72.5 | 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 | ****** | ****** | ****** | 8.50 | ****** | 8.76 | 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 | ****** | ****** | ****** | ****** | <4.86 | <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 | 448.82 | 486.51 | 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. | K. M. Krumland | 402-563-5329 | | 4/23/2015 |
| 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_0000763
ED_005798_00000191-00011

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 | 001-Q |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2015 | TO | 03/31/2015 |

**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 | | 4/23/2015 |
| 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_0000764
ED_005798_00000191-00012

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 | 03/01/2015 | TO | 03/31/2015 |

**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 | | 4/23/2015 |
| 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_0000765
ED_005798_00000191-00013

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 | 002-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 03/01/2015 | TO | 03/31/2015 |

**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 | | 4/23/2015 |
| 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_0000766
ED_005798_00000191-00014
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 | 003-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 03/01/2015 | TO | 03/31/2015 |

**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 | | 4/28/2015 |
| 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_0000767
ED_005798_00000191-00015

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 | L01-Q |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2015 | TO | 03/31/2015 |

**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 | ****** | ****** | ****** | 7.49 | ****** | 7.49 | 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 | ****** | ****** | ****** | ****** | 7.81 | 7.81 | 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 | 0.172 | 0.343 | 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 | | 4/23/2015 |
| 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_0000768
ED_005798_00000191-00016

Question 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

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

| NE0111546 | L02-Q |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2015 | TO | 03/31/2015 |

**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 | ****** | ****** | ****** | 7.24 | ****** | 7.24 | 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 | ****** | ****** | ****** | ****** | <5.05 | <5.05 | 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 | | 4/28/2015 |
| 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_0000769
ED_005798_00000191-00017

Question 4