ENV-542.0420

Nebraska Public Power District
Always there when you need us

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

October 22, 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 September 30, 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

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

October 22, 2014

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Environmental Protection Supervisor.

KMK:EYC:csa
Enclosures

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

NE0111546	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2014	TO	07/31/2014

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	84.3	92.2	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	******	******	******	8.10	******	8.54	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	******	******	******	******	<5.03	<5.40	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	685.18	727.64	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		10/21/2014
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_0000874
ED_005798_00000205-00003

Question 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2014	TO	07/31/2014

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		10/21/2014
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_0000875
ED_005798_00000205-00004

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	07/01/2014	TO	07/31/2014

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
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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_0000876
ED_005798_00000205-00005
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	07/01/2014	TO	07/31/2014

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_0000877
ED_005798_00000205-00006

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	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2014	TO	08/31/2014

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	86.1	90.1	deg F	******	******	******	******	0	Cont	Measrd
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	94 DAILY MX	deg F	******	******	******	******		Continuous	METER
pH	SAMPLE MEASUREMENT	******	******	******	8.12	******	8.35	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	<5.00	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	677.23	688.06	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_0000878
ED_005798_00000205-00007
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	08/01/2014	TO	08/31/2014

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_0000879
ED_005798_00000205-00008

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

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2014	TO	08/31/2014

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		10/21/2014
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_0000880
ED_005798_00000205-00009

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)*

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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	08/01/2014	TO	08/31/2014

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		10/21/2014
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_0000881
ED_005798_00000205-00010
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-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	09/30/2014

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
TOXICITY
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			
Toxicity, ceriodaphnia acute	SAMPLE MEASUREMENT	******	******	******	******	<1.00	<1.00	TUa	0	1/365	Grab
61425 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 DAILY MX	tox acute		Annual	GRAB
Toxicity, pimephales acute	SAMPLE MEASUREMENT	******	******	******	******	<1.00	<1.00	TUa	0	1/365	Grab
61427 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 DAILY MX	tox acute		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	K. M. Krumland	402-563-5329		10/21/2014
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_0000882
ED_005798_00000205-00011

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-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2014	TO	09/30/2014

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	80.4	86.6	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	******	******	******	8.26	******	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	******	******	******	******	<4.98	<5.22	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	681.90	694.08	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. Krumland	402-563-5329		10/21/2014
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_0000883
ED_005798_00000205-00012
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	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2014	TO	09/30/2014

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	----	1/92	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		10/21/2014
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_0000884
ED_005798_00000205-00013
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-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	09/30/2014

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
METALS & TOXICITY
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			
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB
Chromium, dissolved (as Cr)	SAMPLE MEASUREMENT	******	******	******	******	******					
01030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	K. M. Krumland	402-563-5329		10/21/2014
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_0000885
ED_005798_00000205-00014

Question 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

NE0111546	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	09/30/2014

DMR Mailing ZIP CODE: 68601
MAJOR
(SUBR 01) 34385
METALS & TOXICITY
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			
Selenium, dissolved (as Se)	SAMPLE MEASUREMENT	******	******	******	******	******					
01145 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB
Toxicity, ceriodaphnia acute	SAMPLE MEASUREMENT	******	******	******	******						
61425 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 DAILY MX	tox acute		Annual	GRAB
Toxicity, pimephales acute	SAMPLE MEASUREMENT	******	******	******	******						
61427 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	1 DAILY MX	tox acute		Annual	GRAB
Mercury, dissolved (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71890 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	mg/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
K. Michael Krumland - Environmental Protection Supervisor	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	K. M. Krumland	402-563-5329		10/2/2014
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_0000886
ED_005798_00000205-00015

Question 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

NE0111546	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2014	TO	09/30/2014

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		10/21/2014
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_0000887
ED_005798_00000205-00016
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	002-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2014	TO	09/30/2014

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		10/21/2014
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_0000888
ED_005798_00000205-00017
Question 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

NE0111546	003-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2014	TO	09/30/2014

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		10/21/2014
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_0000889
ED_005798_00000205-00018

Question 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

NE0111546	L01-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2014	TO	09/30/2014

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	******	******	******	7.68	******	7.68	SU	0	1/92	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	1/92	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	1/92	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	0.132	0.224	Mgal/d	******	******	******	******	----	92/92	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		10/21/2014
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_0000890
ED_005798_00000205-00019
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	07/01/2014	TO	09/30/2014

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	******	******	******	7.34	******	7.34	SU	0	1/92	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	1/92	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	******	******	******	******	<5.52	<5.52	mg/l	0	1/92	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	******	******	******	******	----	92/92	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		10/21/2014
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_0000891
ED_005798_00000205-00020

Question 4