NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PM 8/21/13

ENVIRONMENTAL PROTECTION AGENCY

AUG 2 6 2013

MONTANA OFFICE

ICIS 8/26/13

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

NAME: Hot Springs, Town of
ADDRESS: 109 Main Street
Hot Springs, MT 59845
FACILITY: HOT SPRINGS, TOWN OF
LOCATION: P.O. BOX221
HOT SPRINGS, MT 59845

ATTN: Randal Woods, Mayor

MT0020591	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	07/31/2013

DMR Mailing ZIP CODE: 59845

MINOR $

(SUBR 08)

Discharge from pipe to open ditch which flow app

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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.....	.....	.....	.....	58 mg/L	58 mg/L	mg/L	1/31	1/31	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	30 30DA AVG	45 7 DA AVG	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	.....	.....	.....	7.57 su	.....	7.57 su	su	0/31	1/31	Instan
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	6 MINIMUM	.....	9 MAXIMUM	SU		Monthly	INSTAN
Solids, total suspended	SAMPLE MEASUREMENT	.....	.....	.....	.....	95 mg/L	95 mg/L	mg/L	1/31	1/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	30 30DA AVG	45 7 DA AVG	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	N/O	mg/L	0/31	1/31	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	10 DAILY MX	mg/L		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	.....	.....	.....	.....	1 mpn/100ml	1 mpn/100ml	#/100ml	0/31	1/31	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	126 30DA AVG	252 7 DA AVG	#/100mL		Monthly	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	.....	N/O	N	.....	.....	.....	.....	0/31	31/31	Visual
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	0 INST MAX	Y=1,N=0	.....	.....	.....	.....		See Permit	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1848 mgal/d	.1848 Mgal/d	Mgal/d	.....	.....	.....	.....	0/31	31/31	Instan
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	.....	.....	.....	.....		Monthly	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Mayor / Randy Woods	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.	[signature]	(406)	741-2353	08/21/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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: Hot Springs, Town of
ADDRESS: 109 Main Street
Hot Springs, MT 59845

FACILITY: HOT SPRINGS, TOWN OF
LOCATION: P.O. BOX221
HOT SPRINGS, MT 59845

ATTN: Randal Woods, Mayor

MT0020591	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	07/31/2013

DMR Mailing ZIP CODE: 59845
MINOR $
(SUBR 08)
Discharge from pipe to open ditch which flow app
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			
Chlorine, total residual	SAMPLE MEASUREMENT	.....	.....	.....	.....	.015	.015	mg/L	0/31	31/31	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	.011 30DA AVG	.019 DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	.....	.....	.....	.....	<1 cfu/100ml	<1 cfu/100ml	#/100ml	0/31	1/31	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	200 30DA AVG	400 7 DA AVG	#/100mL		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	.....	N/D	N	.....	.....	.....	.....	0/31	31/31	Visual
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	0 INST MAX	Y=1;N=0	.....	.....	.....	.....		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Mayor / Randy Woods	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(406)	741-2353	08/21/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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