

Discharge Monitoring Report (DMR)

Gerald Cook
PO Box 156
Medicine Bow, Wyoming

Submission Period: 3 mo(s) | 7/1/2008 - 9/30/2008

WY0020257 - 001

No Discharge For Period

Outfall Not Constructed

ReqDate	EndDate	Comment	SmpTy	SmpFreq	#Exc's	Parameter	SBCode	Limit	Units	Discharge Note	Value
07/01/2008	07/31/2008		GRAB	01/30	<input type="checkbox"/>	BOD, 5-day, 20 deg. C					
							DAILY MX	<= 90	mg/L		
							MO AVG	<= 30	mg/L		
							WKLY AV	<= 45	mg/L		
			GRAB	01/01	<input type="checkbox"/>	Chlorine, total residual					
							DAILY MX	<= 0.02	mg/L		
			GRAB	01/30	<input type="checkbox"/>	Fecal coliform					
							DAILY MX	<= 1213	#/100mL		
							MO AVG	<= 580	#/100mL		
			GRAB	01/30	<input type="checkbox"/>	Nitrogen, ammonia total (as N)					
							DAILY MX	<= 9.94	mg/L		
							MO AVG	<= 2.58	mg/L		
			GRAB	01/30	<input type="checkbox"/>	pH					
							INST MAX	<= 9	SU		
							INST MIN	>= 6.5	SU		
			GRAB	01/30	<input type="checkbox"/>	Solids, total suspended					
							DAILY MX	<= 300	mg/L		
							MO AVG	<= 100	mg/L		
							WKLY AV	<= 150	mg/L		
08/01/2008	08/31/2008		GRAB	01/30	<input type="checkbox"/>	BOD, 5-day, 20 deg. C					
							DAILY MX	<= 90	mg/L		
							MO AVG	<= 30	mg/L		
							WKLY AV	<= 45	mg/L		
			GRAB	01/01	<input type="checkbox"/>	Chlorine, total residual					
							DAILY MX	<= 0.02	mg/L		
			GRAB	01/30	<input type="checkbox"/>	Fecal coliform					
							DAILY MX	<= 1213	#/100mL		
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			GRAB	01/30	<input type="checkbox"/>	Nitrogen, ammonia total (as N)					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Print Name

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 OFFICE OR AUTHORIZED AGENT

Signature

TELEPHONE
XXX-XXX-XXXX
DATE
mm/dd/yy

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							WKLY AV	<= 150	mg/L	<input type="checkbox"/>	<input type="checkbox"/>
09/01/2008	09/30/2008		GRAB	01/30	<input type="checkbox"/>	BOD, 5-day, 20 deg. C				<input type="checkbox"/>	<input type="checkbox"/>
							DAILY MX	<= 90	mg/L	<input type="checkbox"/>	<input type="checkbox"/>
							MO AVG	<= 30	mg/L	<input type="checkbox"/>	<input type="checkbox"/>
			GRAB	01/01	<input type="checkbox"/>	Chlorine, total residual				<input type="checkbox"/>	<input type="checkbox"/>
							DAILY MX	<= 0.02	mg/L	<input type="checkbox"/>	<input type="checkbox"/>
			GRAB	01/30	<input type="checkbox"/>	Fecal coliform				<input type="checkbox"/>	<input type="checkbox"/>
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