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

NAME [illegible]

ADDRESS [illegible]

[illegible] DRIC [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSOD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	004 A

[illegible] SOIL POND DSCHRG TO [illegible]

MONITORING PERIOD

FROM YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*	TO YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
92	03	04	92	03	31

MINOR

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******		SS=1 NO=0	*******	*******	*******				
	PERMIT REQUIREMENT	*******	30 DAILY AV		*******	*******	*******		0	ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******			*******	*******					
	PERMIT REQUIREMENT	*******	2000 DAILY AV	LBS/DY	*******	*******	REPORT DAILY MX	MG/L	0	ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
[illegible]	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[illegible] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801 AREA CODE	6325385 NUMBER	92 YEAR	07 MO	20 DAY
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE MOW.

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASS[illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

SED POND DSCHRG TO WILCA[illegible]

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
92	06	01	92	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE			******	******	******				
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	******		ONCE/ MONTH	[illegible]
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MX	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	15 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	******	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	[illegible]	YES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION
ATTN: MICHAEL J. GLASSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

SEE ROAD DIGGER TO MICAH [illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMENT 45014 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	ES=1 MO=0	*******	*******	*******				
	PERMIT REQUIREMENT	*******	DAILY MX		*******	*******	*******	*****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 J 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	DAILY MX	LBS/DY	*******	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	601 AREA CODE	355-3355 NUMBER	92 YEAR	07 MO	20 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: MICHAEL A. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

MONITORING PERIOD	YEAR	MO	DAY	TO	YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	PERMIT REQUIREMENT	REPORT [illegible] 30 DA AV	REPORT [illegible] DAILY MX	MGD	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	CONT/ MONTH	CONTINUOUS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	6.5 DAILY MN	[illegible]	9.0 DAILY MX	SU	[illegible]	1/DAY/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 2 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	25 30 DA AV	70 DAILY MX	MG/L	[illegible]	1/DAY/ MONTH	GRAB
SOLIDS, SETTLEABLE 00545 1 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0.5 DAILY MX	ML/L	[illegible]	1/DAY/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	10.0 DAILY MX	MG/L	[illegible]	1/DAY/ MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	2.0 DAILY MX	MG/L	[illegible]	1/DAY/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 45613 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	PERMIT REQUIREMENT	[illegible]	0 DAILY MX	YES=1 NO=0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1/DAY/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME

ADDRESS

PRIC

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMED 45614 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		DAILY MX	YES=1 NO=0						ONCE/MONTH	SIGNAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 50 SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		2000 DAILY MX	LBS/DY			REPORT DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: AREA CODE / NUMBER	DATE: YEAR / MO / DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]	[illegible]

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	00	01	TO	92	00	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30-DA AV	REPORT DAILY MX	GPD	******	******	******	******		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	5.0 DAILY MX	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	10.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	DAILY	ES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

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EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

00279/900523-1731

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: MICHAEL W. GUNSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	04	TO	92	03	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	*(54-61)* AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE DISCHARGE-ASSESSMNT 45624 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	0 DAILY MX	EMPTY NONE	******	******	******	******		1/DAY	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DAY	******	******	REPORT DAILY MX	MG/L		1/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (AREA CODE, NUMBER)	DATE (YEAR, MO, DAY)
TYPED OR PRINTED			

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: [illegible] H. GLASSON

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

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

SED POND DSCRG TO WILLOW WASH

MINOR

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	09	01		92	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	******		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	25 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 M 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	DAILY MX	YES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY [illegible]

LOCATION [illegible]

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

[illegible] POND DSCHRG TO [illegible]

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	01	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	DAILY [illegible]	YES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY [illegible]	LBS/DY	******	******	REPORT DAILY EX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

[illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

SED POND DISCHG TO WILCOX WASH

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	[illegible]	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	[illegible]	******	******	******	***		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	[illegible] DAILY MX	******	9.0 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 [illegible]	PERMIT REQUIREMENT	******	******	***	******	25 30 DA AV	70 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 [illegible]	PERMIT REQUIREMENT	******	******	***	******	******	0.5 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	******	******	10 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	******	******	2.0 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	[illegible] DAILY MX	YES=1	******	******	******	***		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE IS LIMITED TO ONE [illegible] PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION [illegible]

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME: [illegible]

ADDRESS: [illegible]

FACILITY

LOCATION

[illegible]: [illegible] W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UTGC40007	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

MINOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGE-ASSESSMNT [illegible]	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible] DAILY [illegible]	[illegible]	******	******	******	[illegible]		[illegible]	VISUAL
SOLIDS, TOTAL DISSOLVED [illegible]	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	[illegible] DAILY [illegible]	[illegible]	******	******	REPORT DAILY [illegible]	[illegible]		[illegible]	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[illegible]	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS [illegible]

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

[illegible]

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

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

P - FINAL
SED POND DSCHRG TO WILCAT WASH

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	N/A	[illegible]		[illegible]	[illegible]	[illegible]				
00056 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		[illegible]	[illegible]	[illegible]			ONCE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	[illegible]	[illegible]			[illegible]					
00400 1 0 0	PERMIT REQUIREMENT	[illegible]	[illegible]		6.5 DAILY MN	[illegible]	9.0 DAILY MX		2	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]						
00530 2 0 0	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	25 30 DA AV	70 DAILY MX	MG/L		ONCE/MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]					
00545 1 0 0	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	[illegible]	0.5 DAILY MX	ML/L		ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]					
00556 1 0 0	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	[illegible]	10 DAILY MX	MG/L		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]					
01045 1 0 0	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	[illegible]	2.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	[illegible]			[illegible]	[illegible]	[illegible]				
15013 1 0 0	PERMIT REQUIREMENT	[illegible]	[illegible]	25=1	[illegible]	[illegible]	[illegible]			ONCE/MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TWO PER DAY FROM [illegible] OPERATIONS. DURING [illegible] SOLIDS [illegible]

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

[illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

MINOR

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMENT 45014 1 0 0 [illegible]	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible] DAILY MX	[illegible]	******	******	******	[illegible]		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 [illegible]	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/D	******	******	REPORT DAILY MX	[illegible]		ONCE/ MONTH	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

[illegible]

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE [illegible] OF [illegible]

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
[illegible] POND DSCHRG TO WILCAT WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	[illegible]	[illegible]		******	******	******				
00056 1 0 0	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	[illegible]	******	******	******	[illegible]		ONCE/ MONTH	[illegible]
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0	PERMIT REQUIREMENT	******	******	[illegible]	[illegible] DAILY MN	******	9.0 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0	PERMIT REQUIREMENT	******	******	[illegible]	******	25 30 DA AV	70 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 A 0 0	PERMIT REQUIREMENT	******	******	[illegible]	******	******	0.5 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0	PERMIT REQUIREMENT	******	******	[illegible]	******	******	10 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0	PERMIT REQUIREMENT	******	******	[illegible]	******	******	2.0 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0	PERMIT REQUIREMENT	******	[illegible] DAILY MX	YES=1 [illegible]	******	******	******	[illegible]		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THIS IS LIMITED TO [illegible] FROM ALL OUTFALLS. [illegible]

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

[illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

GENOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMENT 45014 1 0 0 0 [illegible]	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible]	YES=1 NO=0	******	******	******	[illegible]		[illegible]	[illegible]
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 [illegible]	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY [illegible]	LBS/[illegible]	******	******	REPORT DAILY [illegible]	[illegible]		[illegible]	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

[illegible] IS LIMITED TO [illegible] PER DAY FROM ALL OUTFALLS. [illegible]

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: MICHAEL [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]	[illegible]

SED POND DSCHRG TO WILCAT WASH

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			******	******	******				
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	******		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	25 [illegible]	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	******	******	******	10.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	******	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	[illegible]	YES=1 NO=2	******	******	******	******		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

SEE POND DISCHG TO WYLCKI WASH

MINOR

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	01	01		92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMN 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible] DAILY [illegible]	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	SINUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY [illegible]	LBS/DAY	******	******	REPORT DAILY [illegible]	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION
ATTN: MICHAEL W. GIBSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow									
	PERMIT REQUIREMENT	REPORT 30 DAY AVG	REPORT DAILY MAX	GPD						ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.0 DAILY MIN		9.0 DAILY MAX	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					30 30 DAY AVG	70 DAILY MAX	MG/L		ONCE/MONTH	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0 5 SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.5 DAILY MAX	ML/L		ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10.0 DAILY MAX	MG/L		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.0 DAILY MAX	MG/L		ONCE/MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 45613 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		DAILY MAX	YES=1 NO=0						ONCE/MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 3 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: RICHARD W. GRESSOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	001

SED POND DSCHRG TO MILL RUN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	06	01	TO	92	02	29
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

MINOR

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only)* *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****			*****	*****	*****				
	PERMIT REQUIREMENT	*****		LBS/D	*****	*****	*****			NCE/	CSUM
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****			*****	*****					
	PERMIT REQUIREMENT	*****	2000 DAILY MX	LBS/D	*****	*****	REPORT DAILY MX	MG/L		NCE/	GRAB MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME

ADDRESS P.O. BOX [illegible]

[illegible] 24[illegible]

FACILITY

LOCATION

ATTN: MICHAEL R. GLASCOW

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

SED POND DRAINS TO MILCAT WASH

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only)* *(38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE			******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	******	MGD		ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	SU	6.5 DAILY MN	******	9.0 DAILY MX	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******		******	25 30 DAY AV	70.2 DAILY MX	MG/L		ONCE/MONTH	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******		******	******	0.5 DAILY MX	ML/L		ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******		******	******	10.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******		******	******	2.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 45613 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	DAILY MX	NAT	******	******	******			ONCE/MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
[illegible]	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[illegible]	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS [illegible]

[illegible] MT 38501

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMENT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	0 0 DAILY AV	YES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY AV	LBS/DY	******	******	REPORT DAILY AV	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
TYPED OR PRINTED			1	1	75	10	25

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00348/900521-1731 PAGE 2 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE									
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	CFS						ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT										
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT										
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT					25 30 DAY AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT										
00545 H 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT										
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						10.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT										
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT										
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						YES=1 DAILY MX	NO=0		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION
ATTN: RICHARD [illegible]

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE DISCHARGE-ASSESSMENT 35614 1 0 00 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	DAILY	55=1 KO=0	******	******	******	*****		ONCE/ MONTH	ISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 00 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY AV	LBS/DY	******	******	REPORT DAILY AV	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY
			801	6375355	92	07	20

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE 00056 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE									
	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX							ONCE/MONTH	GRAB
pH 00400 1 0 70 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			SU	6.5 DAILY MN		9.0 DAILY MX	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			MG/L		25 30 DA AV	70 DAILY MX	MG/L		ONCE/MONTH	GRAB
SOLIDS, SETTLEABLE 00545 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			ML/L			0.5 DAILY MX	ML/L		ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00560 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			MG/L			10.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			MG/L			2.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 84015 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			ES=1 DAILY MX						ONCE/MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

SED POND DSCHRG TO WILCAT WASH

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	05	01	TO	92	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	DAILY MX	YES=1 NO=0	******	******	******	**** ****		UNCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY EX	MG/L		UNCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801 AREA CODE	6375385 NUMBER	92 YEAR	07 MO	20 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME

ADDRESS

FACILITY

LOCATION

ATTN: MICHAEL W. GRASS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	06	01		92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE			******	******	******				
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	****		ONCE/ MONTH	ESTIMATED
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	****	5.5 DAILY MX	******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	****	******	25	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 1 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	****	******	******	10.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1 NO=0	******	******	******	****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

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ERMITTEE NAME/ADDRESS *(Include acility Name/Location if different)*

IAME [illegible]

DDRESS [illegible]

[illegible]

ACILITY

OCATION

ATTN: MICHAEL [illegible]

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

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMENT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	DAILY MX	ES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LES/DY	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY
			801	6375385	92	07	20

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. [illegible]

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]	[illegible]

SED POND DSCHRG TO [illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	07	01	TO	92	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******				
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	****		ONCE/ MONTH	EASRD
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	****	6.5 DAILY	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 2 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	****	******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 3 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	****	******	******	5.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	[illegible]	YES=1	******	******	******	****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION
ATTN: MICHAEL W. GLASSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	001 A

SED POND DSCHRG TO WALCK RUN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	07	01	TO	92	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE DISCHARGED-ASSESSMENT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			ESA1 NOEX						00C6/ MONTH	ISUAL
SOLIDS, TOTAL DISSOLVED 70295 2 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		2000 DAILY MX	LBS/D			REPORT DAILY MX	MG/L		NCY/ MONTH	CRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE RO#.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

SED POND DISCHGS TO NILCAT WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	03	TO	92	06	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MILOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******				
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	*****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	*****	6.5 DAILY MX	******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	*****	******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	*****	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	*****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	*****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	DAILY MX	ES=1 NO=0	******	******	******	*****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE HOW.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY [illegible]

LOCATION [illegible]

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

SED POND DSCHRG TO [illegible]

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	00	01		92	00	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	1 DAILY MX	ES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY	LBS/DY	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

[illegible]DS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	(4 Card Only) *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	MGD						ONCE/ MONTH	MEASRD
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.5 DAILY MN		9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS SECTION	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					25 30 DA AV	70.5 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0 SEE COMMENTS SECTION	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FROM EXTR-CHAV REF 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 45813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		0 DAILY MX	YES=1 NO=0						ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. [illegible]

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

[illegible] POND DISCHARGE TO [illegible]

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	[illegible]	01	TO	92	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMN. 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[illegible]	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SEE POND DSCHRG TO WILCAT WASH

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			******	******	******				
00056 1 0 0	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	[illegible]	******	******	******	****		ONCE/ MONTH	[illegible]
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0	PERMIT REQUIREMENT	******	******	****	6.5 DAILY MN	******	9.0 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 0	PERMIT REQUIREMENT	******	******	****	******	25 30 DA AV	70 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	10 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	[illegible]		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1	******	******	******	****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. [illegible]

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

[illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
[illegible] TO WILCAT WASH

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMENT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible] DAILY [illegible]	[illegible]	******	******	******	[illegible]		[illegible] MONTH	[illegible]
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 [illegible]	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY [illegible]	[illegible]	******	******	REPORT DAILY [illegible]	[illegible]		[illegible] MONTH	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

[illegible] TO [illegible] PER DAY FROM ALL OUTFALLS. [illegible] SOLIDS [illegible]

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

F - FINAL
SED POND DISCHG TO WILCAT WASH

MONITORING PERIOD

FROM YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*	TO YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
92	11	01	92	11	30

MINOR

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	(4 Card Only) *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE 00056 1 0 0	SAMPLE MEASUREMENT	No Discharge									
	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX					MGD		ONCE/MONTH	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.5 DAILY MN		9.0 DAILY MX			ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 0 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					25 30 DA AV	70 DAILY MX	MG/L		ONCE/MONTH	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MET 00556 1 0 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 84013 1 0 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		YES=1 DAILY MX							ONCE/MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, TOTAL SOLIDS

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

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[illegible] SED POND DSCHRG TO WILCAT WASH

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	93	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMENT 45614 1 0 0 [illegible]	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	DAILY MX	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 2 0 0 [illegible]	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LB/D	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED				[illegible]	93	[illegible]	[illegible]

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE [illegible] PER DAY FROM ALL OUTFALLS. [illegible]

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF