0009

Document Information Form

Mine Number: C/015/017

File Name: Internal

To: DOGM

From:

Person N/A

Company N/A

Date Sent: N/A

Explanation:

DISCHARGE MONITORING REPORT.

cc:

File in:
C/ 015 , 017 , **Internal**
Refer to:
- ☐ **Confidential**
- ☐ **Shelf**
- ☐ **Expandable**

Date _____ For additional information

ERMITTEE NAME/ADDRESS (Include ...cility Name if ...)

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

Route to Tom, then file

AME PACIFICORP/ENERGY WEST (Des-Bee-Dove)
DDRESS 201 South State
SALT LAKE CITY UT 84140-0020

ACILITY
OCATION
TTN: Rodger C. Fry

(2-16) UT0023591 PERMIT NUMBER
(17-19) 001 A DISCHARGE NUMBER

MINOR
Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.
ACT/015/017
#7

F - FINAL
SEDIMENT POND OUTFALL

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
93	04	01	93	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

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)
LOW RATE	SAMPLE MEASUREMENT	11,520	11,520	(07)	******	******	******	( )	—	1/MONTH	MEASRD
0056 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
H	SAMPLE MEASUREMENT	******	******	( )	7.80	******	7.80	(12)	—	1/MONTH	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 DAILY MN	******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	******	******	( )	******	—	—	(19)	—	—	—
0530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******	( )	******	******	0.0	(25)	—	1/MONTH	GRAB
0545 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
IL AND GREASE REON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	0.2	(19)	—	1/MONTH	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
RON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******	( )	******	******	0.43	(19)	—	1/MONTH	GRAB
10[illegible] 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OLIDS, TOTAL ISSOLVED	SAMPLE MEASUREMEN				******	3,833	3,833	(19)	—	1/MONTH	GRAB
0295 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMEN				******	REPORT 30 DA AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB

File in:
- ☐ Confidential
- ☐ Shelf
- ☐ Expandable

Refer to Record No 0009 Date
In C/ 015, 017, Internal
For additional information

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J. Brett Harvey
Vice President
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
801	220-4610	93	05	07

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

OR INTERMITTENT DISCHARGE, THE DURATION OF THE DISCHARGE SHALL BE REPORTED. SETTLEABLE SOLIDS NEED ONLY E MEASURED DURING PERIODS OF PRECIPITATION, INSTEAD OF SUSPENDED SOLIDS - REPORT "NR" WHERE VALUE IS OT REQUIRED.

ERMITTEE NAME/ADDRESS (Include Facility Name)
AME PACIFICORP/ENERGY WEST (Des-Bee-Dove)
DDRESS 201 South State
SALT LAKE CITY UT 84140-0020
ACILITY
OCATION
TTN: Rodger C. Fry

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

Route to Tony then file
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(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
UT0023591	001 A

MINOR
Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
SEDIMENT POND OUTFALL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93 (20-21)	04 (22-23)	01 (24-25)	TO	93 (26-27)	04 (28-29)	30 (30-31)

*** NO DISCHARGE |__| ***
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)
LOW RATE	SAMPLE MEASUREMENT	11,520	11,520	(07)	******	******	******	( )	—	1/MONTH	MEASRD
0056 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	****		ONCE/ MONTH	MEASRD
H	SAMPLE MEASUREMENT	******	******	( )	7.80	******	7.80	(12)	—	1/MONTH	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	6.5 DAILY MN	******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	******	******	( )	******	—	—	(19)	—	—	—
0530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******	( )	******	******	0.0	(25)	—	1/MONTH	GRAB
0545 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
IL AND GREASE REON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	0.2	(19)	—	1/MONTH	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
RON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******	( )	******	******	0.43	(19)	—	1/MONTH	GRAB
10[illegible] 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OLIDS, TOTAL ISSOLVED	SAMPLE MEASUREMENT	368.5	368.5	(26)	******	3,833	3,833	(19)	—	1/MONTH	GRAB
0295 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	2000 DAILY MX	LBS/DY	******	REPORT 30 DA AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J. Brett Harvey
Vice President
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 USC § 1001 AND 33 USC § 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
801	220-4610	93	05	07

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