

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

Copy

FL approved
OMB No. 2040-0004

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

Page 1

NAME: EAGLE BUTTE- CITY OF _____(E)

SD0020192
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 57625
MINOR

ADDRESS: 208 SOUTH MAIN
EAGLE BUTTE, SD 57625

FACILITY: EAGLE BUTTE- CITY OF

LOCATION: 208 SOUTH MAIN
EAGLE BUTTE, SD 57625

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	04	01	10	06	30

FOURTH POND TO GREEN GRASS CRK
External Outfall

ATTN:HONORABLE JOHN BACHMAN, MAYOR

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.....	.....		.....	1.3	1.3	mg/L	0	7/2 mo	Grab
00310 10 Effluent Gross	PERMIT REQUIREMENT	.....	.....		.....	30 30DA AVG	45 7 DA AVG	mg/L		See Permit	GRAB
pH	SAMPLE MEASUREMENT	<i>check your pH log use your pH instead</i>			2.65	.....	8.82	SU	0	7/2 mo	Grab
00400 10 Effluent Gross	PERMIT REQUIREMENT	.....	.....		6.5 MINIMUM	.....	9 MAXIMUM	SU		See Permit	INSTAN
Solids, total suspended	SAMPLE MEASUREMENT	.....	.....		.....	22.75	22.75	mg/L	0	7/2 mo	Grab
00530 10 Effluent Gross	PERMIT REQUIREMENT	.....	.....		.....	110 30DA AVG	165 7 DA AVG	mg/L		See Permit	GRAB
Oil & grease	SAMPLE MEASUREMENT	.....	.....		.....	.....	2.2	mg/L	0	7/2 mo	Grab
00556 10 Effluent Gross	PERMIT REQUIREMENT	.....	.....		.....	.....	10 DAILY MX	mg/L		See Permit	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	.....	.....		.....	.....	3.6	#/100mL	0	7/2 mo	Grab
31648 10 Effluent Gross	PERMIT REQUIREMENT	.....	.....		.....	.....	Req. Mon. DAILY MX	#/100mL		See Permit	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	.....	0		.....	.....	.....		0	7/2 mo	Visual
45613 10 Effluent Gross	PERMIT REQUIREMENT	.....	0 INST MAX	Y=1;N=0	.....	.....	.....			See Permit	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2000 gpm	2000	gal/min	.....	.....	.....		0	7/2 mo	Flow
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	.....	.....	.....			See Permit	INSTAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE			
			AREA Code	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		605914898310	7	31

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IF NO DISCHARGE OCCURS DURING THE REPORTING PERIOD, "NO DISCHARGE" SHALL BE REPORTED.

INDIAN-EPA

Note: DENR sup.

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EAGLE BUTTE, SD 57625
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	*****	*****		0	1/2 mo.	Visual
B4066 10 Effluent Gross	PERMIT REQUIREMENT	*****	0 INST MAX	Y=1;N=0	*****	*****	*****			See Permit	VISUAL

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