

DISCHARGE MONITORING REPORT GENERATOR - WELLINGTON OPERATING COMPANY - prepared by STEWART ENVIRONMENTAL CONSULTANTS, INC.

Facility Information:

Name:

Wellington Operating Co.

Mailing Address:

6065 S. Quebec Street, Suite 201

City, State, Zip:

Englewood, CO 80111

Location Address:

1590 East Larimer County Road 70

City, State, Zip:

Wellington, CO 80549

Telephone:

303-220-5399

Contact Name:

Bradley A. Pomeroy

Permit Number

COGCC 281818 & 281824

DATE:	Year	Month	Day
Monitoring Period Start:	2008	10	1
Monitoring Period Stop:	2008	10	30
Date Form Completed:	2008	11	21

Sample Location Result																				
Parameter:	001 A										050 A		050 B		050 C		050 D		050 E	
	# 1	# 2	# 3	# 4	# 5	Average	Minimum	Maximum	# Samples	Type	# 1	Type	# 1	Type	# 1	Type	# 1	Type	# 1	Type
Flow - MGD	0.1011	0.1070	0.0964	0.1050	0.1129	0.1045		0.1129	5	recorder										
pH min	7.82	7.83	7.73	7.71	7.71		7.71													
pH max	7.89	8.00	8.26	7.72	7.95			8.26	5	grab										
Oil & Grease - Visible Sheen Yes = 1 No = 0		0						0	1	visual										
Oil & Grease								N.S.	0	grab										
Total Dissolved Solids		2910						2910	1	composite	1200	grab	1490	grab	826	grab	988	grab	1274	grab
Chloride as Cl		537.4						537.4	1	composite	15.4	grab	427	grab	82.3	grab	9.7	grab	71.4	grab
Fluoride, Total as F		4.9						4.9	1	composite	1.0	grab	0.9	grab	0.8	grab	0.8	grab	0.7	grab
Sodium, as Na		1030						1030	1	composite	41.0	grab	310	grab	59.7	grab	32.6	grab	48.9	grab
Sulfate as S		12.5						12.5	1	composite	794	grab	120	grab	350	grab	729	grab	750.5	grab
Barium, Total as Ba		9.87						9.87	1	composite	0.011	grab	0.094	grab	0.017	grab	0.011	grab	0.030	grab
Boron, Total as B		3.13						3.13	1	composite	0.17	grab	2.27	grab	0.29	grab	0.17	grab	0.18	grab
Thallium, Total as Tl		< 0.01						0	1	composite	< 0.01	grab	<0.01	grab	< 0.01	grab	<0.01	grab	< 0.01	grab
Benzene		<0.001						<0.001	1	grab			N.S.	grab 1/365						
Toluene		<0.002						<0.002	1	grab			N.S.	grab 1/365						
Ethyl Benzene		<0.002						<0.002	1	grab			N.S.	grab 1/365						
Xylene, Total		<0.004						<0.004	1	grab			N.S.	grab 1/365						
Naphthalene		<0.002						<0.002	1	grab										

Complete Only If NO Discharge:

NO DISCHARGE:

050 B: Enter "N.S" instead of concentration values
when Not Sampled (annual BTEX)
Also manually enter "0" in "# EX" column if N.S.

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

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111

FACILITY

LOCATION 1590 East Larimer County Road 70
Wellington, CO 80549

ATTN: Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

COGCC 281818 & 281824
PERMIT NUMBER

001 A
DISCHARGE NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2008	10	1		2008	10	30

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

DISCHARGE TO PIPELINE

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.1045	0.1129	(03)	*****	*****	*****	*****	0	30/30	recorder				
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.144 30 DA AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		CONTIN	RECORDER				
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	0	(94)	*****	*****	*****	*****	0	1/7	visual				
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		INST MAX YES = 1 NO = 0	YES = 1 NO = 0	*****	*****	*****	*****		WEEKLY	VISUAL				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	contingent	grab				
03582 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	MG/L		CONTIN GENT	GRAB				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.71	*****	8.26	(12)	0	1/7	grab				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		WEEKLY	GRAB				
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2910	(19)	0	1/30	composite				
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE				
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	537.4	(19)	0	1/30	composite				
00940 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE				
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9	(19)	0	1/30	composite				
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE				
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						
RANDY R. EVANS Operator in Responsible Charge						303-220-5399			2008	11	21				
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR MO DAY				
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)															

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

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FACILITY

LOCATION 1590 East Larimer County Road 70
Wellington, CO 80549

ATTN: Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

COGCC 281818 & 281824
PERMIT NUMBER

001 A
DISCHARGE NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2008	10	1		2008	10	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

DISCHARGE TO PIPELINE

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SODIUM as Na EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1030	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
SULFATE as S 00154 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.5	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
BARIUM, TOTAL as Ba 01007 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.87	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
BORON, TOTAL as B 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.13	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
THALLIUM as Th 01059 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	(19)	0	1/30	composite
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
BENZENE 34030 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.001	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.005 DAILY MAX	MG/L		ONCE/ MONTH	GRAB
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.002	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	1 DAILY MAX	MG/L		ONCE/ MONTH	GRAB

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RANDY R. EVANS Operator in Responsible Charge			303-220-5399		2008	11	21
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Please see cover letter for discussion.

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

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

COGCC 281818 & 281824
PERMIT NUMBER001 A
DISCHARGE NUMBERE & P WASTES
(SUBR DP)
F - FINALForm Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD

FROM
YEAR MO DAY
2008 10 1
TO
YEAR MO DAY
2008 10 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

DISCHARGE TO PIPELINE

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ETHYLBENZENE		*****	*****	*****	*****	*****	<0.002	(19)	0	1/30	grab
37371 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.7 DAILY MAX	MG/L		ONCE/ MONTH	GRAB
XYLENES,TOTAL		*****	*****	*****	*****	*****	<0.004	(19)	0	1/30	grab
81551 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.4 DAILY MAX	MG/L		ONCE/ MONTH	GRAB
NAPHTHALENE		*****	*****	*****	*****	*****	<0.002	(19)	0	1/30	grab
34696 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.14 DAILY MAX	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 THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
RANDY R. EVANS Operator in Responsible Charge			303-220-5399		2008	11	21
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

FACILITY
1590 East Larimer County Road 70

LOCATIONWellington, CO 80549
Bradley A. Pomeroy

MONITORING PERIOD
FROM
YEARMO DAY
2008101
TO
YEARMO DAY
20081030
(20-21)(22-23)(24-25)(26-27)(28-29)(30-31)

UPGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1200	1200	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	41	41	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.4	15.4	(19)	0	1/30	grab
940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	794	794	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.011	0.011	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.17	0.17	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
RANDY R. EVANS
Operator in Responsible Charge
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
303-220-5399

DATE
20081121

AREA CODE
NUMBER
YEAR
MO
DAY

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

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YEAR	MO	DAY	YEAR	MO	DAY
2008	10	1	2008	10	30

FROM

TO

UPGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.01	< 0.01	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX		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	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RANDY R. EVANS Operator in Responsible Charge TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			303-220-5399	2008	11	21	
AREA CODE	NUMBER	YEAR	MO	DAY			

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

DOWNGRADIENT ALLUVIAL GROUNDWATER

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1490	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	310	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	427	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	*****	120	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.9	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.094	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.27	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	VISUAL

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				
RANDY R. EVANS			303-220-5399		2008	11	21		
Operator in Responsible Charge			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED									

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

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

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

COGCC 281818 & 281824
PERMIT NUMBER

(17-19)

050 B
DISCHARGE NUMBERE & P WASTES
(SUBR DP)
F - FINALForm Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	10	1	2008	10	30
(20-21)		(22-23)	(26-27)		(28-29)
(24-25)			(30-31)		

DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	0.005 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
TOLUENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	1 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
ETHYLBENZENE	SAMPLE MEASUREMENT		*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	0.7 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
XYLENES, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	1.4 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE				DATE		
RANDY R. EVANS		303-220-5399				2008	11	21
Operator in Responsible Charge		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				YEAR	MO	DAY
TYPED OR PRINTED		AREA CODE	NUMBER					

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

NOTE: "N.S." SIGNIFIES THAT THE OUTFALL WAS "Not Sampled" FOR THE CURRENT REPORTING PERIOD

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

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

COGCC 281818 & 281824
PERMIT NUMBER

(17-19)

050 C
DISCHARGE NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD

YEAR MO DAY
2008 10 1

FROM

YEAR MO DAY
2008 10 30

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

1/4-MILE DOWNGRAIDENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	826	826	(19)	0	1/30	grab	
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/ MONTH	GRAB		
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	59.7	59.7	(19)	0	1/30	grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		ONCE/ MONTH	GRAB		
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	82.3	82.3	(19)	0	1/30	grab	
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250	REPORT		ONCE/ MONTH	GRAB		
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	350	350	(19)	0	1/30	grab	
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT	REPORT		ONCE/ MONTH	INSTAN		
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.8	0.8	(19)	0	1/30	grab	
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2	REPORT		ONCE/ MONTH	GRAB		
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.017	0.017	(19)	0	1/30	grab	
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2	REPORT		ONCE/ MONTH	GRAB		
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.29	0.29	(19)	0	1/30	grab	
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	5	REPORT		ONCE/ MONTH	VISUAL		
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				
RANDY R. EVANS						303-220-5399		2008 11 21				
Operator in Responsible Charge												
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

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

NAME Wellington Operating Co.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111COGCC 281818 & 281824
PERMIT NUMBER050 C
DISCHARGE NUMBERE & P WASTES
(SUBR DP)
F - FINALForm Approved.
OMB No. 2040-0004
Approval expires

LARIMER

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	10	1	2008	10	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

TO

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			(54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.01	< 0.01	(19)	0	1/30	grab		
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	0.002	REPORT			ONCE/ MONTH	GRAB		
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	MG/L					
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****					
	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 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								
RANDY R. EVANS						303-220-5399		2008	11	21						
Operator in Responsible Charge						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY						
TYPED OR PRINTED																
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																

FACILITY
1590 East Larimer County Road 70

LOCATION
Wellington, CO 80549
Bradley A. Pomeroy

MONITORING PERIOD
FROM
YEARMO DAY
2008101
TO
YEARMO DAY
20081030
(20-21)(22-23)(24-25)(26-27)(28-29)(30-31)

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) (46-53)QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)QUANTITY OR CONCENTRATION (46-53)	(54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	988	988	(19)	0	1/30	grab
70295EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.6	32.6	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.7	9.7	(19)	0	1/30	grab
00940EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	*****	*****	729	729	(19)	0	1/30	grab
00154EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.8	0.8	(19)	0	1/30	grab
00951EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.011	0.011	(19)	0	1/30	grab
01007EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.17	0.17	(19)	0	1/30	grab
01022EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	5 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	VISUAL
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			
RANDY R. EVANS Operator in Responsible Charge								303-220-5399		2008	11
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549
Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
COGCC 281818 & 281824
PERMIT NUMBER(17-19)
050 D
DISCHARGE NUMBERE & P WASTES
(SUBR DP)
F - FINALForm Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD

FROM
YEAR MO DAY
2008 10 1
(20-21) (22-23) (24-25)
TO
YEAR MO DAY
2008 10 30
(26-27) (28-29) (30-31)

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as Th 01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.01	<0.01	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****		*****	0.002 30 DA AVG	REPORT DAILY MAX	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	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RANDY R. EVANS

Operator in Responsible Charge

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
OR AUTHORIZED AGENT

TELEPHONE

303-220-5399

AREA
CODE

NUMBER

DATE

2008

11

21

YEAR

MO

DAY

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

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

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111

FACILITY

1590 East Larimer County Road 70

LOCATION Wellington, CO 80549

Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

COGCC 281818 & 281824
PERMIT NUMBER

(17-19)

050 E
DISCHARGE NUMBER

E & P WASTES

(SUBR DP)

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires

LARIMER

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
		YEAR	MO	DAY	YEAR	MO	DAY				
70295 TOTAL DISSOLVED SOLIDS EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	1274	1274	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	48.9	48.9	(19)	0	1/30	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	71.4	71.4	(19)	0	1/30	grab
00940	PERMIT REQUIREMENT	*****	*****	*****	*****	250 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*****	(03)	*****	750.5	750.5	(19)	0	1/30	grab
00154	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.7	0.7	(19)	0	1/30	grab
00951	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.030	0.030	(19)	0	1/30	grab
01007	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.18	0.18	(19)	0	1/30	grab
01022	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	VISUAL
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			
RANDY R. EVANS						303-220-5399		2008	11	21	
Operator in Responsible Charge						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

NAME Wellington Operating Co.

ADDRESS 6065 S. Quebec Street, Suite 201
Englewood, CO 80111

FACILITY 1590 East Larimer County Road 70
LOCATION Wellington, CO 80549
Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

COGCC 281818 & 281824
PERMIT NUMBER

(17-19)

050 E
DISCHARGE NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2008	10	1	2008	10	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

1/4-MILE DOWNGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.01	< 0.01	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.002	REPORT	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	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

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						
RANDY R. EVANS						303-220-5399		2008	11	21				
Operator in Responsible Charge						NUMBER		YEAR	MO	DAY				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE								
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)														