

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:	2009	12	1
Monitoring Period Stop:	2009	12	31
Date Form Completed:	2010	1	11

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	0.1003	0.0678	0.0629	0.0758	0.0845	0.0783		0.1003	5	recorder										
pH min	7.75	7.75	7.70	7.82	7.73		7.70													
pH max	7.82	8.14	8.06	8.15	8.03			8.15	5	grab										
Oil & Grease - Visible Sheen Yes = 1 No = 0	0							0.00	1	visual										
Oil & Grease									0	grab										
Total Dissolved Solids	2310							2310	1	composite	1292	grab	1670	grab	1096	grab	1244	grab	1108	grab
Chloride as Cl	449.0							449.0	1	composite	10.70	grab	322	grab	29.40	grab	8.58	grab	11.4	grab
Fluoride, Total as F	4.11							4.11	1	composite	0.66	grab	1.12	grab	0.589	grab	0.544	grab	0.59	grab
Sodium, as Na	899							899	1	composite	45.8	grab	350	grab	53.3	grab	32.2	grab	35.3	grab
Sulfate as S	9.38							9.38	1	composite	690	grab	234	grab	545	grab	620	grab	605	grab
Barium, Total as Ba	10.1							10.10	1	composite	0.012	grab	0.068	grab	0.013	grab	0.012	grab	0.010	grab
Boron, Total as B	2.87							2.87	1	composite	0.172	grab	1.58	grab	0.204	grab	0.158	grab	0.162	grab
Thallium, Total as Tl	< 0.002							< 0.002	1	composite	< 0.002	grab	< 0.002	grab	< 0.002	grab	< 0.002	grab	< 0.002	grab
Benzene	0.002							< 0.001	1	grab			0	N.S.						
Toluene	< 0.002							< 0.002	1	grab			0	N.S.						
Ethyl Benzene	< 0.002							< 0.002	1	grab			0	N.S.						
Xylene, Total	< 0.004							< 0.004	1	grab			0	N.S.						
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)

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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)

COGCC 281818 & 281824  
PERMIT NUMBER

(17-19)

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		
2009			12			1		
2009			12			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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0783	0.1003	(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	*****	*****	*****		WEEKLY	VISUAL
			YES = 1 NO = 0	NO = 0						
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N.S.	(19)	0	contingent
03582 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10		CONTIN	GRAB
							INST MAX	MG/L	GENT	
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.15	(12)	0	1/7
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5	*****	8.5		WEEKLY	GRAB
					MINIMUM		MAXIMUM	SU		
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2310	(19)	0	1/30
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT		ONCE/	COMPOSITE
							DAILY MAX	MG/L	MONTH	
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	449	(19)	0	1/30
00940 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT		ONCE/	COMPOSITE
							DAILY MAX	MG/L	MONTH	
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.11	(19)	0	1/30
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT		ONCE/	COMPOSITE
							DAILY MAX	MG/L	MONTH	

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		2010		1	11
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)

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ATTN: Bradley A. Pomeroy

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

COGCC 281818 & 281824  
PERMIT NUMBER

(17-19)

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	TO	YEAR	MO	DAY
2009	12	1		2009	12	31
(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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	899	(19)	0	1/30	composite
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
SULFATE as S	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.38	(19)	0	1/30	composite
00154 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.1	(19)	0	1/30	composite
01007 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.87	(19)	0	1/30	composite
01022 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
THALLIUM as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	(19)	0	1/30	composite
01059 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE
BENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.001	(19)	0	1/30	grab
34030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	0.005 DAILY MAX	MG/L		ONCE/ MONTH	GRAB
TOLUENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.002	(19)	0	1/30	grab
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	1 DAILY MAX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RANDY R. EVANS

Operator in Responsible Charge

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
OR AUTHORIZED AGENT

TELEPHONE

303-220-5399

AREA  
CODE

NUMBER

DATE

2010

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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)

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

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549  
Bradley A. Pomeroy

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(2-16)

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LARIMER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
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DISCHARGE TO PIPELINE

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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			
ETHYLBENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 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	*****	*****		*****	*****	*****				

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RANDY R. EVANS

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LARIMER

FACILITY 1590 East Larimer County Road 70

LOCATION Wellington, CO 80549  
Bradley A. Pomeroy

FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2009	12	1	TO	2009	12	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

UPGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE ☐ \*\*\*

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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	*****	*****	*****	*****	1292	1292	(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	*****	*****	*****	*****	45.8	45.8	(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	*****	*****	*****	*****	10.7	10.7	(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)	*****	690	690	(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	*****	*****	*****	*****	0.658	0.658	(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	*****	*****	*****	*****	0.012	0.012	(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	*****	*****	*****	*****	0.172	0.172	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB

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FROM

TO

UPGRADIENT ALLUVIAL GROUNDWATER

\*\*\* NO DISCHARGE ☐ \*\*\*

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PARAMETER  (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (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	*****	*****	*****	*****	< 0.002	< 0.002	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	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	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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FROM			TO				
YEAR	MO	DAY	YEAR	MO	DAY		
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\*\*\* 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	*****	*****	*****	*****	*****	1670	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	350	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	322	(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)	*****	*****	234	(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	*****	*****	*****	*****	*****	1.1	(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	*****	*****	*****	*****	*****	0.068	(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	*****	*****	*****	*****	*****	1.58	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	VISUAL

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.	TELEPHONE		DATE		
		303-220-5399		2010	1	11
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2009	12	1	2009	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

DOWNGRADIANT 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			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.002	(19)	0	1/30	grab
01059 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BENZENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.005 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
TOLUENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
ETHYLBENZENE	SAMPLE MEASUREMENT		*****	*****	*****	*****	0	(19)	0	1/365	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.7 DAILY MAX	MG/L		ONCE/ YEAR	GRAB
XYLENES, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	(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	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		2010	1	11	
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) **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	YEAR	MO	DAY
2009	12	1	2009	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)									
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM												
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1096	1096	(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	*****	*****	*****	*****	53.3	53.3	(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	*****	*****	*****	*****	29.4	29.4	(19)	0	1/30	grab								
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB								
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	545	545	(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	*****	*****	*****	*****	0.589	0.589	(19)	0	1/30	grab								
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB								
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.013	0.013	(19)	0	1/30	grab								
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB								
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.204	0.204	(19)	0	1/30	grab								
01022 EFFLUENT 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								303-220-5399		2010	1	11							
Operator in Responsible Charge								AREA CODE	NUMBER										
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2009	12	1		2009	12	31
(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			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.002	< 0.002	(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		2010	1	11				
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 D  
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
2009	12	1	2009	12	31

FROM (20-21) (22-23) (24-25) TO (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			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1244	1244	(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	*****	*****	*****	*****	32.2	32.2	(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	*****	*****	*****	*****	8.58	8.58	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	*****	*****	620	620	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.544	0.544	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.012	0.012	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2 30 DA AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.158	0.158	(19)	0	1/30	grab
01022 EFFLUENT 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			303-220-5399		2010	1	11		
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.

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 D  
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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
2009	12	1	2009	12	31	
(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			
THALLIUM, TOTAL as Th	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.002	< 0.002	(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	*****	*****	*****	*****	*****	*****	*****			

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

2010

1

11

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

LARIMER

## MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2009	12	1	2009	12	31

FROM

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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)	UNITS			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1108	1108	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.3	35.3	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.4	11.4	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	250 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	605	605	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.588	0.588	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BARIUM, TOTAL as Ba	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.010	0.010	(19)	0	1/30	grab
01007 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY MAX	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.162	0.162	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	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		2010	1	11
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)**

Form Approved.

OMB No. 2040-0004

Approval expires

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

(2-16)  
**COGCC 281818 & 281824**  
PERMIT NUMBER

(17-19)  
**050 E**  
DISCHARGE NUMBER

E & P WASTES  
(SUBR DP)  
F - FINAL

LARIMER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2009	12	1	2009	12	31
(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			
THALLIUM, TOTAL as Th  01059 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.002	< 0.002	(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	*****	*****	*****	*****	*****	*****	*****			

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		2010	1	11		
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)