

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:	2010	1	1
Monitoring Period Stop:	2010	1	31
Date Form Completed:	2010	2	10

Sample Location Result

	001 A										050 A	
Parameter:	# 1	# 2	# 3	# 4	# 5	Average	Minimum	Maximum	# Samples	Type	# 1	Type
Flow - MGD	0.0605	0.0711	0.0715	0.0679		0.0678		0.0715	4	recorder		
pH min	7.65	7.75	7.66	7.68			7.65					
pH max	7.90	8.01	7.97	8.02				8.02	4	grab		
Oil & Grease - Visible Sheen Yes = 1 No = 0		0						0.00	1	visual		
Oil & Grease									0	grab		
Total Dissolved Solids		2,374						2,374	1	composite	1,322	grab
Chloride as Cl		465.0						465.0	1	composite	8.60	grab
Fluoride, Total as F		4.71						4.71	1	composite	0.33	grab
Sodium, as Na		947						947	1	composite	50.8	grab
Sulfate as S		11.7						11.70	1	composite	750	grab
Barium, Total as Ba		7.29						7.29	1	composite	0.014	grab
Boron, Total as B		2.88						2.88	1	composite	0.186	grab
Thallium, Total as Tl		< 0.002						< 0.002	1	composite	< 0.002	grab
Benzene		<0.001						< 0.001	1	grab		
Toluene		< 0.002						< 0.002	1	grab		
Ethyl Benzene		< 0.002						< 0.002	1	grab		
Xylene, Total		< 0.004						< 0.004	1	grab		
Naphthalene		< 0.002						< 0.002	1	grab		

Complete Only If NO Discharge:

NO DISCHARGE: ☐

050 B		050 C		050 D		050 E	
# 1	Type	# 1	Type	# 1	Type	# 1	Type
1,586	grab	1,218	grab	1,440	grab	1,224	grab
630	grab	42.40	grab	6.70	grab	96.6	grab
1.04	grab	0.44	grab	0.39	grab	0.54	grab
342	grab	50.7	grab	31.9	grab	44.8	grab
800	grab	500	grab	665	grab	459	grab
0.058	grab	0.012	grab	0.010	grab	0.021	grab
1.49	grab	0.211	grab	0.171	grab	0.170	grab
< 0.002	grab	< 0.002	grab	< 0.002	grab	< 0.002	grab
0	N.S.						
0	N.S.						
0	N.S.						
0	N.S.						

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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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		
2010			1			1		
2010			1			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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0678	0.0715	(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	*****	*****	*****	*****		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	*****	*****	*****	7.65	*****	8.02	(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	*****	*****	*****	*****	*****	2374	(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	*****	*****	*****	*****	*****	465	(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	*****	*****	*****	*****	*****	4.71	(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		2010	2	10
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	

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

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FACILITY

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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

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YEAR	MO	DAY	TO	YEAR	MO	DAY
2010	1	1	TO	2010	1	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) (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						
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	947	(19)	0	1/30	composite			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMPOSITE			
SULFATE as S	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.7	(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	*****	*****	*****	*****	*****	7.29	(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	*****	*****	*****	*****	*****	2.88	(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			
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RANDY R. EVANS							303-220-5399		2010		2		10	
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) Please see cover letter for discussion.														

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

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Bradley A. Pomeroy

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(2-16)

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DISCHARGE TO PIPELINE

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		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	*****	*****		*****	*****	*****				
	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

2

10

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)

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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
2010	1	1	TO	2010	1	31
(20-21)		(22-23)	(24-25)	(26-27)		(28-29)
		(30-31)				

UPGRADIENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1322	1322	(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	*****	*****	*****	*****	50.8	50.8	(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	*****	*****	*****	*****	8.6	8.6	(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)	*****	750	750	(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	*****	*****	*****	*****	0.33	0.33	(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	*****	*****	*****	*****	0.014	0.014	(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	*****	*****	*****	*****	0.186	0.186	(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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Operator in Responsible Charge		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY
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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		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	*****	*****		*****	*****	*****				

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DOWNGRADIANT ALLUVIAL GROUNDWATER

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FROM		YEAR		MO		DAY		TO		YEAR		MO		DAY	
		2010		1		1				2010		1		31	
		(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)			(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	*****	*****	*****	*****	*****	1586	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	342	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	630	(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)	*****	*****	800	(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	*****	*****	*****	*****	*****	1.0	(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	*****	*****	*****	*****	*****	0.058	(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	*****	*****	*****	*****	*****	1.49	(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	2	10
		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 NUMBER

E & P WASTES
(SUBR DP)
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires

LARIMER

MONITORING PERIOD

YEAR	MO	DAY
2010	1	1

FROM

YEAR	MO	DAY
2010	1	31

TO

DOWNGRADIANT 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	(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	2	10		
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)

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
2010	1	1	2010	1	31

FROM

TO

1/4-MILE DOWNGRAIDENT ALLUVIAL GROUNDWATER

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(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
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1218	1218	(19)	0	1/30	grab
70295 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT	MG/L		ONCE/ MONTH	GRAB
SODIUM as Na	SAMPLE MEASUREMENT	*****	*****	*****	*****	50.7	50.7	(19)	0	1/30	grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT	MG/L		ONCE/ MONTH	GRAB
CHLORIDE as Cl	SAMPLE MEASUREMENT	*****	*****	*****	*****	42.4	42.4	(19)	0	1/30	grab
00940 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	250	REPORT	MG/L		ONCE/ MONTH	GRAB
SULFATE as S	SAMPLE MEASUREMENT		*****	(03)	*****	500	500	(19)	0	1/30	grab
00154 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	REPORT	REPORT	MG/L		ONCE/ MONTH	INSTAN
FLUORIDE, TOTAL as F	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.44	0.44	(19)	0	1/30	grab
00951 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	2	REPORT	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	REPORT	MG/L		ONCE/ MONTH	GRAB
BORON, TOTAL as B	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.211	0.211	(19)	0	1/30	grab
01022 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	5	REPORT	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	2	10	
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

COGCC 281818 & 281824

PERMIT NUMBER

(17-19)

050 C

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires

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	TO	YEAR	MO	DAY
2010	1	1	TO	2010	1	31

FROM

TO

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

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

2

10

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 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
2010	1	1	2010	1	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

TO

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	*****	*****	*****	*****	1440	1440	(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	*****	*****	*****	*****	31.9	31.9	(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	*****	*****	*****	*****	6.7	6.7	(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		*****	*****	*****	665	665	(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	*****	*****	*****	*****	0.39	0.39	(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	*****	*****	*****	*****	0.01	0.01	(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	*****	*****	*****	*****	0.171	0.171	(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	2	10	
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			
2010			1			1			
(20-21)			(22-23)			(24-25)			

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	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	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	2	10	
Operator in Responsible Charge		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
TYPED OR PRINTED				AREA CODE		NUMBER		YEAR	MO

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

YEAR	MO	DAY	YEAR	MO	DAY
2010	1	1	2010	1	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	UNITS			
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1224	1224	(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	*****	*****	*****	*****	44.8	44.8	(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	*****	*****	*****	*****	96.6	96.6	(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)	*****	459	459	(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	*****	*****	*****	*****	0.54	0.54	(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	*****	*****	*****	*****	0.021	0.021	(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	*****	*****	*****	*****	0.17	0.17	(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	2	10	
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.

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 80111COGCC 281818 & 281824
PERMIT NUMBER050 E
DISCHARGE NUMBERE & 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
2010	1	1	2010	1	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

DATE

2010

2

10

AREA
CODE

NUMBER

YEAR

MO

DAY

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