NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

1041 2008-001

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM S1 PIPELINE BLOWOFF 1
LOCATION: SPAULDING AVE AND ASHFORD DR 2.7 MI SW
ALONG EASEM
PUEBLO WEST, CO 81007
ATTN: Keith Riley, Deputy Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604242	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/13/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	**6.8**	**8.0**		SU	0	2	insitu
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	**< 2**		mg/L	0	1	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 DAILY MX	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	**256**		mg/L	1	1	Grab
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	250 DAILY MX	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	**< 20**		ug/L	0	1	Grab
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	300 DAILY MX	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	*****	**< 4.9**		mg/L	0	1	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	*****	10 DAILY MX	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	**400**	**300**		******	******	******	******	0	2	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	gal/min	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ
Sulfate	SAMPLE MEASUREMENT	******	******	******	******	**66.5**		mg/l	0	1	Grab
81020 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	250 DAILY MX	250 DAILY MX	mg/L		Twice per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719-668-8667		07/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

Exceedance of Cl, see original cover letter submitted 6 26 2015 for explanation. Corrected DMR without 6 3 2015 data.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM S1 PIPELINE BLOWOFF 1
LOCATION: SPAULDING AVE AND ASHFORD DR 2.7 MI SW
ALONG EASEM
PUEBLO WEST, CO 81007
ATTN: Keith Riley, Deputy Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604242	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/13/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	**No Sheen**	**No Sheen**	**0**	******	******	******	******	0	2	Visual
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719-668-8667		07/28/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	002-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		6/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	002-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	003-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	003-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	004-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	004-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	005-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	005-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	006-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007
ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	006-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	007-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Williams Creek to Arkansas River
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	007-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Williams Creek to Arkansas River External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	008-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Ark
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	008-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Ark
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	009-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Ark
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	009-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Ark:
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	010-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Dry Creek Tributary to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	010-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Dry Creek Tributary to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	011-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	011-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	012-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	Allison Mosser	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	012-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	013-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Young Holk
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	013-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Young Holl
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947

FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	014-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Young Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	014-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/21/2015	05/31/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Young Hollow Tributary to Fountai
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		06/26/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	003-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	003-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	004-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	006-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Arkansas R
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Williams Creek to Arkansas River
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	007-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Williams Creek to Arkansas River
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	008-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Ark
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	008-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Arka
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	009-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Ark
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	009-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Wild Horse Creek Tributary to Ark
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	010-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Dry Creek Tributary to Arkansas R
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Allison Mosser	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.	Allison Mosser	719 668-8667	07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	010-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Dry Creek Tributary to Arkansas R
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	011-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	012-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	012-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Steele Hollow Tributary to Fountai
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

COG604246	013-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Young Holl
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	013-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Unnamed Drainage to Young Holl
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	014-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Young Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	******					
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******	******		Twice per Discharge	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM RAW WATER PIPELINE P
LOCATION: BEGIN AT PUEBLO RESERVOIR DAM NORTH
PUEBLO WEST, CO 81007

ATTN: Keith Riley, Dpty Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604246	014-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Young Hollow Tributary to Fountai
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM S1 PIPELINE BLOWOFF 1
LOCATION: SPAULDING AVE AND ASHFORD DR 2.7 MI SW
ALONG EASEM
PUEBLO WEST, CO 81007
ATTN: Keith Riley, Deputy Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604242	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT		******			8.0		SU	0	1	Insitu
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Twice per Discharge	INSITU
Solids, total suspended	SAMPLE MEASUREMENT		******		******	13		mg/L	0	1	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Twice per Discharge	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT		******	******	******	5.02			0	1	Grab
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	<20			0	1	Grab
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	300 DAILY MX	ug/L		Twice per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	<4.9			0	Contingent	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	300		gal/min	******	******	******	******	0	1	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******		******	gpm		Twice per Discharge	CK REQ
Sulfate	SAMPLE MEASUREMENT	******	******	******	******	63.5			0	1	Grab
81020 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	250 DAILY MX	mg/L		Twice per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: Colorado Springs Utilities
ADDRESS: PO Box 1103 MC 0930
Colorado Springs, CO 80947
FACILITY: SOUTHERN DELIVERY SYSTEM S1 PIPELINE BLOWOFF 1
LOCATION: SPAULDING AVE AND ASHFORD DR 2.7 MI SW
ALONG EASEM
PUEBLO WEST, CO 81007
ATTN: Keith Riley, Deputy Prog Dir

PERMIT NUMBER	DISCHARGE NUMBER
COG604242	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 80947
MINOR

Discharge to Arkansas River
External Outfall

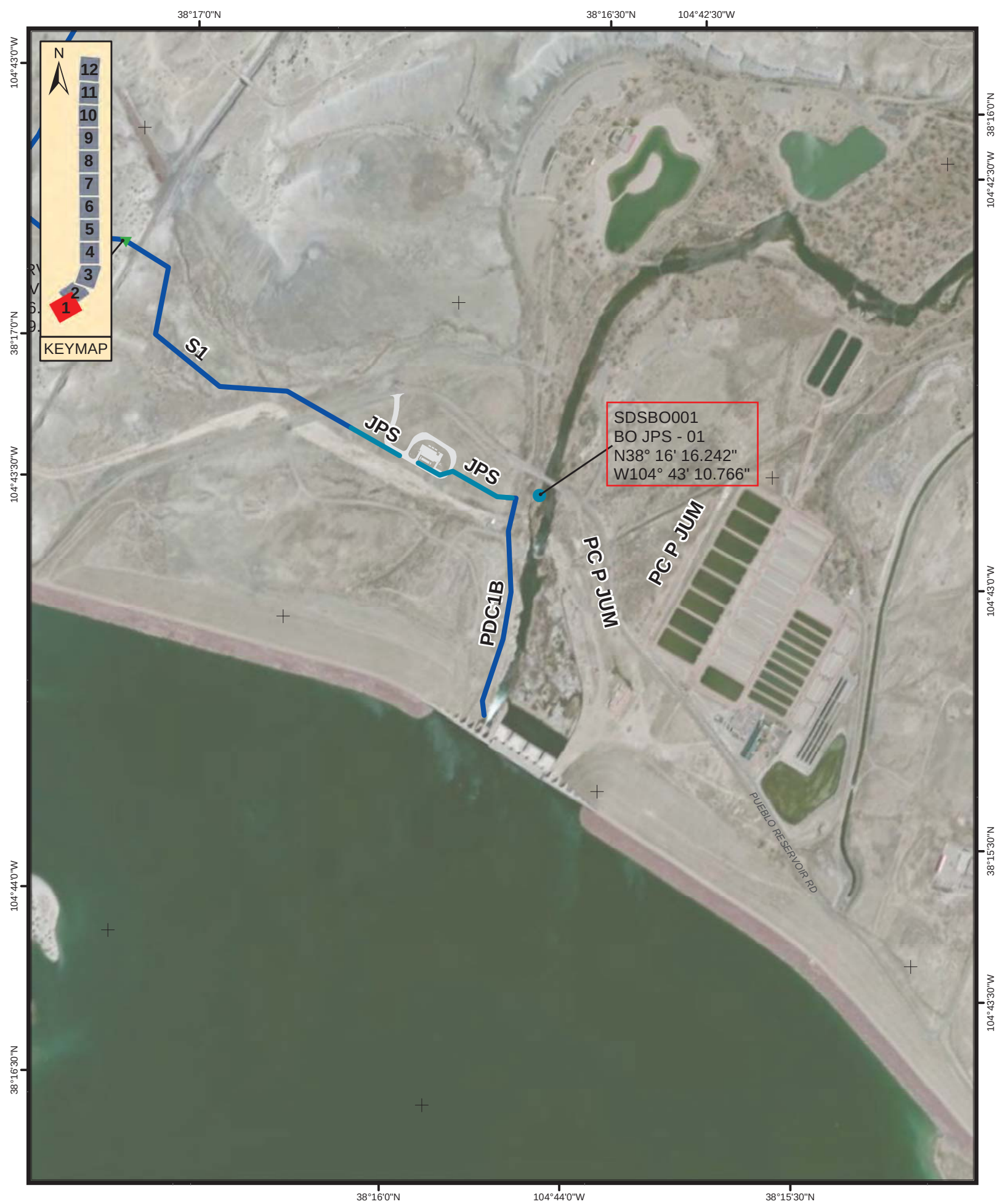
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******	No Sheen	0	******	******	******	******	0	1	Visual
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Twice per Discharge	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Allison Mosser	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.	Allison Mosser	719 668-8667		07/27/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Oil & grease - see C.11, pg 10. Any additional data collected for other entities will be submitted within 48 hours of receipt. Best mgmt practices shall be followed for the duration of the discharge.



GATE
BLOWOFF
CARV

SDS Water for generations

Pueblo County Pipeline Appurtenances

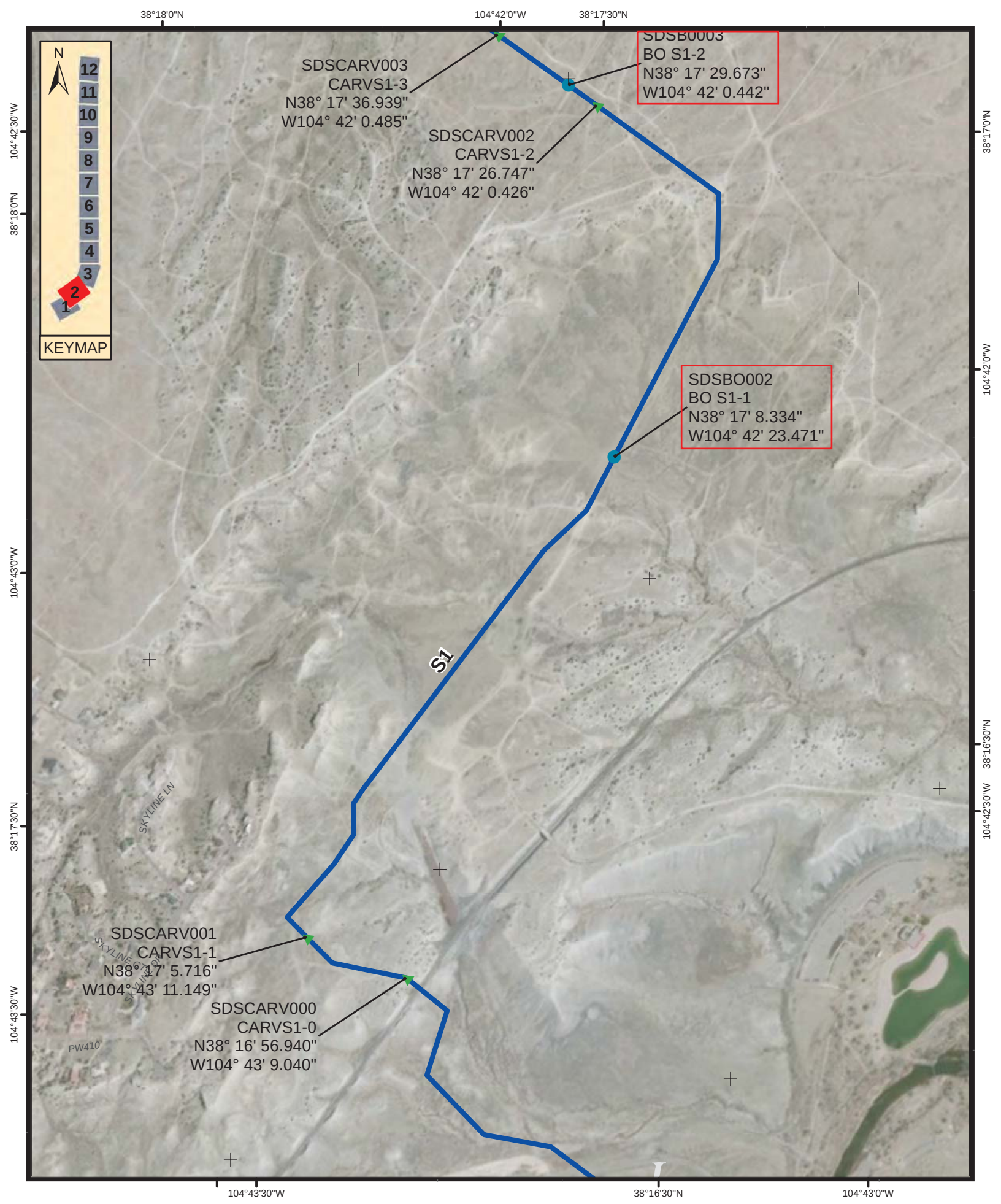
Page #: 1 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

SDS Water for generations

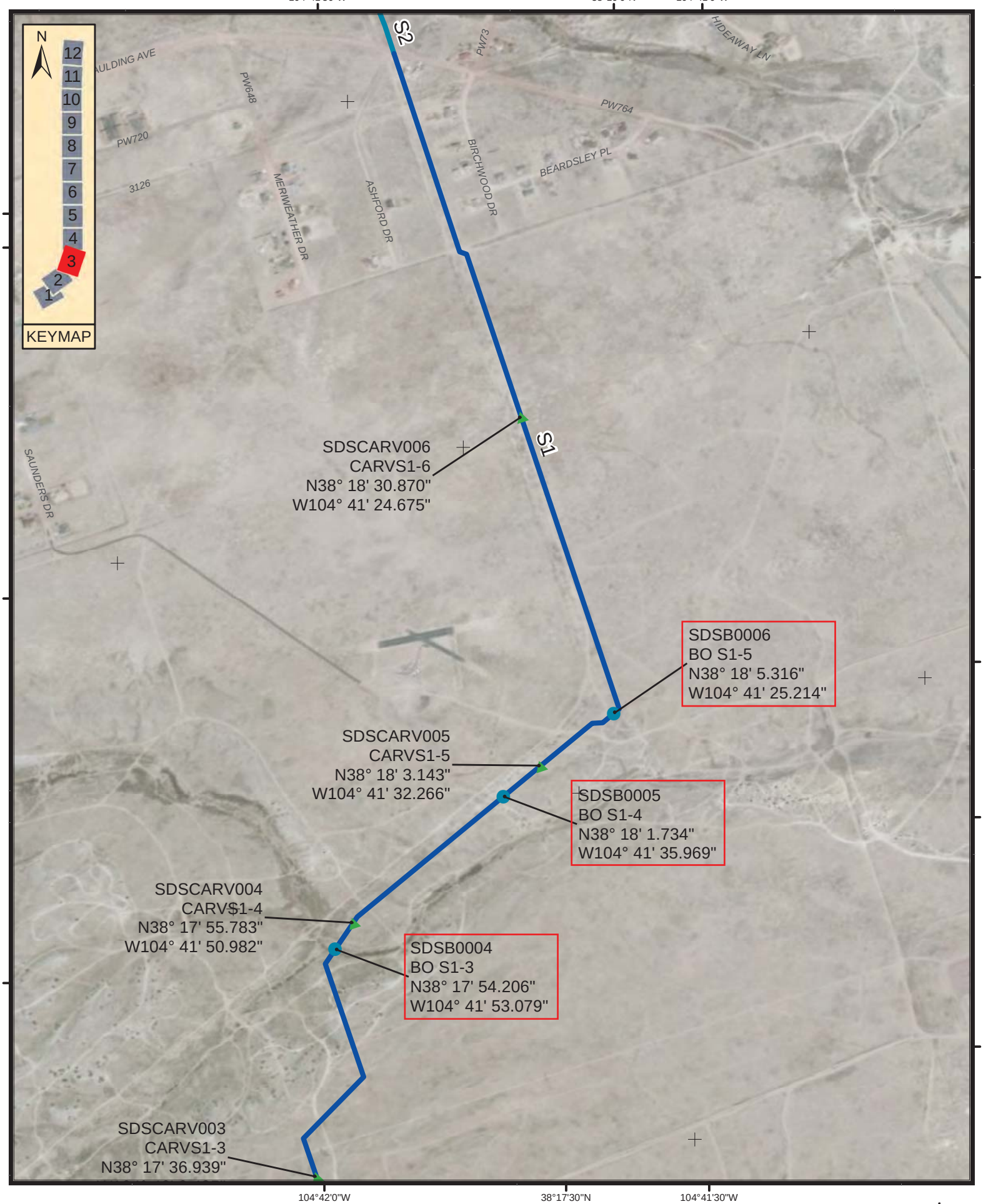
Pueblo County Pipeline Appurtenances

Page #: 2 of 12

500 250 0 500
Feet

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

SDS Water for generations

Pueblo County Pipeline Appurtenances

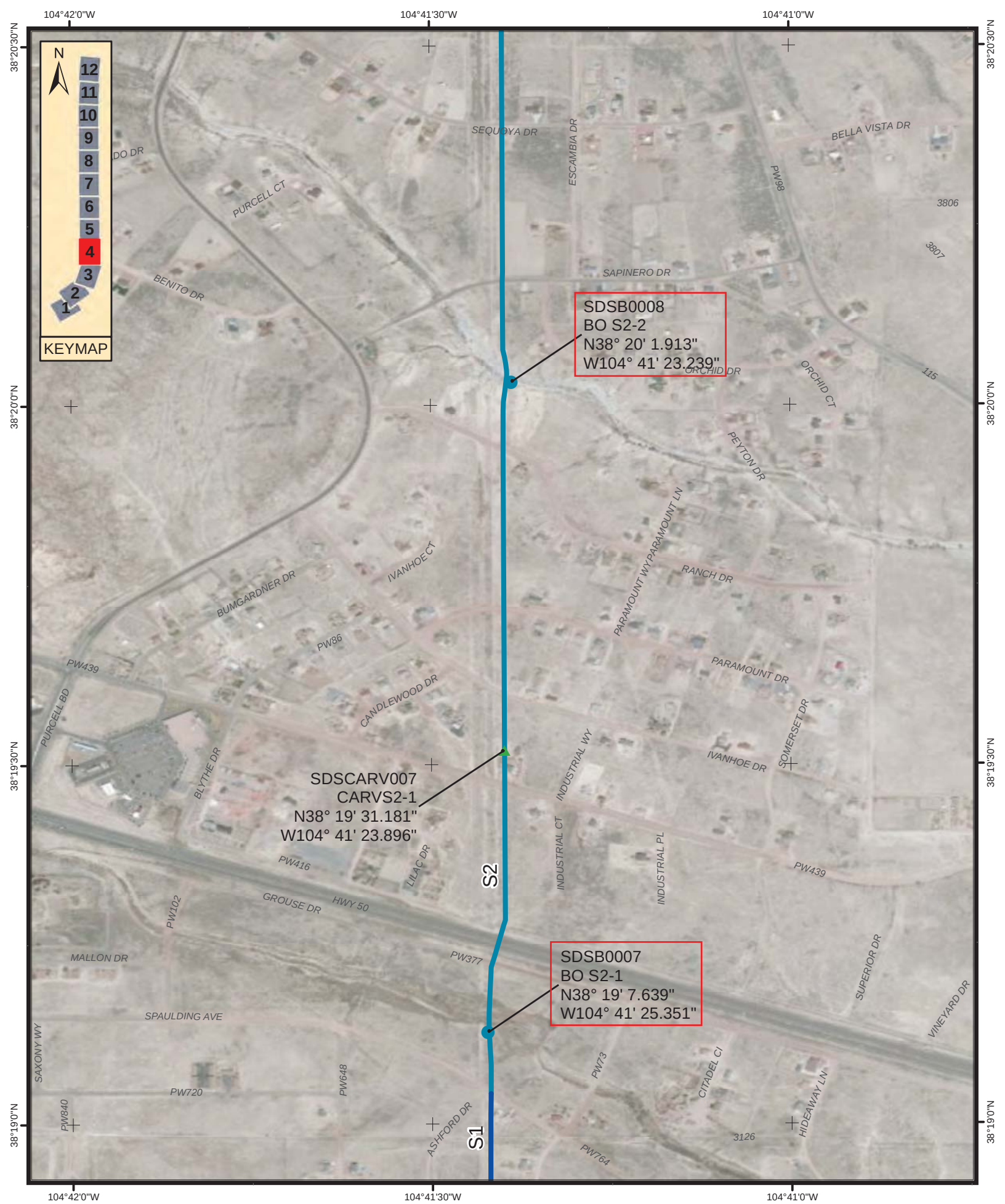
Page #: 3 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

Pueblo County Pipeline Appurtenances

Water for generations

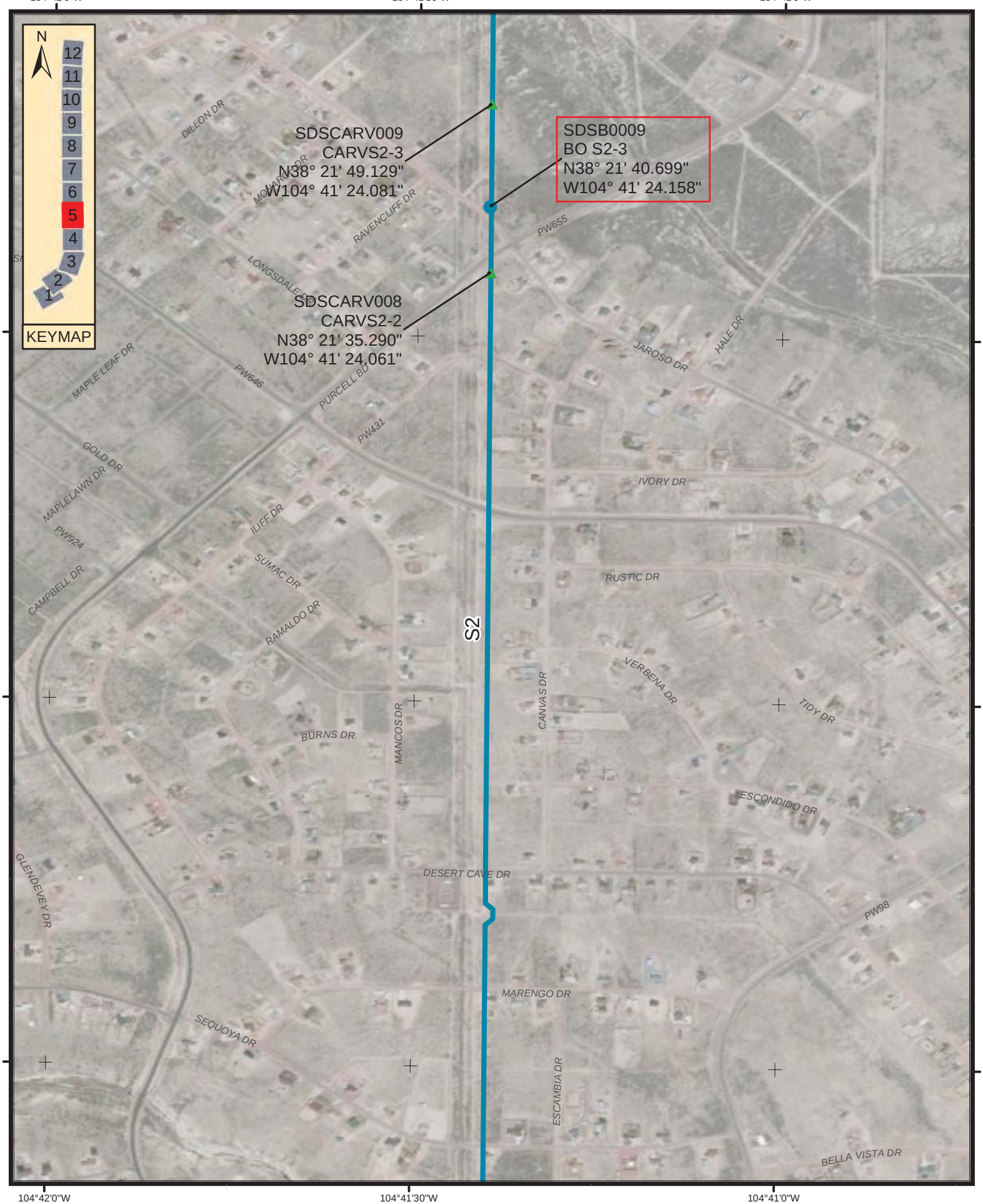
Page #: 4 of 12

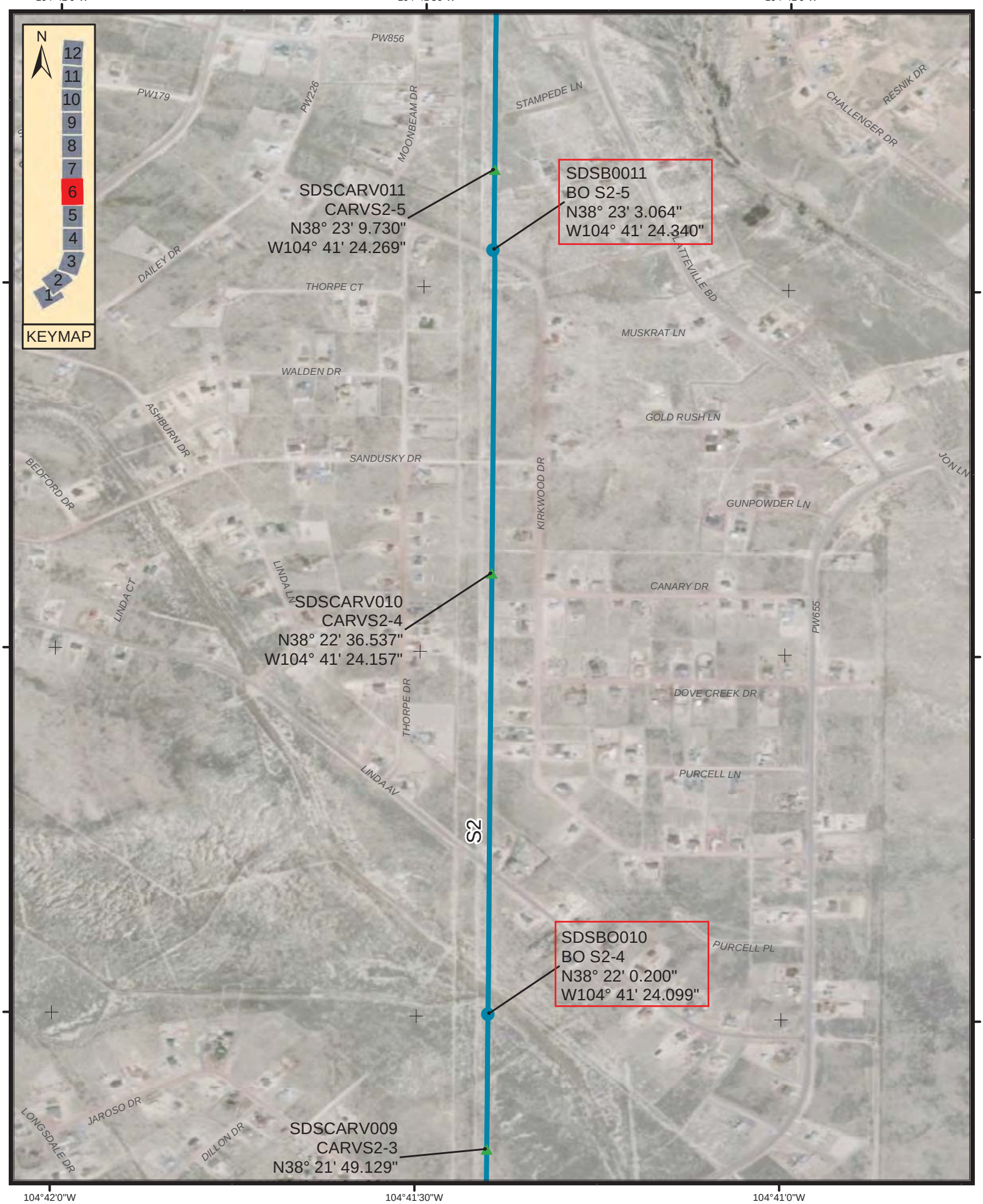
500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd


104°42'0"W
104°41'30"W
104°41'0"W
38°21'30"N
38°21'0"N
38°20'30"N
N
12
11
10
9
8
7
6
5
4
3
2
1
KEYMAP
SDSCARV009
CARVS2-3
N38° 21' 49.129"
W104° 41' 24.081"
SDSB0009
BO S2-3
N38° 21' 40.699"
W104° 41' 24.158"
SDSCARV008
CARVS2-2
N38° 21' 35.290"
W104° 41' 24.061"
S2
DILLON DR
MORRIS DR
RAVENCLIFF DR
LONGSDALE DR
PW655
MAPLE LEAF DR
PW646
PURCELL BD
PW431
JAROSO DR
HALE DR
GOLD DR
MAPLELAWN DR
PW924
ILIFF DR
SUMAC DR
CAMPBELL DR
RAMALDO DR
IVORY DR
RUSTIC DR
VERBENA DR
TIDY DR
CANVAS DR
MANCOS DR
BURNS DR
ESCONDIDO DR
GLENDEVEY DR
DESERT CAVE DR
PW98
MARENGO DR
SEQUOYA DR
ESCAMBIA DR
BELLA VISTA DR
GATE
BLOWOFF
CARV
SDS
Water for generations
Pueblo County
Pipeline Appurtenances
Page #:
5 of 12
500 250 0 500
Feet
N
Date: 2/11/2015
Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

Pueblo County Pipeline Appurtenances

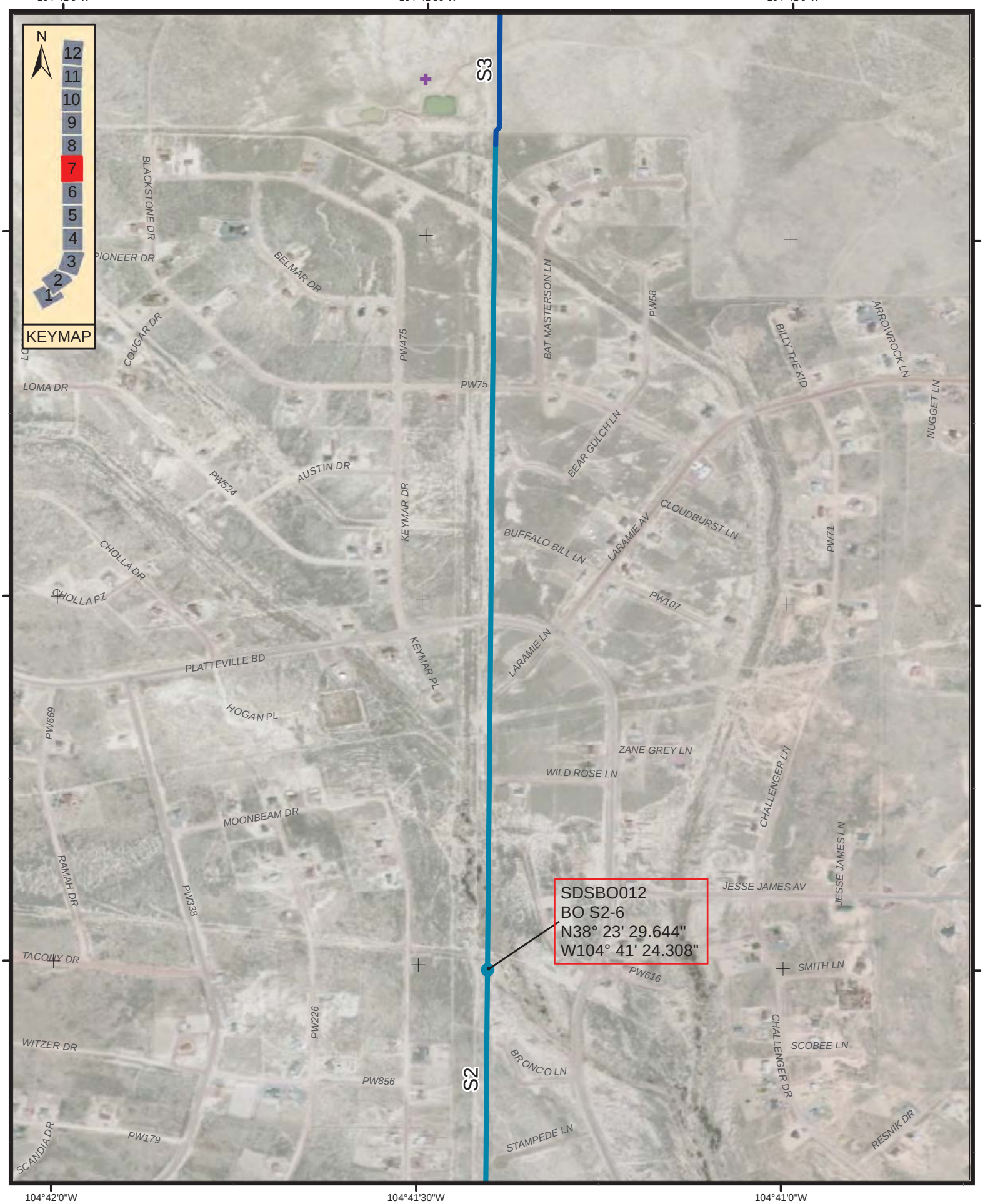
Page #: 6 of 2

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

SDS Water for generations

Pueblo County Pipeline Appurtenances

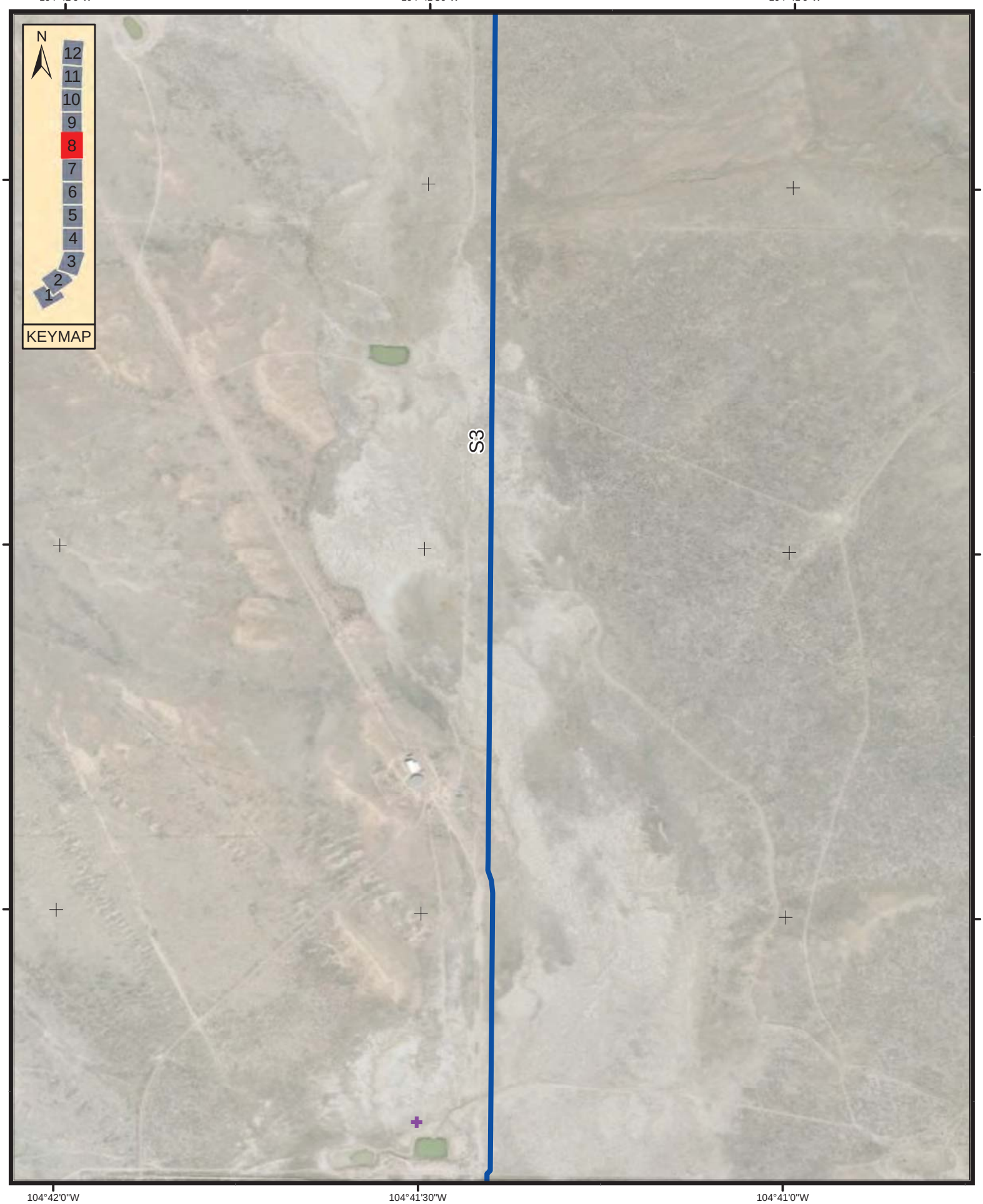
Page #: 7 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

SDS Water for generations

Pueblo County Pipeline Appurtenances

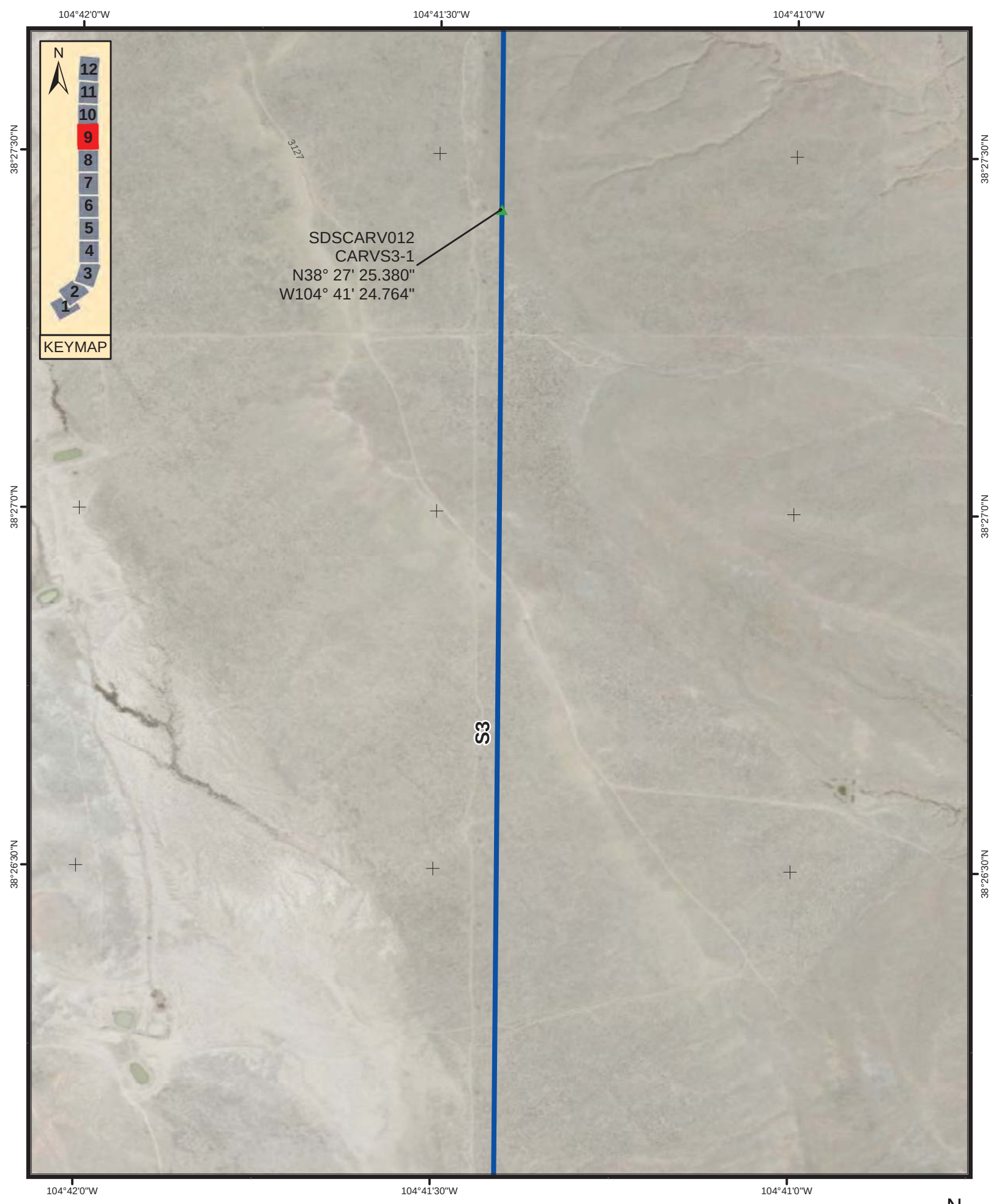
Page #: 8 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

Pueblo County Pipeline Appurtenances

Water for generations

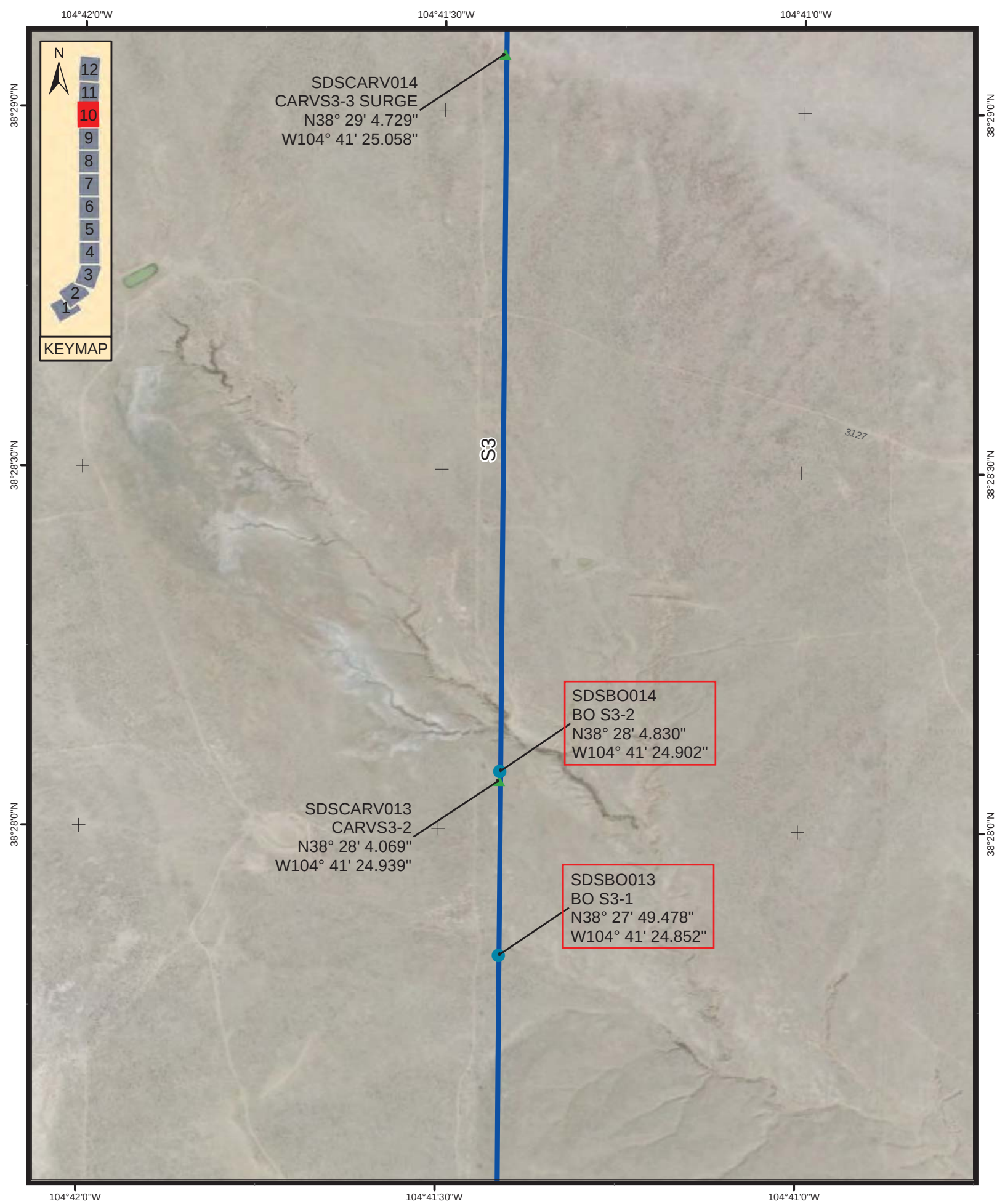
Page #: 9 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

Water for generations

Pueblo County Pipeline Appurtenances

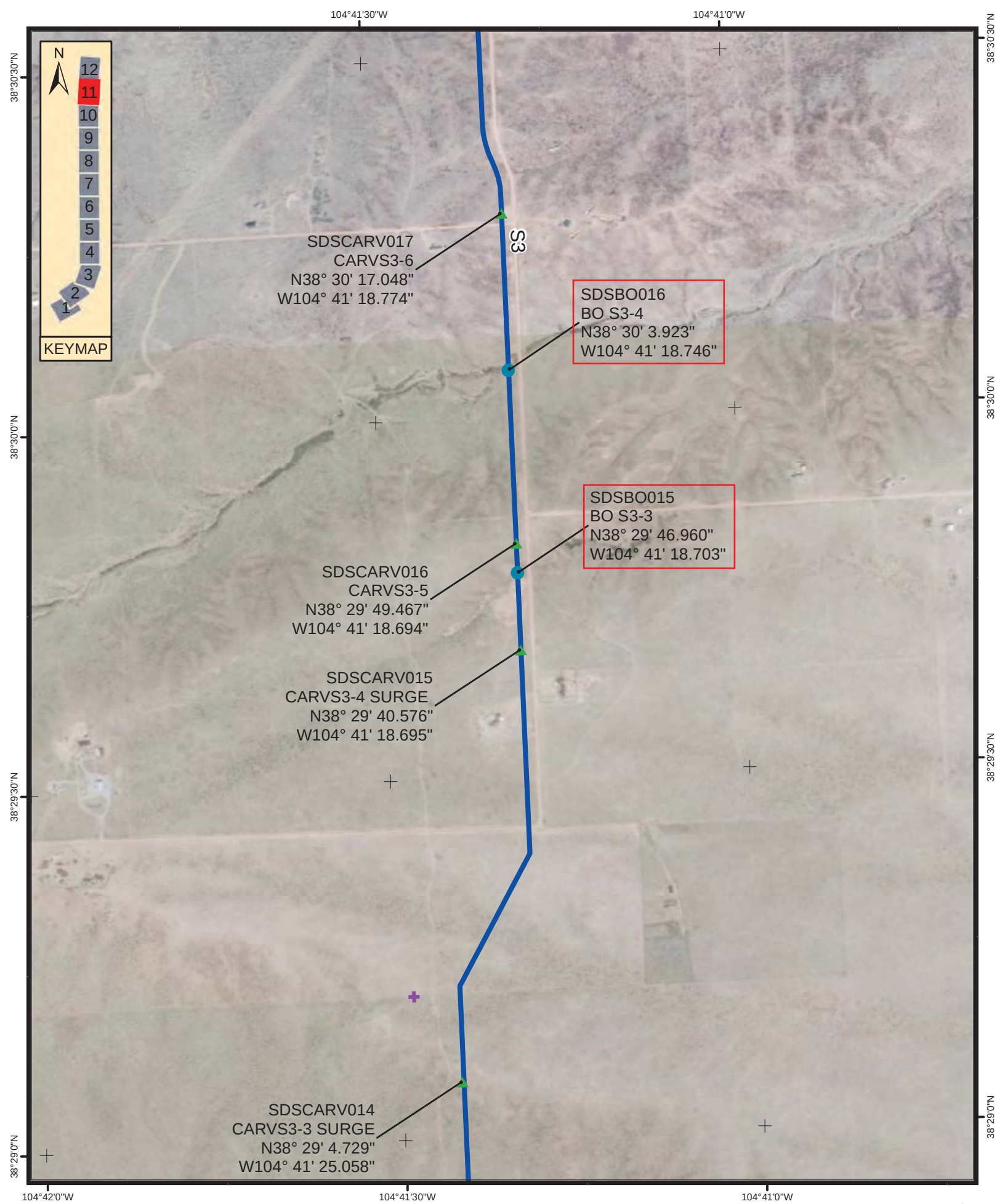
Page #: 10 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

Water for generations

Pueblo County Pipeline Appurtenances

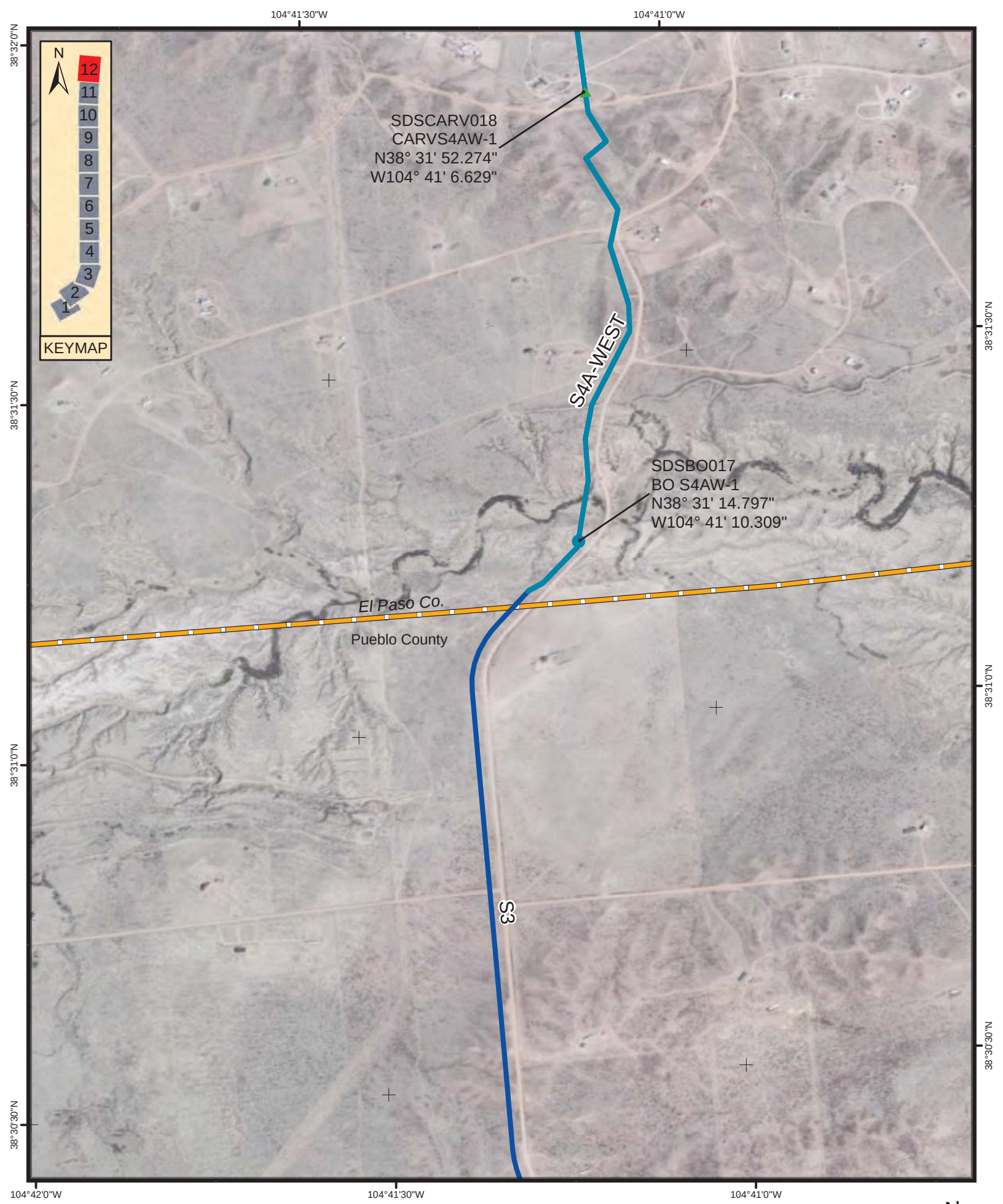
Page #: 11 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd



GATE
BLOWOFF
CARV

Pueblo County Pipeline Appurtenances

Page #: 12 of 12

500 250 0 500
Feet

N

Date: 2/11/2015

Path: O:\Mapping_a_SDS_Alignment\MapBooklets\SDS Appurt Pueblo Co. - 201501.mxd