

## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX 7D AV	Req. Mon. MAXIMUM	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.5 30DA AVG	*****	dS/m		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Bicarbonate ion- [as HCO <sub>3</sub> ]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00440 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	*****	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 DAILY MX	mg/L		Monthly	GRAB
Calcium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00918 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	*****	mg/L		Monthly	GRAB
Magnesium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00921 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	*****	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	970-493-7780	10/3/14
			AREA Code	NUMBER

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sodium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00923 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	*****	mg/L		Monthly	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	250 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Chloride [as Cl]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00940 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	38 ROLL AVG	*****	mg/L		Monthly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 30DA AVG	*****	ug/L		Monthly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00978 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	15 ROLL AVG	*****	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA AVG	*****	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00980 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	150 ROLL AVG	*****	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
Dan Packard CEO		970-493-7780	10/31/14

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Beryllium, total recoverable [as Be]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00998 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Beryllium, total recoverable [as Be]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00998 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	15 ROLL AVG	*****	ug/L		Monthly	GRAB
Antimony, dissolved [as Sb]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1438 30DA AVG	10071 DAILY MX	ug/L		Monthly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01104 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	216 ROLL AVG	*****	ug/L		Monthly	GRAB
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	11 30DA AVG	16 DAILY MX	ug/L		Monthly	GRAB
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01220 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	1.7 ROLL AVG	*****	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
Dan Packard CEO		970-793-7780	10/1/14

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01303 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	317 30DA AVG	366 DAILY MX	ug/L		Monthly	GRAB
Zinc, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01303 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	48 ROLL AVG	*****	ug/L		Monthly	GRAB
Silver, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01304 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2.1 30DA AVG	13 DAILY MX	ug/L		Monthly	GRAB
Silver, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01304 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	.32 ROLL AVG	*****	ug/L		Monthly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	23 30DA AVG	38 DAILY MX	ug/L		Monthly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01306 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	3.5 ROLL AVG	*****	ug/L		Monthly	GRAB
Arsenic, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01309 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	340 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
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 and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.

Received 10/08/2014



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH


LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01309 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	51 ROLL AVG	*****	ug/L		Monthly	GRAB
Barium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01311 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Cadmium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.97 30DA AVG	9.1 DAILY MX	ug/L		Monthly	GRAB
Cadmium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01313 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	.15 ROLL AVG	*****	ug/L		Monthly	GRAB
Lead, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01318 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	8.1 30DA AVG	209 DAILY MX	ug/L		Monthly	GRAB
Lead, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01318 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	1.2 ROLL AVG	*****	ug/L		Monthly	GRAB
Manganese, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01319 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2379 30DA AVG	4305 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
<i>Dan Packard CEO</i>			970-893-7750	10/3/14	

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01319 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	357 ROLL AVG	*****	ug/L		Monthly	GRAB
Nickel, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01322 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	132 30DA AVG	1186 DAILY MX	ug/L		Monthly	GRAB
Nickel, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01322 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	20 ROLL AVG	*****	ug/L		Monthly	GRAB
Selenium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	4.6 30DA AVG	18.4 DAILY MX	ug/L		Monthly	GRAB
Selenium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01323 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	.69 ROLL AVG	*****	ug/L		Monthly	GRAB
Thallium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01324 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	*****	ug/L		Monthly	GRAB
Thallium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01324 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2.3 ROLL AVG	*****	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
Dan Packard CEO		970-293-7720	10/3/14

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO


COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650

MINOR

Discharge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Uranium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01326 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5036 30DA AVG	8062 DAILY MX	ug/L		Monthly	GRAB
Uranium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01326 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	755 ROLL AVG	*****	ug/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
04262 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Monthly	GRAB
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
04262 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	7.5 ROLL AVG	*****	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	17500 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
34010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2625 ROLL AVG	*****	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
 TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	970-491-7780	10/1/14
		AREA Code	NUMBER	MM/DD/YYYY

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5300 DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
34030 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	795 ROLL AVG	*****	ug/L		Monthly	GRAB
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	32000 DAILY MX	ug/L		Monthly	GRAB
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
37371 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	4800 ROLL AVG	*****	ug/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 30DA AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Sodium Absorption Ratio	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
51613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	*****	Ratio		Monthly	CALCTD
Sodium Absorption Ratio	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
51613 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	*****	Ratio		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
Dan Packard CEO		970-493-7760	10/3/14

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORDischarge to Unnamed Tributary of West Mamn  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sodium Absorption Ratio	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51613 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	*****	pass=0/fail=1	*****	*****	*****	*****		Monthly	CALCTD
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.01 30DA AVG	*****	ug/L		Monthly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
71900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	.0015 ROLL AVG	*****	ug/L		Monthly	GRAB
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****	*****		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
Don Packard CEO		970-493-7780	10/31/14

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

Oil and grease - see D.24, pg 14. Antidegradation limits - see D.2, pg 11. SAR - report calculated limit @ MLOC=EG; adjusted SAR @ MLOC=1; SAR pass/fail @ MLOC=P. SAR calculated limit is capped at 8.17.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002	001Q-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 81650  
MINORQuarterly Monitoring for 001A  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Radium 226 + radium 228, total	SAMPLE MEASUREMENT	*****	*****	*****	*****						
11503 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	5 DAILY MX	pCi/L		Quarterly	GRAB
Radium 226 + radium 228, total	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
11503 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 ROLL AVG	*****	pCi/L		Quarterly	GRAB
Priority pollutants total effluent	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
<i>Don Packard CEO</i> TYPED OR PRINTED				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		970-483-7760 AREA Code	10/3/14 NUMBER	
			MM/DD/YYYY	

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

Quarterly monitoring - see D.15, pg 13.



## DISCHARGE MONITORING REPORT (DMR)

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

NAME: GreenBack Produced Water Recovery LLC

ADDRESS: 1900 Grant St Ste 630  
Denver, CO 80202

FACILITY: GREENBACK SCHAEFFER RANCH

LOCATION: 5.5 MILES SE OF TOWN  
RIFLE, CO 00000

ATTN: Daniel Packard, CEO

COG840002

PERMIT NUMBER

001X-C

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

07/01/2014

MM/DD/YYYY

09/30/2014

DMR Mailing ZIP CODE: 81650

MINOR

Chronic WET Testing for 001A

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			
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP3B P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. SINGSAMP	*****	*****	tox chronic		Quarterly	GRAB
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP3B S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MN VALUE	*****	*****	tox chronic		Quarterly	GRAB
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP3B T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	100 MN VALUE	*****	*****	tox chronic		Quarterly	GRAB
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP6C P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. SINGSAMP	*****	*****	tox chronic		Quarterly	GRAB
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP6C S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MN VALUE	*****	*****	tox chronic		Quarterly	GRAB
Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP6C T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	100 MN VALUE	*****	*****	tox chronic		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
Dan Packard CEO TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		970-493-7750 10/13/14	
		AREA Code	NUMBER	MM/DD/YYYY	

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

See I.C.3 for details of test procedure. Rpt NOEC using test code "S". Rpt IC25 using test code "P". Report highest number between "P" and "S" at "T" for each parameter. IWC=100%.





Received  
OCT 08 2014  
Water Quality Control

October 3, 2014

Tania Watson  
Colorado Department of Public Health and Environment  
Water Quality Control Division WQCD-P-B2  
4300 Cherry Creek Drive South  
Denver Colorado 80246-1530

Subject      Periodic Compliance Report  
                 GreenBack Schaeffer Ranch Facility  
                 Certification No. COG840002  
                 CGRS Project Number 11727

September, 2014 DMR

Dear Ms. Watson:

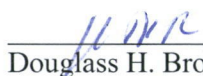
Enclosed please find the September, 2014 Discharge Monitoring Report (DMR) for the GreenBack Schaeffer Ranch Facility, Certification No. COG840002. CGRS is the contract operator of the Schaeffer Ranch Facility under the direction of GreenBack Produced Water Recovery, LLC.

There was no discharge from the facility in September of 2014. There was not discharge from the facility for the third quarter (July-September) of 2014. The facility has not accepted water since December 5, 2013 and has not discharged since December 3, 2013. At this point, it is not clear when the facility will be restarted and discharge will recommence.

"I certify under penalty of law 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 upon my inquiry of the person or persons who manage the system or those persons directly responsible for gathering, 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 fines and imprisonment for knowing violations."

If you have any questions regarding the periodic compliance report or need further information, please give me a call at 970-493-7780.

Sincerely,  
**CGRS, Inc.**

  
Douglass H. Brown  
Senior Process Engineer

Dated 10/3/14