JAN 22 2013
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	~~11/01/2012~~ 12/01/2012	TO ~~11/30/2012~~ 12/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	11.1	11.1	°C		1/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - FISH PROD MGR	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.	Robert Hoover	208 588 2219		01-17-13
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICTS 3/12/13 R

JAN 22 2013

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		3/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		3/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		3/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	20.1		******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

RECEIVED DEC 21 2012

Form Approved
OMB No. 2040-0004

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

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IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2012	TO	11/30/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	11.1	11.1	°C	30	1/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

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GARY BYRNE - FISH - PROD. MGR.	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.	Robert Hoover	208	5882219	12-18-12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ICIS 1/4/2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

DEC 21 2012 U.S. EPA REGION 10

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2012	TO	11/30/2012

DMR Mailing ZIP CODE: 83707
MINOR
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FACILITY TOTAL
Sum

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	MG/L		3/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	MG/L		3/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	MG/L		3/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	MG/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	MG/L		4/YR.	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	20.6		******	******	******	******		1/mo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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FROM	10/01/2012	TO	10/31/2012

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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	******	******	******	******	N/A	N/A	°C		1/mo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	°C	31	1/mo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	<2.0	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	0.1	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

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ICIS 11/20/12

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.021	0.021	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.011	0.011	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.010	0.010	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.1		******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

OCT 11 2012
U.S. EPA REGION 10
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	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2012	TO	09/30/2012

DMR Mailing ZIP CODE: 83707
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	°C	30	1/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	MG/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	MG/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	MG/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	MG/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - HAT. PROD.	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.	Robert Hoover	208	588 2219	10/9/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 10/15/1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OCT 11 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2012	TO	09/30/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.5		******	******	******	******		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - HAT. PROD.	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.	Robert Hoover	208 588 2219		10/9/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

SEP 17 2012

U.S. EPA REGION
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2012	TO	08/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	11.1	11.1	°C		1/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE-HAT. PROD.	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.	Robert Hoover	208	5883116	09/12/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 9/18/12

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

RECEIVED
SEP 17 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	08/01/2012	**TO**	08/31/2012

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	21.3		******	******	******	******		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - HAT. PROD.	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.	Robert Hoover	208 588 3116		09/12/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

RECEIVED AUG 17 2012 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2012	TO	07/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	11.1	11.1	°C	31	1/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE-HAT. PROD.	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.	Robert Hoover	208	588 2219	08/14/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

RR 8/24/12

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
AUG 17 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707

FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2012	TO	07/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	18.3		******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - HAT. PROD.	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.	Robert Hoover	209	5882219	08/14/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

JUL 23 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	N/A	N/A	°C		1/mo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	°C	30	1/mo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/yr	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/yr	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/yr	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/yr	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ml/L		2/yr.	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - FISH PROD. MGR	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.	Robert Hoover	208	5882219	07/20/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS 7/30/12

JUL 23 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.3		******	******	******	******		Y/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE- FISH PROD. MGR	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.	Robert Hoover	208 588-2219		07/20/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2012	TO	05/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	N/A	N/A	degC		1/mo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	degC	31	1/mo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TOM FREW-RES. HAT. SUP.	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.	Robert Hoover	208 5882219		06/15/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

RECEIVED
JUN 18 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

RECEIVED JUN 18 2012 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2012	TO	05/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	18.3		******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
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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)*

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ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
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LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2012	TO	04/30/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	N/A	N/A	C°		Y/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	C°	30	Y/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	MG/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	MG/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	MG/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	<2.0	MG/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	0.1	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

RECEIVED
MAY 14 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

ICB 5/17/12

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: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2012	TO	04/30/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.030	0.030	mg/L		3/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.020	0.020	mg/L		3/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.010	0.010	mg/L		3/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.0		******	******	******	******		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TOM FREW - RES. HAT. SUP.	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.	Robert Hoover	208	5882219	05/10/12
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

RECEIVED
MAY 14 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
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FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2012	TO	03/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	N/A	N/A	C°		1/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	C°		1/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TOM FREW - RES. HAT. SUP.	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.	Robert Hoover	208 588 2219		04/17/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

RECEIVED
APR 19 2012
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OFFICE OF COMPLIANCE AND ENFORCEMENT

ICS 5/3/12

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: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
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MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2012	TO	03/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	18.1		******	******	******	******		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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TOM FREW - RES. HAT. SUP.		ROBERT HOOVER	208 588 2219		04/17/12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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RECEIVED
APR 19 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707

FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	17.3		******	******	******	******		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TOM FREW - RES. HAT. SUP.	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.	Robert Hoover	208 588 2219		03/15/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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OFFICE OF COMPLIANCE AND ENFORCEMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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DEQ-IDAHO FALLS

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707

FACILITY: MACKAY STATE FISH HATCHERY
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MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
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FROM	02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No 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	******	******	******	******	11.1	11.1	°C	29	1/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TOM FREW - RES. HAT. SUP.	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.	Robert Hoover	208	588 2219	03/15/12
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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ICIS 5/22

RAMONA,

FIND ENCLOSED THE ORIGINAL DMR DATED FEB 2012 AS SCANNED BY STATE OF IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY. THEY SCAN THE DMR FOR THEIR RECORDS THEN DESTROY THE HARD COPY. I MISTAKENLY SENT THEM THE ORIGINAL AND YOU A COPY. THE ORIGINAL DOES NOT EXIST SO THIS SCAN IS THE BEST I CAN DO. I WILL ASSURE THIS WON'T HAPPEN IN THE FUTURE.

ROBERT HOOVER
IDAHO FISH + GAME
MACKAY, IDAHO 83251
208-588-2219

MAY 21 2013

Form Approved
OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

RECEIVED
MAR 2 2 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2012	TO	02/29/2012

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	******	******	******	******	11.1	11.1	°C	29	1/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Tom Rosi - Exec. Dir.	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]	208	588 2017	03/15/12
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)
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Form Approved
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
ADDRESS: 600 SOUTH WALNUT STREET, BOX 65
BOISE, ID 83707
FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2012	TO	02/29/2012

RECEIVED
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OFFICE OF COMPLIANCE AND ENFORCEMENT

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	17.3		******	******	******	******		1/mo	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Tom Frew - Reg. Hat. Sup.	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.	Robert Howes	208	588 2219	03/15/12
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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
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LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: PHILLIP COONTS, HATCHER MGR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2012	TO	01/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

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OFFICE OF COMPLIANCE AND ENFORCEMENT

No 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	******	******	******	******	11.1	11.1			1/mo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/mo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/yr	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/yr	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/yr	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Semiannual	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		2/yr	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Semiannual	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	mL/L		2/yr	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Semiannual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TOM FREW - RES. HAT. SUP.	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.	Robert Hoover	208 588 2219		02/15/12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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RCS 2/24/12

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2012	TO	01/31/2012

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
Sum

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FEB 2 1 2012
U.S. EPA
OFFICE OF COMPLIANCE AND ENFORCEMENT

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR.	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Semiannual	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Semiannual	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	19.8		******	******	******	******		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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