NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

JAN 22 2014

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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2013	TO	12/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE- HAT. PROD. 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	01/16/14
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.

TCTS 1/27/14

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY
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IDG130030	SUM-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2013	TO	12/31/2013

JAN 22 2014

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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

RECEIVED JAN 22 2014 OFFICE OF COMMUNICATIONS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
GARY BYRNE-FIAT. PROD. 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	01/16/14
TYPED OR PRINTED			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)

RECEIVED
DEC 24 2013
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
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FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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		12-18-13
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)
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ICIS 1/2/14 R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
DEC 24 2013
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
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FACILITY: MACKAY STATE FISH HATCHERY
LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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	******	21.1		******	******	******	******		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	5882219	12-18-13
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED NOV 19 2013 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
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MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	10/31/2013

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	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	******	******	******	******	<2.00	<2.00	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.00	<2.00	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<2.00	<2.00	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	<2.00	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	0.1	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ICIE 11/26/13

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED NOV 19 2013 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	10/31/2013

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	******	******	******	******	0.017	0.017	MG/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.006	0.006	MG/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.011	0.011	MG/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	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	******	19.9		******	******	******	******		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 - FISH PROD. MG	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 5862219		11/14/13
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED OCT 16 2013 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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

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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	09/30/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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	10/16/13
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.

(Rec'd 10/25/13)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED OCT 16 2013 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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	09/30/2013

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				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	21.4		******	******	******	******			
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	10/16/13
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.

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: GARY BYRNE, PROD SUPERVISOR

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2013	TO	08/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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		09/12/13
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 9/18/13

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: GARY BYRNE, PROD SUPERVISOR

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

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	08/01/2013	**TO**	08/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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	******	18.9		******	******	******	******		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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.	Robert Hoover	TELEPHONE		DATE
GARY BYRNE - FISH PROD. MGR.			208 5882219		09/12/13
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED AUG 19 2013 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: GARY BYRNE, PROD SUPERVISOR

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	07/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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	08-16-13
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.

mis 8/21/13

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED AUG 19 2013 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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	07/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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

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 Harner	208	588 2219	08-16-13
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED JUL 23 2013 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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2013	TO	06/30/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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		07/19/13
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.

RIO 8/8/13

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED JUL 23 2013 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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2013	TO	06/30/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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 - 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	07/19/13
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
JUN 20 2013
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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83707

MINOR
(SUBR 06)
FACILITY TOTAL
Sum

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2013	TO 05/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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 Hooke	208	588 2219	06/14/13
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.

ICIS
6/24/13 R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
JUN 20 2013
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: GARY BYRNE, PROD SUPERVISOR

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	05/01/2013	TO	05/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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	******	17.7		******	******	******	******		4/YR	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

RECEIVED
MAY 20 2013
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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	TO	04/30/2013

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	******	******	******	******	<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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	0.1	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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.

MS 5/23/13

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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	TO	04/30/2013

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	******	******	******	******	0.034	0.034			2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.022	0.022			2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	0.012	0.012			2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A			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			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	******	16.9		******	******	******	******		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 - 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	05/16/13
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

APR - 9 2013
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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2013	TO	03/31/2013

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	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	mL/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - FISH 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	5882219	04/04/13
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.

ICIS 4/17/13 R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED APR - 9 2013 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: GARY BYRNE, PROD SUPERVISOR

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	03/01/2013	TO	03/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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	******	16.5		******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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	04/04/13
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAR 15 2013
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)*

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LOCATION: 4848 NORTH 5600 WEST
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

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		28	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			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			2/YR	COMP.
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A			2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A			2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A			2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******			2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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		03/12/13
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.

ICIS 3/18/13 R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAR 1 5 2013
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: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	TO	02/28/2013

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			2/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A			2/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A			2/4R	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	N/A			4/4R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	N/A			4/4R	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	******	16.2		******	******	******	******		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)
SEE INSTRUCTION SHEET ACCOMPANYING DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

RECEIVED FEB 19 2013 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: GARY BYRNE, PROD SUPERVISOR

PERMIT NUMBER	DISCHARGE NUMBER
IDG130030	SUM-A

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	01/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice Per Year	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.

ICIS 2/25/13 R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

FEB 19 2013
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Form Approved
OMB No. 2040-0004

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ATTN: GARY BYRNE, PROD SUPERVISOR

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	01/01/2013	TO	01/31/2013

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		Twice Per Year	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		Twice Per Year	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		Twice Per Year	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	******	18.2		******	******	******	******		4/YR	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

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