NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
JAN 19 2016
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
12/1/2015	12/31/2015

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	******	******	******	******	11.0	11.0	°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 Yea	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 Yea	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 Yea	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 Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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		01/11/16
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.

LCS 1/21/16 JSR

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12/1/2015	12/31/2015

DMR Mailing ZIP CODE: 83707
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(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 Yea	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 Yea	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 Yea	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	******	18.7	CFS	******	******	******	******		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)

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OMB No. 2040-0004

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U.S. EPA REGION 10
OFFICE OF COMMUNITY ENVIRONMENTAL

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LOCATION: 4848 NORTH 5600 WEST
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PERMIT NUMBER	DISCHARGE NUMBER
IDG130030	SUM-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2015	11/30/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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 Yea	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 Yea	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 Yea	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 Yea	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 Yea	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.

KLD 12/22/15 JR

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

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OMB No. 2040-0004

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DEC 2 1 2015
U.S. EPA REGION 1
OFFICE OF CO... EMENT

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

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ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
11/1/2015	11/30/2015

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 Yea	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 Yea	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 Yea	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	cfs	******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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

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MM/DD/YYYY	**MM/DD/YYYY**
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 83707
MINOR
(SUBR 06)
FACILITY TOTAL
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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		Twice per Yea	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 Yea	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 Yea	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 Yea	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 Yea	CALCTD

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ICI 11/25/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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NOV 2 4 2015
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.022	0.022	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	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		Twice per Yea	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 Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	****** N/A	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	cfs	******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

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OCT 16 2015
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9/1/2015	9/30/2015

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

No Discharge

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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
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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 Yea	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 Yea	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 Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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	10/13/15
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 10/20/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED OCT 16 2015 U.S. EPA REGION 10 OFFICE OF COMPLIANCE

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
9/1/2015	9/30/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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 Yea	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 Yea	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 Yea	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	****** N/A	N/A	mg/L		4/mo.	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	******	20.8		******	******	******	******		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 - 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	2085882219		10/13/15
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
SEP 25 2015
U.S. EPA REGION 10
OFFICE OF COMPLIANCE

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
8/1/2015	8/31/2015

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 Yea	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 Yea	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 Yea	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	******	21.0	cfs.	******	******	******	******		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 - 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	09/30/15
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.

KLJ 9/30/15 JN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED SEP 25 2015 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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
8/1/2015	8/31/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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 Yea	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 Yea	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 Yea	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 Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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	09/20/15
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
7/1/2015	7/31/2015

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

RECEIVED AUG 2 4 2015 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	°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 Yea	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 Yea	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 Yea	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 Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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	08/19/15
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 8/26/15 JR

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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
7/1/2015	7/31/2015

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

RECEIVED
AUG 2 4 2015
U.S. EPA REGION 10
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		Twice per Yea	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 Yea	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 Yea	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	******	23.1	cfs	******	******	******	******		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 - 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		08/19/15
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 24 2015 U.S. EPA REGION 10

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
6/1/2015	6/30/2015

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 Yea	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 Yea	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 Yea	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 Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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	07/20/15
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 7/24/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

JUL 2 4 2015
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
6/1/2015	6/30/2015

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 Yea	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 Yea	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 Yea	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	******	21.6	cfs	******	******	******	******		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 - 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	07/20/15
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 2 3 2015
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
5/1/2015	5/31/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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		3/yr	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		3/yr	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		3/yr	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	2 DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	mg/L		3/yr	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice per Yea	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	N/A	******	mL/L		3/yr	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	2 DAILY AV	******	mL/L		Twice per Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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	6/18/15
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.

ILIS 6/23/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
JUN 2 3 2015
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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	MONITORING PERIOD MM/DD/YYYY
5/1/2015	5/31/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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 Yea	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 Yea	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 Yea	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	******	21.6		******	******	******	******		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 - 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		6/18/15
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
MAY 22 2015
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
4/1/2015	4/30/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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	******	******	******	******	<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 Yea	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 Yea	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 Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	****** <2.0	<2.0	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice per Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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	05/20/15
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.

ICT 5/27/15

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
MAY 22 2015
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
4/1/2015	4/30/2015

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	******	******	******	******	0.036	0.036	MG/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Yea	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.024	0.024	MG/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.1 MO AVG	.16 DAILY MX	mg/L		Twice per Yea	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	0.012	0.012	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 Yea	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	cfs	******	******	******	******		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 - 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	05/20/15
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 APR 3 4 2015 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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
3/1/2015	3/31/2015

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 Yea	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 Yea	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 Yea	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	****** N/A	N/A	MG/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice per Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
GARY BYRNE - 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	04/20/15
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.

KLJ 6/1/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
APR 2 4 2015
U.S. EPA REGION 9
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
3/1/2015	3/31/2015

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 Yea	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 Yea	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 Yea	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		******	******	******	******		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 - 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		04/20/15
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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
2/1/2015	2/28/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	°C	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	°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 Yea	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 Yea	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 Yea	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 Yea	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 Yea	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
GARY BYRNE 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	2085883116	03/19/15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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U.S. EPA REGION 10
Office of Compliance and Enforcement

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/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
2/1/2015	2/28/2015

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

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MAR 2 3 2015

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 Yea	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 Yea	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 Yea	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	cfs	******	******	******	******		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)

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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
1/1/2015	1/31/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.0	11.0	°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 Yea	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 Yea	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 Yea	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 Yea	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 Yea	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

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Office of Compliance and Enforcement

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

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED FEB 23 2015 OFFICE

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

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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**
1/1/2015	1/31/2015

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 Yea	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 Yea	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 Yea	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	******	20.3	cfs	******	******	******	******		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 - 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	02/17/15
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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