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/MA

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

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST

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
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83707

MINOR
(SUBR 06)
FACILITY TOTAL
Sum

OCT 2 4 2016

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	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 - 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	208 586 2219		10/20/16
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.

ICIS 10/25/16 SR

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/MA

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

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST

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
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83707
MINOR
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FACILITY TOTAL
Sum

OCT 2 4 2016

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	******	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
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	10/20/16
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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: IDAHO DEPARTMENT OF FISH AND GAME/MA
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST
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
08/01/2016	08/31/2016

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

SEP 19 2016

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	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	******	mg/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 - 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		9/16/16
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)
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ICIJ 9/22/16 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/MA

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

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST

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**
08/01/2016	08/31/2016

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

SEP 19 2016

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

RECEIVED
AUG 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/MA
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST
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
07/01/2016	07/31/2016

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

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	11.1	11.1	°C		1/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	°C		1/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		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

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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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ICLS 8/23/16 JM

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LOCATION: 4848 NORTH 5600 WEST
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ATTN: GARY BYRNE, PROD SUPERVISOR

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06/01/2016	06/30/2016

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RECEIVED
JUL 19 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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		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

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ICD 7/22/16 JR

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BOISE, ID 83707

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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**
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83707
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Office of Compliance and Enforcement

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		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
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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 5882219		07/15/16
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040- 0004

RECEIVED
JUN 21 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/MA
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST
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
05/01/2016	05/31/2016

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
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 - 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		06/16/16
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.

ICIS 6/22/16 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/MA(

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

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST

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
04/01/2016	04/30/2016

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

RECEIVED
MAY 5 2016
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			
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	******	******	******	******	<2.00	<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
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		05/02/16
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.

ICIS 5/5/16 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
MAY 5 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/MA(
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST
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
04/01/2016	04/30/2016

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	******	******	******	******	0.033	0.033	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	******	******	******	******	0.022	0.022	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/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/MO	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	******	19.7	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	05/02/16
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.

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/MA

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

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST

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
03/01/2016	03/31/2016

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

RECEIVED
APR 1 1 2016
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			
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 - 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		04/6/16
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.

ICIS 4/14/16 JW

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/MA
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST
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
03/01/2016	03/31/2016

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

RECEIVED
APR 11 2016
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 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	******	22.6	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	5882219	04/06/16
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.

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/MA
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST
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
02/01/2016	02/29/2016

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

RECEIVED
MAR 22 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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		2/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		2/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 - 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		03/19/16
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.

ICIS 3/23/16

 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

RECEIVED
MAR 2 2 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/MA

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

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST

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
02/01/2016	02/29/2016

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	******	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	2085882219		03/19/16
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.

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/MA
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
BOISE, ID 83707
FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST
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
01/01/2016	01/31/2016

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

RECEIVED
FEB 22 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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 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 - 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	2/16/16
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.

ICIS 2/24/16 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/MA(

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

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY ST

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**
01/01/2016	01/31/2016

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

No Discharge ☐

RECEIVED
FEB 22 2016
U.S. EPA REGION 10
Office of Compliance and Enforcement

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	******	20.0		******	******	******	******		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	cfs	******	******	******	******		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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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