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

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

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

NAME: CLEAR SPRINGS FOODS, INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316

IDG132002
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD						
	MM /	DD /	YYYY		MM /	DD / YYYY
From	12	01	2012	To	12	31 2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS		VALUE	VALUE	UNITS			
Temperature,water deg. C	SAMPLE MEASUREMENT	****	****	****	****	14.3	****	°C	0	Monthly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Reg. Mon. MO AVG	****			Monthly	GRAB
BOD, 5-Day, 20 Deg. C	SAMPLE MEASUREMENT	26.8	26.8	lb/d	****	19.0	19.0	mg/L	0	Monthly	Compos
00310 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	180.5 MO AVG	361.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
pH	SAMPLE MEASUREMENT	****	****	****	6.9	****	7.0	SU	0	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.5 minimum	****	9.0 maximum			Monthly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	56.3	56.3	lb/d	****	2.0	2.0	mg/L	0	Monthly	Compos
00530 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	150.0 MO AVG	301.5 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Nitrogen, ammonia total(as N)	SAMPLE MEASUREMENT	****	****	****	****	****	0.83	mg/L	0	Monthly	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	Reg. Mon. DAILY MX			Monthly	COMP24
Phosphorus, total (as P) Effluent - WQBEL	SAMPLE MEASUREMENT	10.3	10.3	lb/d	****	0.367	0.367	mg/L	0	Monthly	Compos
00665 T 0 *TRADE IN PLACE*	PERMIT REQUIREMENT	20.2 MO AVG	39.8 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Oil and Grease	SAMPLE MEASUREMENT	3.5	3.5	lb/d	****	<5.0	<5.0	mg/L	0	Monthly	Grab
03582 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	96.0 MO AVG	192.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	GRAB

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	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.	John R. MacMillan	208	543-3456	01/17/2013
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 attachements here)

ICIS 3/12/13 R

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

RECEIVED JAN 22 2013

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

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DMR MAILING ZIP CODE: 83316
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(SUBR 05)
FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD						
	MM /	DD /	YYYY		MM /	DD /	YYYY
From	12	01	2012	To	12	31	2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	5.17	cfs	****	****	****	****	0	Monthly	Measrd
50050 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	****	Reg. Mon. DAILY MX		****	****	****			Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	<0.1 mg/l	<0.1 mg/l	µg/L	0	Monthly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	11 MO AVG	19 DAILY MX			Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****	****	****	****	2.467	mg/L		Monthly	Compos
00665 1 0 Effluent - TBEL	PERMIT REQUIREMENT	****	****		****	***	17.4 DAILY MX			Monthly	COMP24

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	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.	John R. MacMillan	(208)	543-3456	01/17/2013
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 attachements here)

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

DEC 21 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

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ADDRESS: P.O. BOX 712
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IDG132002
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD						
	MM /	DD /	YYYY		MM /	DD / YYYY
From	11	01	2012	To	11	30 2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS		VALUE	VALUE	UNITS			
Temperature,water deg. C	SAMPLE MEASUREMENT	****	****	****	****	13.4	****	°C	0	Monthly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Reg. Mon. MO AVG	****			Monthly	GRAB
BOD, 5-Day, 20 Deg. C	SAMPLE MEASUREMENT	3.2	3.2	lb/d	****	<5.0	<5.0	mg/L	0	Monthly	Compos
00310 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	180.5 MO AVG	361.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
pH	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.4	SU	0	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.5 minimum	****	9.0 maximum			Monthly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	58.1	58.1	lb/d	****	2.1	2.1	mg/L	0	Monthly	Compos
00530 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	150.0 MO AVG	301.5 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Nitrogen, ammonia total(as N)	SAMPLE MEASUREMENT	****	****	****	****	****	11.80	mg/L	0	Monthly	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	Reg. Mon. DAILY MX			Monthly	COMP24
Phosphorus, total (as P) Effluent - WQBEL	SAMPLE MEASUREMENT	6.1	6.1	lb/d	****	0.217	0.217	mg/L	0	Monthly	Compos
00665 T 0 *TRADE IN PLACE*	PERMIT REQUIREMENT	20.2 MO AVG	39.8 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Oil and Grease	SAMPLE MEASUREMENT	3.2	3.2	lb/d	****	<5.0	<5.0	mg/L	0	Monthly	Grab
03582 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	96.0 MO AVG	192.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	GRAB

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	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.	John R. MacMillan	208	543-3456	12/17/2012
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 attachements here)

ICIS 1/7/13 R

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

DEC 21 2012

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

NAME: CLEAR SPRINGS FOODS, INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316

IDG132002
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD						
	MM /	DD /	YYYY		MM /	DD /	YYYY
From	11	01	2012	To	11	30	2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	5.18	cfs	****	****	****	****	0	Monthly	Measrd
50050 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	****	Reg. Mon. DAILY MX		****	****	****			Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	<0.1 mg/l	<0.1 mg/l	µg/L	0	Monthly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	11 MO AVG	19 DAILY MX			Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****	****	****	****	1.355	mg/L		Monthly	Compos
00665 1 0 Effluent - TBEL	PERMIT REQUIREMENT	****	****		****	***	17.4 DAILY MX			Monthly	COMP24

Name/Title Principle 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 attachements here)

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

NOV 23 2012
U.S. EPA REGION 10

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

NAME: CLEAR SPRINGS FOODS, INC.
ADDRESS: P.O. BOX 712
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FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD						
	MM /	DD /	YYYY		MM /	DD / YYYY
From	10	01	2012	To	10	31 2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS		VALUE	VALUE	UNITS			
Temperature,water deg. C	SAMPLE MEASUREMENT	****	****	****	****	14.6	****	°C	0	Monthly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Reg. Mon. MO AVG	****			Monthly	GRAB
BOD, 5-Day, 20 Deg. C	SAMPLE MEASUREMENT	23.9	23.9	lb/d	****	17.0	17.0	mg/L	0	Monthly	Compos
00310 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	180.5 MO AVG	361.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
pH	SAMPLE MEASUREMENT	****	****	****	7.0	****	7.5	SU	0	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.5 minimum	****	9.0 maximum			Monthly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	96.2	96.2	lb/d	****	3.5	3.5	mg/L	0	Monthly	Compos
00530 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	150.0 MO AVG	301.5 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Nitrogen, ammonia total(as N)	SAMPLE MEASUREMENT	****	****	****	****	****	7.29	mg/L	0	Monthly	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	Reg. Mon. DAILY MX			Monthly	COMP24
Phosphorus, total (as P) Effluent - WQBEL	SAMPLE MEASUREMENT	15.1	15.1	lb/d	****	0.542	0.542	mg/L	0	Monthly	Compos
00665 T 0 *TRADE IN PLACE*	PERMIT REQUIREMENT	20.2 MO AVG	39.8 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Oil and Grease	SAMPLE MEASUREMENT	3.5	3.5	lb/d	****	<5.0	<5.0	mg/L	0	Monthly	Grab
03582 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	96.0 MO AVG	192.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	GRAB

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	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.	John R. MacMillan	208	543-3456	11/15/2012
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 attachements here)

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

NOV 2 0 2012
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

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FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD					
	MM /	DD /	YYYY	MM /	DD /	YYYY
From	10	01	2012	To	10	31	2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	5.14	cfs	****	****	****	****	0	Monthly	Measrd
50050 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	****	Reg. Mon. DAILY MX		****	****	****			Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	<0.1 mg/l	<0.1 mg/l	µg/L	0	Monthly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	11 MO AVG	19 DAILY MX			Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****	****	****	****	3.702	mg/L		Monthly	Compos
00665 1 0 Effluent - TBEL	PERMIT REQUIREMENT	****	****		****	***	17.4 DAILY MX			Monthly	COMP24

Name/Title Principle 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 attachements here)

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

OCT 19 2012

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

NAME: CLEAR SPRINGS FOODS, INC.
ADDRESS: P.O. BOX 712
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FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD						
	MM /	DD /	YYYY		MM /	DD /	YYYY
From	09	01	2012	To	09	30	2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS		VALUE	VALUE	UNITS			
Temperature,water deg. C	SAMPLE MEASUREMENT	****	****	****	****	15.4	****	°C	0	Monthly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Reg. Mon. MO AVG	****			Monthly	GRAB
BOD, 5-Day, 20 Deg. C	SAMPLE MEASUREMENT	25.7	25.7	lb/d	****	18.0	18.0	mg/L	0	Monthly	Compos
00310 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	180.5 MO AVG	361.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
pH	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.8	SU	0	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.5 minimum	****	9.0 maximum			Monthly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	60.0	60.0	lb/d	****	2.2	2.2	mg/L	0	Monthly	Compos
00530 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	150.0 MO AVG	301.5 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Nitrogen, ammonia total(as N)	SAMPLE MEASUREMENT	****	****	****	****	****	0.49	mg/L	0	Monthly	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	Reg. Mon. DAILY MX			Monthly	COMP24
Phosphorus, total (as P) Effluent - WQBEL	SAMPLE MEASUREMENT	13.8	20.8	lb/d	****	0.506	0.764	mg/L	0	Monthly	Compos
00665 T 0 *TRADE IN PLACE*	PERMIT REQUIREMENT	20.2 MO AVG	39.8 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Oil and Grease	SAMPLE MEASUREMENT	3.6	3.6	lb/d	****	<5.0	<5.0	mg/L	0	Monthly	Grab
03582 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	96.0 MO AVG	192.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	GRAB

Name/Title Principle 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 attachements here)

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

OCT 19 2012

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

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DMR MAILING ZIP CODE: 83316
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FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD					
	MM / DD / YYYY			MM / DD / YYYY	
From	09	01	2012	To	09 30 2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	5.08	cfs	****	****	****	****	0	Monthly	Measrd
50050 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	****	Reg. Mon. DAILY MX		****	****	****			Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	<0.1 mg/l	<0.1 mg/l	µg/L	0	Monthly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	11 MO AVG	19 DAILY MX			Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****	****	****	****	4.974	mg/L		Monthly	Compos
00665 1 0 Effluent - TBEL	PERMIT REQUIREMENT	****	****		****	***	17.4 DAILY MX			Monthly	COMP24

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	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.	John R. MacMillan	(208)	543-3456	10/16/2012
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 attachements here)

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

SEP 20 2012

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

NAME: CLEAR SPRINGS FOODS, INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316

IDG132002
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

MONITORING PERIOD						
	MM /	DD /	YYYY		MM /	DD / YYYY
From	08	01	2012	To	08	31 2012

No Discharge ☐

ATTN: JOHN R. MACMILLAN, VP

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature,water deg. C	SAMPLE MEASUREMENT	****	****	****	****	15.0	****	°C	0	Monthly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Reg. Mon. MO AVG	****			Monthly	GRAB
BOD, 5-Day, 20 Deg. C	SAMPLE MEASUREMENT	9.4	9.4	lb/d	****	6.0	6.0	mg/L	0	Monthly	Compos
00310 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	180.5 MO AVG	361.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
pH	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.6	SU	0	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.5 minimum	****	9.0 maximum			Monthly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	55.6	55.6	lb/d	****	2.1	2.1	mg/L	0	Monthly	Compos
00530 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	150.0 MO AVG	301.5 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Nitrogen, ammonia total(as N)	SAMPLE MEASUREMENT	****	****	****	****	****	0.23	mg/L	0	Monthly	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	Reg. Mon. DAILY MX			Monthly	COMP24
Phosphorus, total (as P) Effluent - WQBEL	SAMPLE MEASUREMENT	2.3	2.3	lb/d	****	0.086	0.086	mg/L	0	Monthly	Compos
00665 T 0 *TRADE IN PLACE*	PERMIT REQUIREMENT	20.2 MO AVG	39.8 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	COMP24
Oil and Grease	SAMPLE MEASUREMENT	3.9	3.9	lb/d	****	<5.0	<5.0	mg/L	0	Monthly	Grab
03582 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	96.0 MO AVG	192.0 DAILY MX		****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX			Monthly	GRAB

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	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.	John R. MacMillan	208	543-3456	09/18/2012
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 attachements here)

ICIS 9/24/12

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

SEP 20 2012

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

NAME: CLEAR SPRINGS FOODS, INC.
ADDRESS: P.O. BOX 712
BUHL, ID 83316

IDG132002
PERMIT NUMBER

SUM-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83316
MINOR
(SUBR 05)
FACILITY TOTAL

FACILITY: CLEAR SPRINGS FOODS, INC. - PROCESSING
LOCATION: 1579-A CLEAR LAKE ROAD
Buhl, ID 83316

Sum

ATTN: JOHN R. MACMILLAN, VP

MONITORING PERIOD					
	MM /	DD /	YYYY	MM /	DD / YYYY
From	08	01	2012	To 08	31 2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	4.88	cfs	****	****	****	****	0	Monthly	Measrd
50050 1 0 Effluent - WQBEL	PERMIT REQUIREMENT	****	Reg. Mon. DAILY MX		****	****	****			Monthly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	<0.1 mg/l	<0.1 mg/l	µg/L	0	Monthly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	11 MO AVG	19 DAILY MX			Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****	****	****	****	0.393	mg/L		Monthly	Compos
00665 1 0 Effluent - TBEL	PERMIT REQUIREMENT	****	****		****	***	17.4 DAILY MX			Monthly	COMP24

Name/Title Principle Executive Officer			Telephone		Date
John R. MacMillan, Vice President	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.	John R. MacMillan	(208)	543-3456	09/18/2012
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 attachements here)