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: AVIMOR WATER RECLAMATION FACILITY
ADDRESS: APPROXIMATELY 10 MILES NORTH OF EAGLE IDAHO
EAGLE, ID 83703
FACILITY: AVIMOR LLC - AVIMOR VILLAGE 1 PHASE 1 CONSTRUC
LOCATION: STATE HIGHWAY 55, 6.8 MILES NE OF EAGLE
EAGLE, ID 83703
ATTN: ~~BRAD R. PFANNMULLER~~ William E Duncan

ID0028371	001- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83714
MINOR
SEP 15 2016
Spring Valley Creek
Receiving Water (Ambient)
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	******	******	******	No Discharge						
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MX 7D AV	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C	0	Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	No Discharge		******		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. INST MIN	Req. Mon. MO AVG	******	mg/L	0	Twice per Month	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	No Discharge	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L	0	Twice per Week	COMP24
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	No Discharge			******	No Discharge					
00310 P 0 See Comments	PERMIT REQUIREMENT	52 MO AVG	87 WKLY AVG	lb/d	******	15 MO AVG	25 WKLY AVG	mg/L	0	Twice per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	No Discharge		******				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU	0	Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	No Discharge	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L	0	Twice per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	No Discharge			******	No Discharge					
00530 P 0 See Comments	PERMIT REQUIREMENT	35 MO AVG	59 WKLY AVG	lb/d	******	10 MO AVG	17 WKLY AVG	mg/L	0	Twice per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
DAN Richter 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208	860-5075	09/12/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Discharge Oct 1- March 31 only; O= Effluent; full narrative description in Permit Part I.B.3; P= Effluent, for months with no discharge, sample once per month; Q= Effluent, report 7- day running average of daily inst max, max daily avg, mo inst max; Permit Part I.B.10

ICIS 9/19/16 JR

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

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08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83714
MINOR
Spring Valley Creek
Receiving Water (Ambient)
No Discharge [X]

RECEIVED SEP 15 2016

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
Nitrogen, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	No Discharge	******				
00600 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	******	mg/L	0	Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	No Discharge			******	No Discharge					
00610 P 0 See Comments	PERMIT REQUIREMENT	8 MO AVG	17 DAILY MX	lb/d	******	2.4 MO AVG	4.7 DAILY MX	mg/L	0	Two Days per Week	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	No Discharge				No Discharge					
00665 P 0 See Comments	PERMIT REQUIREMENT	1.2 MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L	0	Weekly	COMP24
E. coli, MTEC- MF	SAMPLE MEASUREMENT	******	******	******	******	No Discharge					
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100L	0	Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Discharge			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******	0	Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	No Discharge			******	No Discharge					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	50 MO AVG	50 DAILY MX	ug/L	0	Five Days per Week	GRAB
BOD, 5- day, percent removal	SAMPLE MEASUREMENT	******	******	******	No Discharge	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%	0	Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Dan Richter 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208-860-5025		09/12/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040- 0004

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ADDRESS: APPROXIMATELY 10 MILES NORTH OF EAGLE IDAHO
EAGLE, ID 83703
FACILITY: AVIMOR LLC - AVIMOR VILLAGE 1 PHASE 1 CONSTRUC
LOCATION: STATE HIGHWAY 55, 6.8 MILES NE OF EAGLE
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ATTN: ~~BRAD R. PFANNMULLER~~ William E Duncan

ID0028371	001- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83714
MINOR

Spring Valley Creek
Receiving Water (Ambient)

SEP 15 2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	no Discharge	******	******	no discharge	0		
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%	0	Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040- 0004

RECEIVED
AUG 16 2016
Office of Compliance and Enforcement

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MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83714
MINOR
Spring Valley Creek
Receiving Water (Ambient)
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	******	******	******	No Discharge				O		
00010 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MX 7D AV	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	No Discharge		******		O		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. INST MIN	Req. Mon. MO AVG	******	mg/L		Twice per Month	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	****** No Discharge		******		O		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	COMP24
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	No Discharge			******	No Discharge			O		
00310 P 0 See Comments	PERMIT REQUIREMENT	52 MO AVG	87 WKLY AVG	lb/d	******	15 MO AVG	25 WKLY AVG	mg/L		Twice per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	No Discharge				O		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	No Discharge	******		O		
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Twice per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	No Discharge			******	No Discharge			O		
00530 P 0 See Comments	PERMIT REQUIREMENT	35 MO AVG	59 WKLY AVG	lb/d	******	10 MO AVG	17 WKLY AVG	mg/L		Twice per Week	COMP24

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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ICIS 8/18/16 JK

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DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83714
MINOR
Spring Valley Creek
Receiving Water (Ambient)
No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	No Discharge	******		0		
00600 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	******	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	No Discharge			******	No Discharge			0		
00610 P 0 See Comments	PERMIT REQUIREMENT	8 MO AVG	17 DAILY MX	lb/d	******	2.4 MO AVG	4.7 DAILY MX	mg/L		Two Days per Week	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	No Discharge				No Discharge			0		
00665 P 0 See Comments	PERMIT REQUIREMENT	1.2 MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
E. coli, MTEC- MF	SAMPLE MEASUREMENT	******	******	******	******	No Discharge			0		
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100L		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	No Discharge			******	******	******	******	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	No Discharge			******	No Discharge			0		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	50 MO AVG	50 DAILY MX	ug/L		Five Days per Week	GRAB
BOD, 5- day, percent removal	SAMPLE MEASUREMENT	******	******	****** No Discharge		******	******		0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	CALCTD

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Spring Valley Creek
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No Discharge [X]

RECEIVED AUG 16 2016 Office of Compliance and Enforcement

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	No Discharge	******	******		0		
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MO AV MN	******	******	%		Monthly	CALCTD

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