Culdesac
ID00024490

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: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
9/1/2015	9/30/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

RECEIVED OCT 14 2015

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
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	4.07	MG/L		1/30	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.71	MG/L		1/30	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.022524	MGD	******	******	******	******		30/30	RECORDER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0039	.0104	LBS/D	******	62	80	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	5.7	44.8	#/100ML		1/1	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		1/30	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		1/30	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
HERMAN SMITH	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.	Herman Smith	208-947-5483		10-9-2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

ICIS 10/15/15 JKL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED OCT 14 2015

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ID0024490	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
9/1/2015	9/30/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	19.3	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.29 ~~2.44~~	.54 ~~3.75~~	LBS/D	******	2.44	3.75	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	219.25	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.20	******	7.87	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.12	.15	LBS/D	******	1	1	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	272.75	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.03	MG/L		1/30	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED
SEP 1 4 2015
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2015	8/31/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall
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	******	******	******	******	******	23.9	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.22	.24	LB/D	******	2	2	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	201	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.08	******	7.69	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.54	.71	LB/D	******	5	7	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	335.3	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.17	MG/L		1/31	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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)

ICIS 9/16/15 JR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED SEP 14 2015 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2015	8/31/2015

DMR Mailing ZIP CODE: 83524
MINOR
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

$

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.11	MG/L		1/31	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.50	MG/L		1/31	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.016074	MGD	******	******	******	******		31/31	RECORDER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0052	.0107	LB/D	******	48	80	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10.33	27.5	#/100ML		1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.3	******	******	%		1/31	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		1/31	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD

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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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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AUG 1 2 2015
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

ID0024490	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2015	7/31/2015

DMR Mailing ZIP CODE: 83524
MINOR
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(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	26.2	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.35	.52	LB/D	******	3.45	5.04	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	251	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.72	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.30	.52	LB/D	******	3	5	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	411	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.85	MG/L		1/31	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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

ICIS 8/13/15 JM

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PERMIT NUMBER	**DISCHARGE NUMBER**

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7/1/2015	7/31/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.63	MG/L		1/31	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	5.69	MG/L		1/31	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.016562	MGD	******	******	******	******		31/31	RECORDER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0051	.0110	LB/D	******	50	90	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	36.32	108	#/100ML		1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		1/31	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.6	******	******	%		1/31	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

RECEIVED
JUL 13 2015
U.S. EPA REGION 10
OFFICE OF ENFORCEMENT

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LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

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ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	26.5	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.86	1.22	LB/D	******	7.22	10.2	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	292.75	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	6.91	******	7.42	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.83	1.90	LB/D	******	7	10	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	319	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	19.1	MG/L		1/30	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
HERMAN SMITH	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.	Herman Smith	208-843-	5483	7-9-2015
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)

ICIJ 7/16/15 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: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

JUL 13 2015
U.S. EPA REGION 10
OFFICE OF

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
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	28.2	MG/L		1/30	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.37	MG/L		1/30	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.04449	MGD	******	******	******	******		30/30	RECORD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0041	.0111	LB/D	******	35	80	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	33.13	325.5			1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******	%		1/30	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		1/30	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

RECEIVED JUN 16 2015 EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
5/1/2015	5/31/2015

DMR Mailing ZIP CODE: 83524
MINOR
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	20.0	DEGC		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.36	.96	LB/D	******	2.88	4.19	MG/L		1/7	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	154	******	MG/L		1/31	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	6.91	******	7.59	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.57	.99	LB/D	******	4.5	7	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	382.25	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	23.3	MG/L		1/31	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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)

KIS 6/19/15 JJL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED JUN 16 2015 OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
5/1/2015	5/31/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	16.4	MG/L		1/31	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	4.37	MG/L		1/31	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.026025	MGD	******	******	******	******		31/31	RECORDER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0042	.015	LB/D	******	33	90	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	12.98	42.8	#/100ML		5/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		1/31	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		1/31	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA Code	TELEPHONE NUMBER	DATE MM/DD/YYYY
HERMAN SMITH TYPED OR PRINTED	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.	Herman Smith	208	843-5489	6-10-2015

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED MAY 11 2015

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524

FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

ID0024490	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2015	4/30/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	14.3	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	****** Req. Mon. DAILY MX	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.58	3.12	LB/P	******	9.75 ~~11.8~~ ~~6.75~~	11.2	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	153	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.33	******	7.87	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.12	1.95	LB/D	******	6.75	7	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	225.5	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	18.9	MG/L		1/30	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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)

IC18 5/26/15 JJR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED MAY 11 2015 US EPA REGION 10 ENFORCEMENT

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2015	4/30/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	5.27	MG/L		1/30	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.18	MG/L		1/30	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.034909	MGD	******	******	******	******		30/30	RECORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0019	.0031	LB/D	******	12	20	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	3.28	1782				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.1	******	******	%		1/30	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	78.4	******	******	%		1/30	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	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)

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: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524

FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2015	3/31/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	11.4	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.68	2.84	LB/D	******	10.02	13.3	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	197.25	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.41	******	7.88	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.76	3.56	LB/D	******	10.05	14	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	242.5	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	****** ~~26.4~~	26.4	MG/L		1/31	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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

APR 13 2015

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

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

1015 5/29/15 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: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2015	3/31/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

RECEIVED APR 13 2015 OFFICE OF 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
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.58	MG/L		1/31	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.74	MG/L		1/31	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.035639	MGD	******	******	******	******		31/31	RECORDER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0022	.0029	LB/D	******	15	30	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100ML		1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.7	******	******	%		1/31	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.1	******	******	%		1/31	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
H SMITH	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.	Herman Smith	208-843-5483		4-9-2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
2/1/2015	2/28/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	8.4	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.32	1.32	LB/D	******	8.5	13	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	281.75	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.60	******	8.16	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.39	1.59	LB/D	******	9	10	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	313.75	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.5	MG/L		1/28	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA Code	TELEPHONE NUMBER	DATE MM/DD/YYYY
HERMAN SMITH TYPED OR PRINTED	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.	Herman Smith	208	843-5483	3-10-2015

MAR 13 2015
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

JCI S
3/20/15R

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)*

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ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524

FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2015	2/28/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

MAR 13 2015

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
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.96	MG/L		1/28	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.17	MG/L		1/28	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.028328	MGD	******	******	******	******		28/28	RECORDER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0041	.0094	LB/D	******	27	50	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	12.6	191.8			1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******	%		1/28	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94.3	******	******	%		1/28	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
H SMITH	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.	Herman Smith	208-843-5483		3-10-2015
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
1/1/2015	1/31/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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	******	******	******	******	******	5.9	DEGC		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.61	2.11	LB/D	******	10.7	14.4	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	360	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.68	******	8.34	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.1	2.88	LB/D	******	14	18	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	455	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20.8	MG/L		1/7	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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

RECEIVED
FEB 12 2015
U.S. EPA REGION 10
Office of Compliance and Enforcement

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

ICIS 3/3/15R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

RECEIVED FEB 12 2015 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
1/1/2015	1/31/2015

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

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
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	2.11	MG/L		1/31	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.43	MG/L		1/31	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.023299	MGD	******	******	******	******		31/31	RCORDER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0069	.0415	LB/D	******	42	90	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	2.27	13.4	#/100ML		1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******	%		1/31	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******	%		1/31	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once per Monthly	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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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

DEC 12 2014
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	******	******	******	******	******	11.2	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.97	.90	LBS/D	******	6.14	6.37	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	349	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.11	******	7.57	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		******	0	0	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	385	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.9	MG/L		1/30	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
HERMAN SMITH	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.	Herman Smith	208-843-5483	12-10-2014
TYPED OR PRINTED	DEC 12 2014	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

DEC 12 2014
OFFICE OF COMPLIANCE AND ENFORCEMENT

ICIS 12/15/14 R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

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MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

DEC 12 2014

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	11.1	MG/L		1/30	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.39	MG/L		1/30	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.031149	MGD	******	******	******	******		30/30	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.0066	.0129	LB/D	******	42	60	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1.26	2	#/100ML		1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		1/30	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once Per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.1	******	******	%		1/30	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once Per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
HERMAN SMITH	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.	Herman Smith	208-843-5483		12-10-2014
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

No Discharge ☐

NOV 12 2014

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	******	******	******	******	******	16.4	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.43	.70	LB/D	******	3.19	3.94	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	278.75	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.62	******	7.87	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.31	1.16	LB/D	******	2.25	8	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	297.5	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	1.19	MG/L		1/31	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

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)

JCTS 11/13/14R

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: CULDESAC, CITY OF
ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

NOV 12

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
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	3.36	MG/L		1/31	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	8.23	MG/L		1/31	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.026348	MGD	******	******	******	******		31/31	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.0031	.0072	LB/D	******	32	50	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	8.6	37.9	#/100ML		1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******	%		1/31	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once Per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******	%		1/31	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once Per Monthly	CALCTD

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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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

RECEIVED JAN 12 2014 U.S. EPA REGION 10 OFFICE OF COMPLIANCE AND ENFORCEMENT

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

NAME: CULDESAC, CITY OF

ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524

FACILITY: CULDESAC, CITY OF - CULDESAC WWTP

LOCATION: INTERSECTION OF MAIN ST & CANYON RD
CULDESAC, ID 83524

ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 83524

MINOR $

(SUBR 01)

DOMESTIC WASTEWATER

External Outfall

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	******	******	******	******	******	6.3	DEG C		5/7	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.62	2.67	LB/D	******	10.89	13.8	MG/L		1/7	CMPGRB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	21 MO AVG	30 WKLY AVG	lb/d	******	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	330.25	******	MG/L		1/7	CMPGRB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
pH	SAMPLE MEASUREMENT	******	******	******	7.47	******	7.77	SU		5/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.71	1.6	LB/D	******	4.88	11	MG/L		1/7	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	32 MO AVG	46 WKLY AVG	lb/d	******	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	415.2	******	MG/L		1/7	CMPGRB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	16.6	MG/L		1/31	CMPGRB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

Herman Smith

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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)*

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ADDRESS: 100 SIXTH STREET
CULDESAC, ID 83524
FACILITY: CULDESAC, CITY OF - CULDESAC WWTP
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ATTN: HERMAN SMITH, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
ID0024490	001-A

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MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 83524
MINOR $
(SUBR 01)
DOMESTIC WASTEWATER
External Outfall

No Discharge ☐

RECEIVED
JAN 12 2014
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	6.16	MG/L		1/31	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	******	******	******	******	******	6.26	MG/L		1/31	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	.025578	MGD	******	******	******	******		31/31	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO MAX	MGD	******	******	******	******		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.0061	.0135	LBS/D	******	40	90	UG/L		5/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	******	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	1	1	#/100ML		1/7	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******	%		1/31	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once Per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******	%		1/31	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Once Per Monthly	CALCTD

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